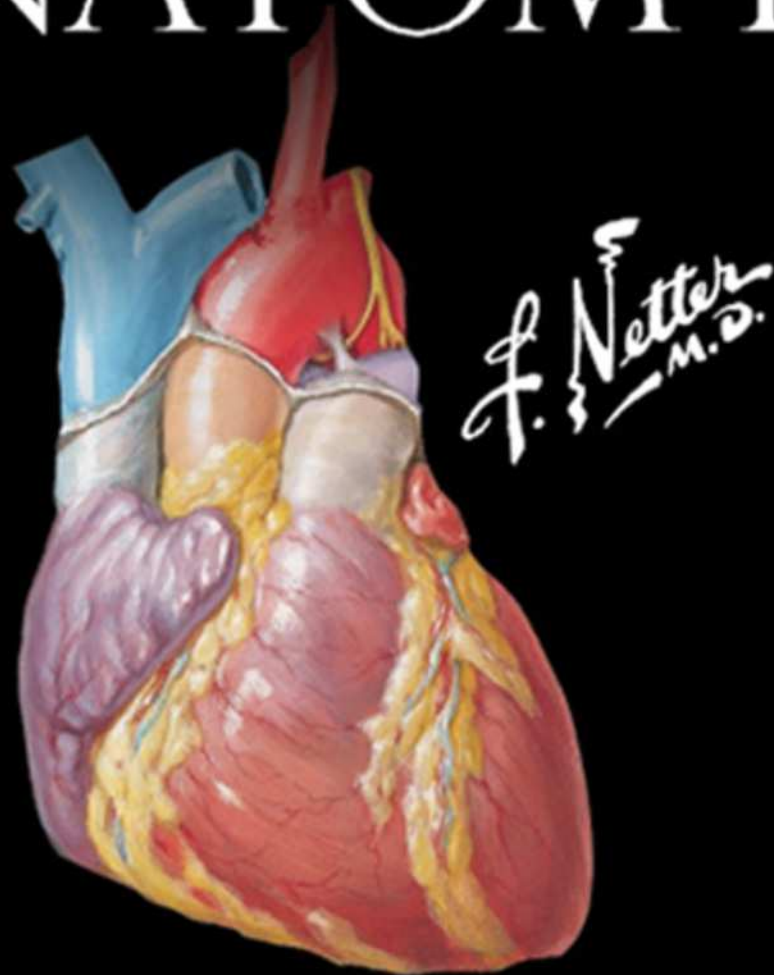


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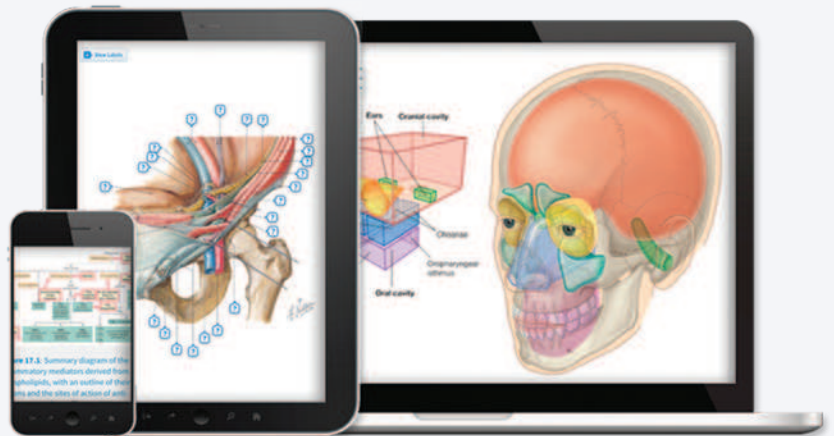
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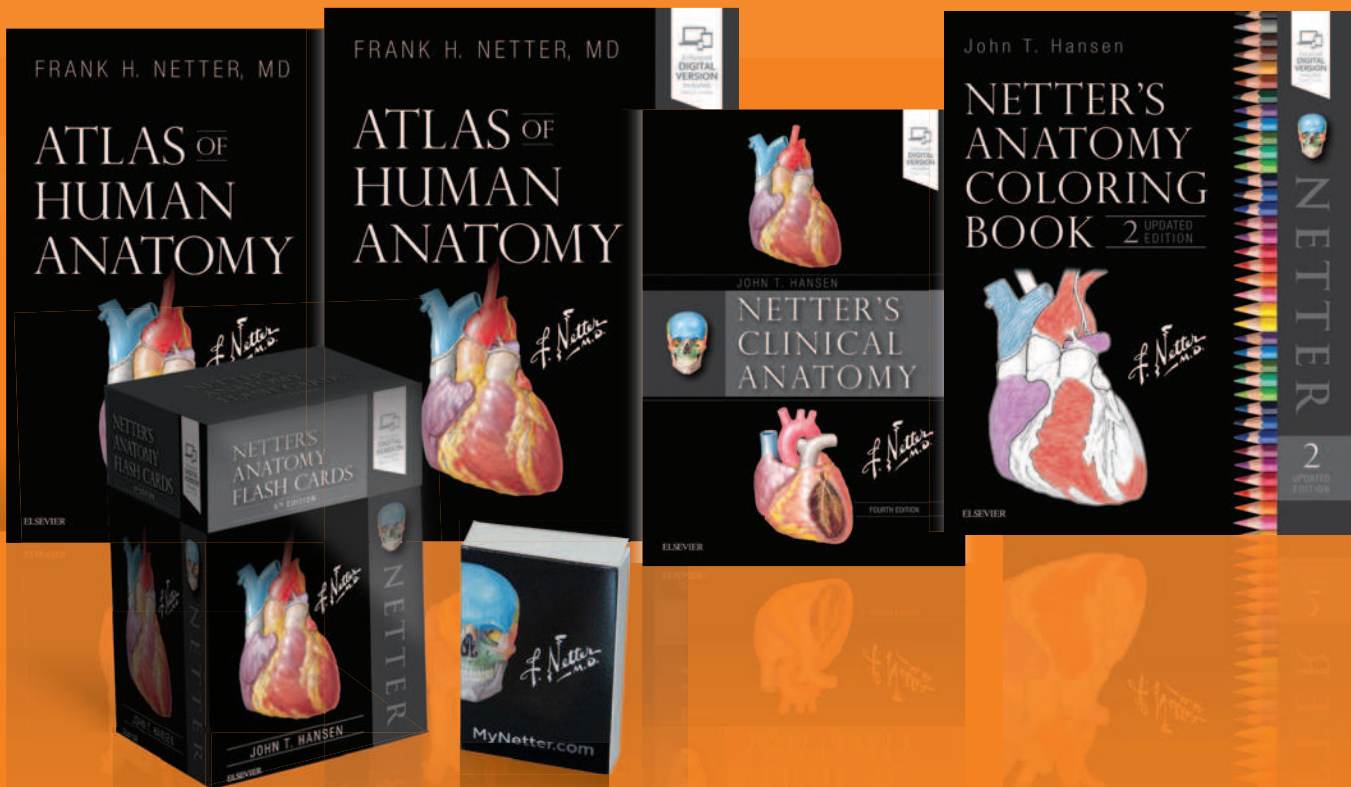
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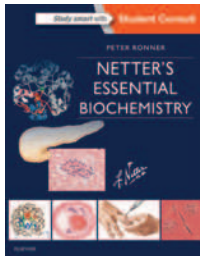
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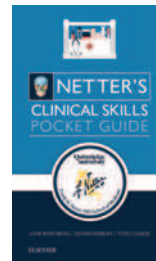
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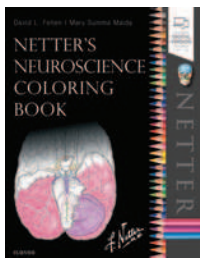


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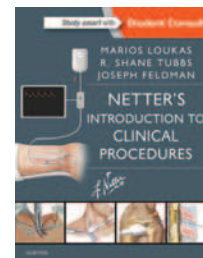


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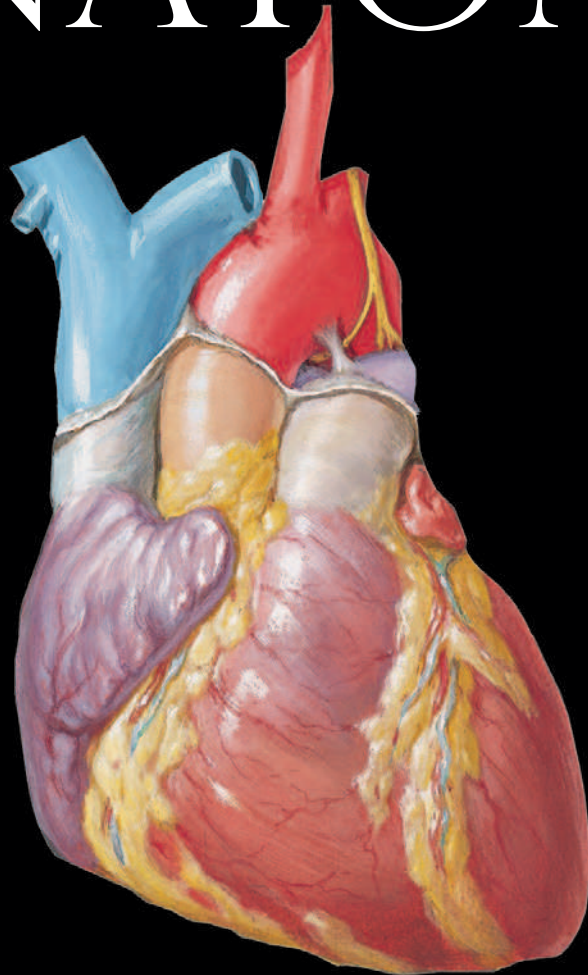
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NEW TO THIS EDITION

With your copy of the Frank H. Netter, MD, *Atlas of Human Anatomy*, you own a collection of some of the most well-known depictions of human anatomy in medicine and healthcare. In addition to the famous work of Dr. Netter, with your copy of this 7th edition, you also have access to nearly 100 painted pieces by Carlos A. G. Machado, MD, one of the foremost medical illustrators working today. Dr. Machado's contributions to the *Atlas* highlight important views of anatomy that have become more clinically relevant in recent years— anatomic views that have resulted from improved dissection techniques and modern imaging. In addition, you have access to more than 50 carefully selected radiologic images that help bridge the idealized illustrated anatomy with living anatomy viewed in the clinic.

While numerous updates have been made to the illustrated plates and tables to make them easier to learn from, the most significant changes to this edition include:

Introductory Section

To fulfill the requests from many students and fans of Netter's *Atlas*, we have added a new opening section containing several overview plates. These plates provide the very first head-to-toe views in the *Atlas of Human Anatomy!*

Clinical Tables

The *Atlas of Human Anatomy* is the only anatomy atlas illustrated by physicians. Dr. Netter was a surgeon and Dr. Machado is a cardiologist. The views of anatomy in this atlas have always reflected a clinical perspective. In line with this clinical focus, and in congruence with integrated curricula in health and medicine, tables at the end of each regional section highlight the most commonly injured structures, as well as other structures with high clinical significance and commonly covered in anatomy courses. The tables provide students with quick summaries, organized by body system, and note where to best view these key structures in the illustrated plates.

New Art Plates by Dr. Machado

For this edition alone, over 25 new illustrations have been painted by Dr. Machado. Suggestions for new plates of additional anatomic views and concepts are submitted by students, faculty, anatomists, physicians, and others. Sometimes suggestions are solicited at major anatomy conferences with a "What Should Carlos Paint Next?" idea box. Decisions around which new plates are prioritized and given space in a new edition come from discussions among consulting editors. The new plates for this edition are largely those that portray structures with clinical significance (Fascial Columns of the Neck, Deep Veins of the Leg, Hip Bursae, and Vasculature of the Prostate) or those that are difficult to visualize (Infratemporal Fossa)—and, of course, the new additions created for the introductory section.

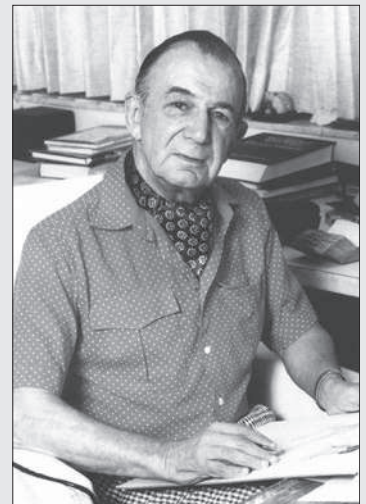
Terminology Updates

The *Atlas of Human Anatomy* uses terminology accepted (in Göttingen, Germany, on September 24, 2016) by the Federative International Programme on Anatomical Terminologies and published as updates to the 1998 *Terminologia Anatomica*. Numerous updates to terminology have been made, so in select cases, former terminology has been included within parentheses to assist with the transition.

New Radiologic Images

Over 50 radiologic images—some completely new views and others replacing existing views using newer imaging tools—are included in this edition. Images have been selected based on their utility to students studying gross anatomy.

Your *Atlas of Human Anatomy* content has been updated, created, and overseen by a team of dedicated and passionate consulting editors, with the help of a stellar international advisory board, and guided by the feedback of many students, educators, anatomists, and clinicians that love Netter's *Atlas*. Please feel free to comment on the Netter Images Facebook page or Twitter feeds or email us directly with your thoughts, suggestions, or questions at NetterAppFeedback@Elsevier.com.



PREFACE TO THE FIRST EDITION

I have often said that my career as a medical artist for almost 50 years has been a sort of “command performance” in the sense that it has grown in response to the desires and requests of the medical profession. Over these many years, I have produced almost 4,000 illustrations, mostly for *The CIBA (now Netter) Collection of Medical Illustrations* but also for *Clinical Symposia*. These pictures have been concerned with the varied subdivisions of medical knowledge such as gross anatomy, histology, embryology, physiology, pathology, diagnostic modalities, surgical and therapeutic techniques, and clinical manifestations of a multitude of diseases. As the years went by, however, there were more and more requests from physicians and students for me to produce an atlas purely of gross anatomy. Thus, this atlas has come about, not through any inspiration on my part but rather, like most of my previous works, as a fulfillment of the desires of the medical profession.

It involved going back over all the illustrations I had made over so many years, selecting those pertinent to gross anatomy, classifying them and organizing them by system and region, adapting them to page size and space, and arranging them in logical sequence. Anatomy of course does not change, but our understanding of anatomy and its clinical significance does change, as do anatomical terminology and nomenclature. This therefore required much updating of many of the older pictures and even

revision of a number of them in order to make them more pertinent to today’s ever-expanding scope of medical and surgical practice. In addition, I found that there were gaps in the portrayal of medical knowledge as pictorialized in the illustrations I had previously done, and this necessitated my making a number of new pictures that are included in this volume.

In creating an atlas such as this, it is important to achieve a happy medium between complexity and simplification. If the pictures are too complex, they may be difficult and confusing to read; if oversimplified, they may not be adequately definitive or may even be misleading. I have therefore striven for a middle course of realism without the clutter of confusing minutiae. I hope that the students and members of the medical and allied professions will find the illustrations readily understandable, yet instructive and useful.

At one point, the publisher and I thought it might be nice to include a foreword by a truly outstanding and renowned anatomist, but there are so many in that category that we could not make a choice. We did think of men like Vesalius, Leonardo da Vinci, William Hunter, and Henry Gray, who of course are unfortunately unavailable, but I do wonder what their comments might have been about this atlas.

Frank H. Netter, MD
(1906–1991)

FRANK H. NETTER, MD

Frank H. Netter was born in New York City in 1906. He studied art at the Art Students League and the National Academy of Design before entering medical school at New York University, where he received his Doctor of Medicine degree in 1931. During his student years, Dr. Netter’s notebook sketches attracted the attention of the medical faculty and other physicians, allowing him to augment his income by illustrating articles and textbooks. He continued illustrating as a sideline after establishing a surgical practice in 1933, but he ultimately opted to give up his practice in favor of a full-time commitment to art. After service in the United States Army during World War II, Dr. Netter began his long collaboration with the CIBA Pharmaceutical Company (now Novartis Pharmaceuticals). This 45-year partnership resulted in the production of the extraordinary collection of medical art so familiar to physicians and other medical professionals worldwide.

Icon Learning Systems acquired the Netter Collection in July 2000 and continued to update Dr. Netter’s original paintings and to add newly commissioned paintings by artists trained in the style of Dr. Netter. In 2005, Elsevier Inc. purchased the Netter Collection and all publications from Icon Learning Systems. There are now over 50 publications featuring the art of Dr. Netter available through Elsevier Inc.

Dr. Netter’s works are among the finest examples of the use of illustration in the teaching of medical concepts. The 13-book *Netter Collection of Medical Illustrations*, which includes the greater part of the more than 20,000 paintings created by Dr. Netter, became and remains one of the most famous medical works ever published. *The Netter Atlas of Human Anatomy*, first published in 1989, presents the anatomic paintings from the Netter Collection. Now translated into 16 languages, it is the anatomy atlas of choice among medical and health professions students the world over.

The Netter illustrations are appreciated not only for their aesthetic qualities, but, more importantly, for their intellectual content. As Dr. Netter wrote in 1949 “clarification of a subject is the aim and goal of illustration. No matter how beautifully painted, how delicately and subtly rendered a subject may be, it is of little value as a *medical illustration* if it does not serve to make clear some medical point.” Dr. Netter’s planning, conception, point of view, and approach are what inform his paintings and what make them so intellectually valuable.

Frank H. Netter, MD, physician and artist, died in 1991.

ACKNOWLEDGMENTS

Carlos A. G. Machado, MD

I struck luck when joining this golden team of consulting editors exceedingly knowledgeable in the fields of clinical anatomy and medical education. It has been a great honor to work with and be under their guidance, as well as under the highly competent coordination of Elyse O'Grady and Marybeth Thiel, Elsevier's Executive Content Strategist and Senior Content Development Specialist, respectively.

This unique book would not exist without the genius of its creator, Dr. Frank Netter, to whom I owe special thanks, also in the name of generations of students and health professionals who, like myself, have learned so much from his incommensurable body of work.

I dedicate my work and express my most sincere thanks to my beloved parents, Carlos and Neide, who provided me with the foundation of my education; to my patient wife, Adriana, and talented daughter, Beatriz, for their love and support; to the students, teachers, and health professionals who rely on my work to learn and teach; to all the body donors and living friends that have respectively been the subjects of my studies and models of most of the illustrations I have created for the *Atlas*; and to my teachers Eugênio Cavalcante, Mário Fortes, and Paulo Carneiro for taking my interest in human/clinical anatomy much further.

John T. Hansen, PhD

At Elsevier I would like to thank Marybeth Thiel, Senior Content Development Specialist, Elyse O'Grady, Executive Content Strategist, John Casey, Senior Project Manager, Patricia Tannian, Publishing Services Manager, Julia Dummitt, Design Manager, Karen Giacomucci, Illustration Buyer, and Madelene Hyde, Publishing Director, for their continuous support and meticulous attention to detail during the development of this seventh edition of the *Atlas of Human Anatomy*. They, along with the entire editorial, production, design, and marketing teams at Elsevier have been a delight to work with and to know. I also wish to thank my consulting editors for their insightful and constructive suggestions as we strive to make every new edition of the *Atlas* better. I am also indebted to Carlos Machado for his superb artistic skill in producing and updating a number of plates that appear in this latest edition of the *Atlas*. His renderings of human anatomy are the perfect complement to the Netter images. In addition to my fellow editors, I wish to express my thanks to my faculty

colleagues at Rochester and to all my past and present students who have provided generous and constructive feedback and have enriched my life. Finally, I am indebted to my entire family for their continued support and especially to my wife, Paula. Their love and encouragement sustains me and is the source of all the happiness and joy I know.

Brion Benninger, MD, MSc

Every day I am thankful for my wife, Alison, and son, Jack, for the laughs we have as a family, often from my follies, which is such a tonic. I thank Elsevier, especially Marybeth Thiel, Elyse O'Grady, and Madelene Hyde for their professionalism and guidance, enabling John Hansen, Carlos Machado, and my fellow coeditors to work in a unique and dynamic environment. I thank those clinicians who trained me, especially my early gifted surgeon/anatomist/teacher mentors, Drs. Gerald Tressidor and Harold Ellis CBE (Cambridge & Guy's Hospital); Dr. S. Standing, who embodies professionalism and displays fortitude; Drs. P. Crone and J. Heatherington, and the University Board for their stellar support; my past and future students and patients; and clinical colleagues from all corners of the world who keep anatomy dynamic, fresh, and wanting more. Special thanks to Jim Diegel and Erik Szeto, friends, mentors and fellow visionaries who also see "outside the box," challenging status quo. A heartfelt tribute to my late mentors, friends, and sister, Jim McDaniel, Bill Bryan, and Gail Hendricks, all who represent what is good in teaching, caring, and healing. They made this world a wee bit better. Lastly, I thank my mother for her love of education and equality and my father for his inquisitive and creative mind.

Jennifer Brueckner-Collins, PhD

Many thanks to the Elsevier team, particularly Marybeth Thiel and Elyse O'Grady, for their guidance and expertise during our preparation of the seventh edition. It is always an honor to work with Carlos Machado, whose passion for and mastery of the art of clinical anatomy and medicine never cease to amaze me. I am forever indebted to Brian MacPherson, who has served as a teacher, mentor, and friend to me for more than 20 years....you showed me what it means to be a true educator and I have been so fortunate to have the opportunity to build a career based on those principles. To Kurt and Lincoln, you are my inspiration....my world...my life and I love you to the snow moon and back.

Todd M. Hoagland, PhD

It is a privilege to teach clinical human anatomy and I am eternally grateful to all the body donors and their families for enabling healthcare professionals to train in the dissection laboratory. It is my honor to work with outstanding medical students and colleagues at the Medical College of Wisconsin. I am grateful to John Hansen and the professionals of the Elsevier team for the opportunity to be a steward of the incomparable Netter's *Atlas*. Marybeth Thiel and Elyse O'Grady were especially helpful and a pleasure to work with. It was an honor to collaborate with the brilliant Carlos Machado and all the consulting editors. I thank Bill Swartz and Mark Moss for being outstanding mentors, and I thank all of the graduate students I've worked with, especially Rebecca Lufler. I am deeply appreciative of Stan Hillman and Jack O'Malley for inspiring me with masterful teaching and rigorous expectations. I am indebted to Gary Kolesari and Richard Hoyt Jr. for

helping me become a competent clinical anatomist, and to Rob Bouchie for his camaraderie. I am most grateful to my brother, Bill, for his unwavering optimism and gregarious nature. I thank my mother, Liz, for her dedication and love and for instilling a strong work ethic. Finally, I am humbled by my two awesome children, Ella and Caleb, for helping me redefine love, wonder, and joy.

R. Shane Tubbs, MS, PA-C, PhD

Elsevier and the Netter team have once again been a joy to work with. I thank Elyse O'Grady, Marybeth Thiel, and John Casey for their tremendous work on this edition. In addition, Carlos Machado has again added his expertise to bringing his anatomical images to life. As always, my work is inspired by my beautiful wife, Susan, and son, Isaiah. Lastly, I am indebted to my parents, Richard and Karon Tubbs, who supported me in my career to better understand the human body.

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520	Tendon Sheaths of Ankle
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523	Plantar Region of Foot: Superficial Dissection
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- BP108 Arteries of Thigh and Knee
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- BP115 Cross-Sectional Anatomy of Ankle and Foot
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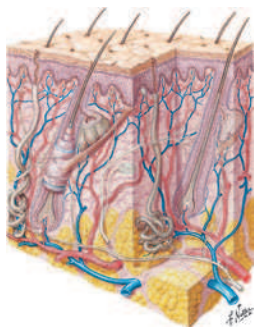
INTRODUCTION

1

Introduction

1-7

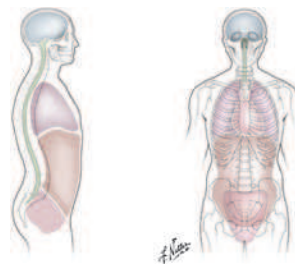
ELECTRONIC BONUS PLATES



BP 1 Cross Section of Skin



BP 2 Pilosebaceous Unit



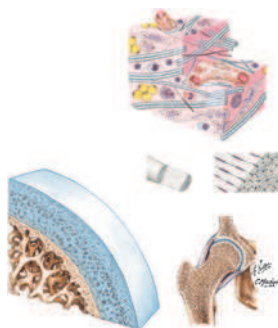
BP 3 Major Body Cavities



BP 4 Skeletal System:
Axial and Appendicular
Skeletons



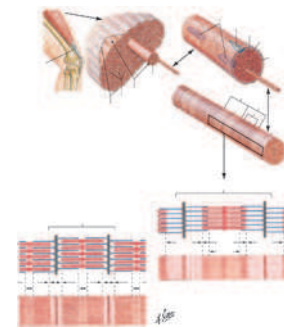
BP 5 Types of
Synovial Joints



BP 6 Joints: Connective
Tissues and Articular
Cartilage



BP 7 Architecture of Bone



BP 8 Muscular System

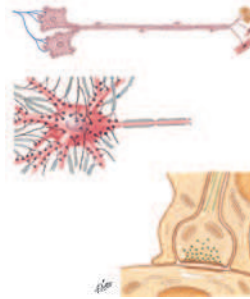
ELECTRONIC BONUS PLATES—*cont'd*



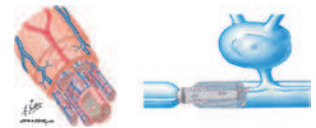
BP 9 Overview of the Gastrointestinal System



BP 10 Overview of the Endocrine System



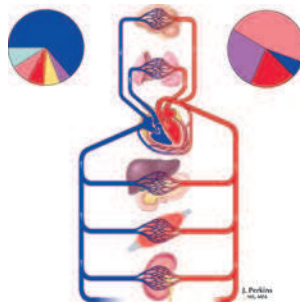
BP 11 Neurons and Synapses



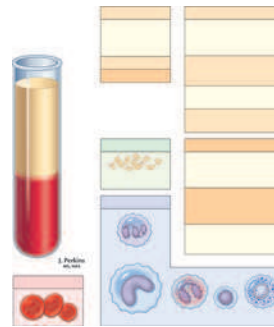
BP 12 Features of a Typical Peripheral Nerve



BP 13 Sites of Visceral Referred Pain



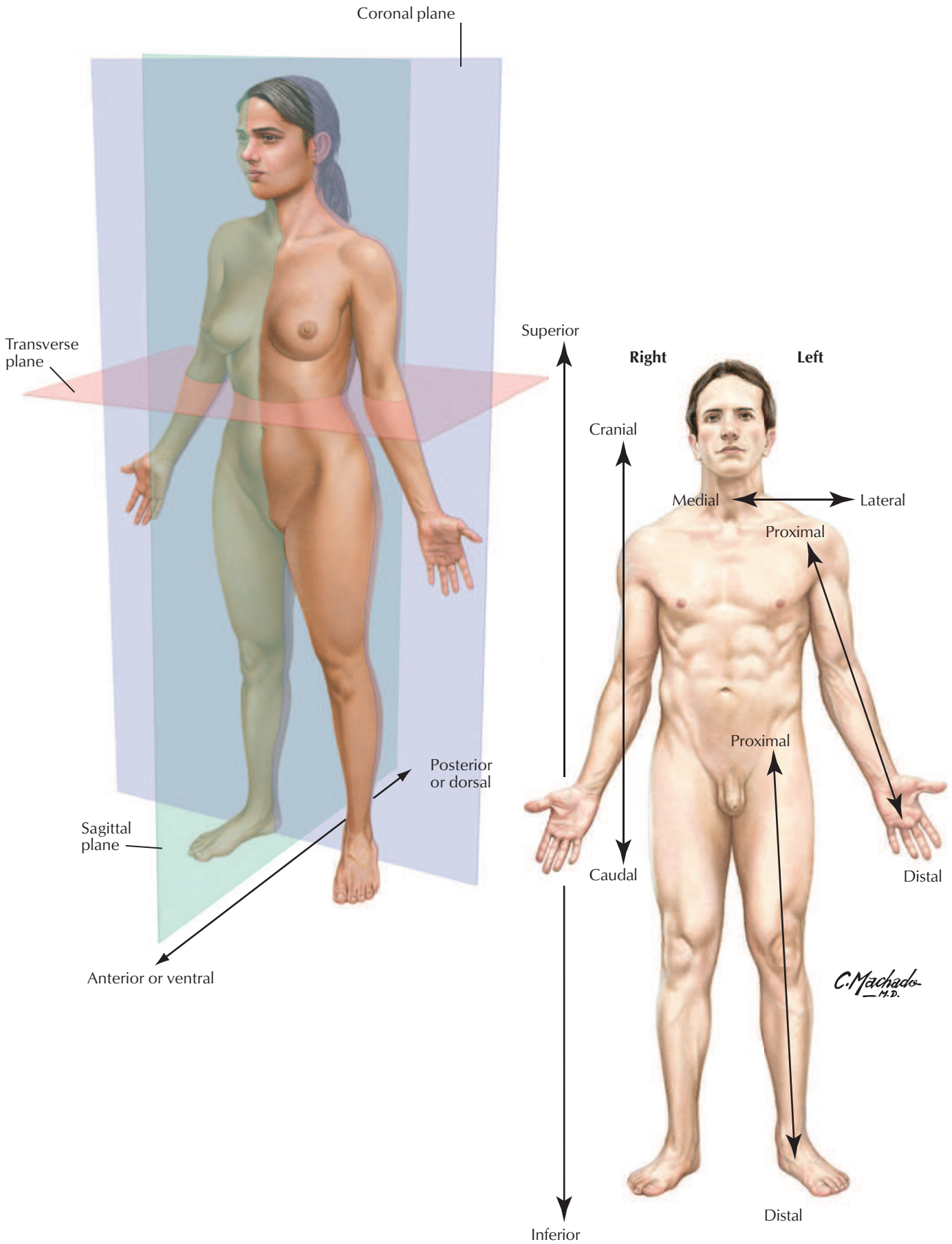
BP 14 General Organization of the Cardiovascular System



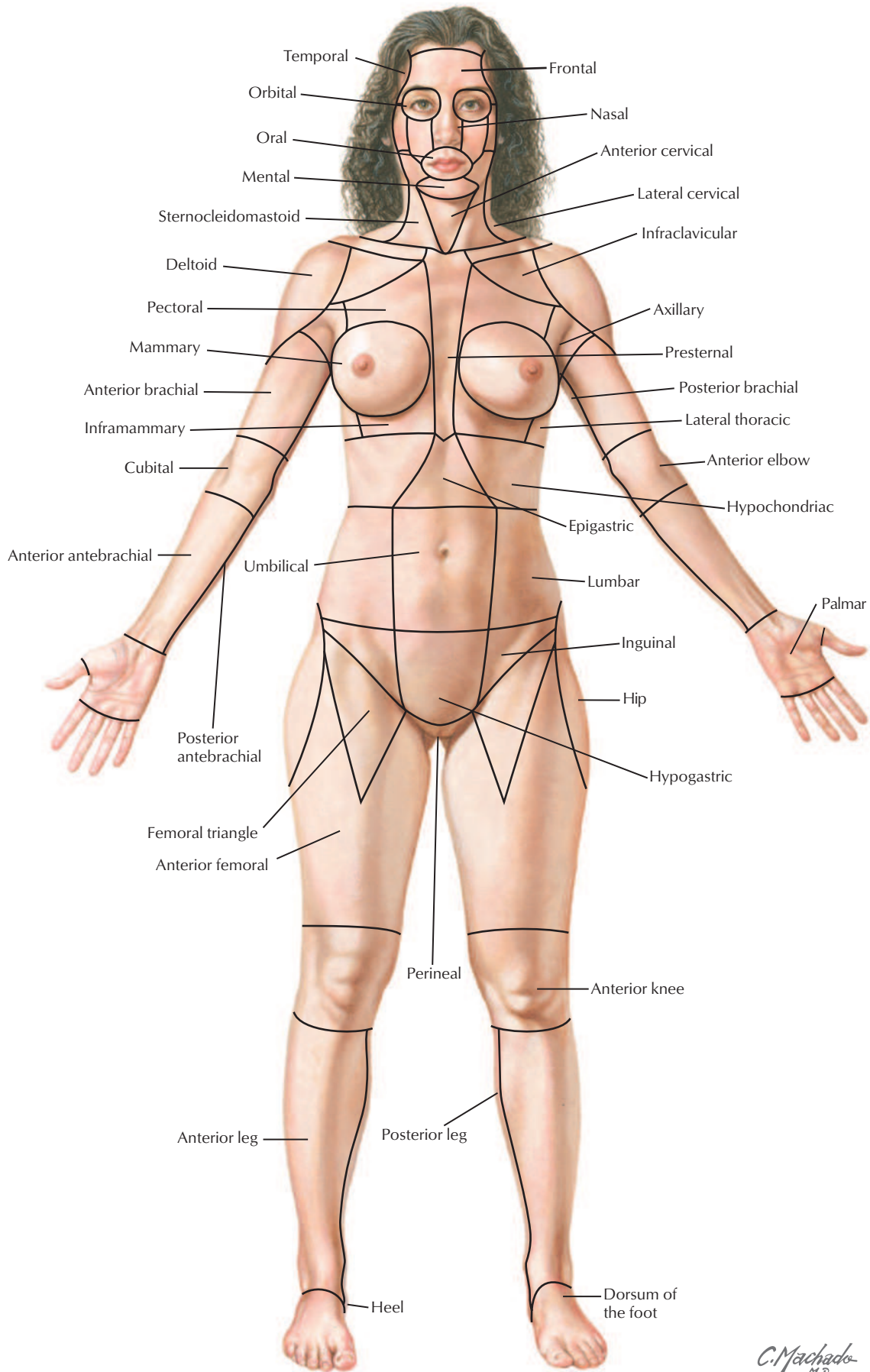
BP 15 Cardiovascular System: Composition of Blood



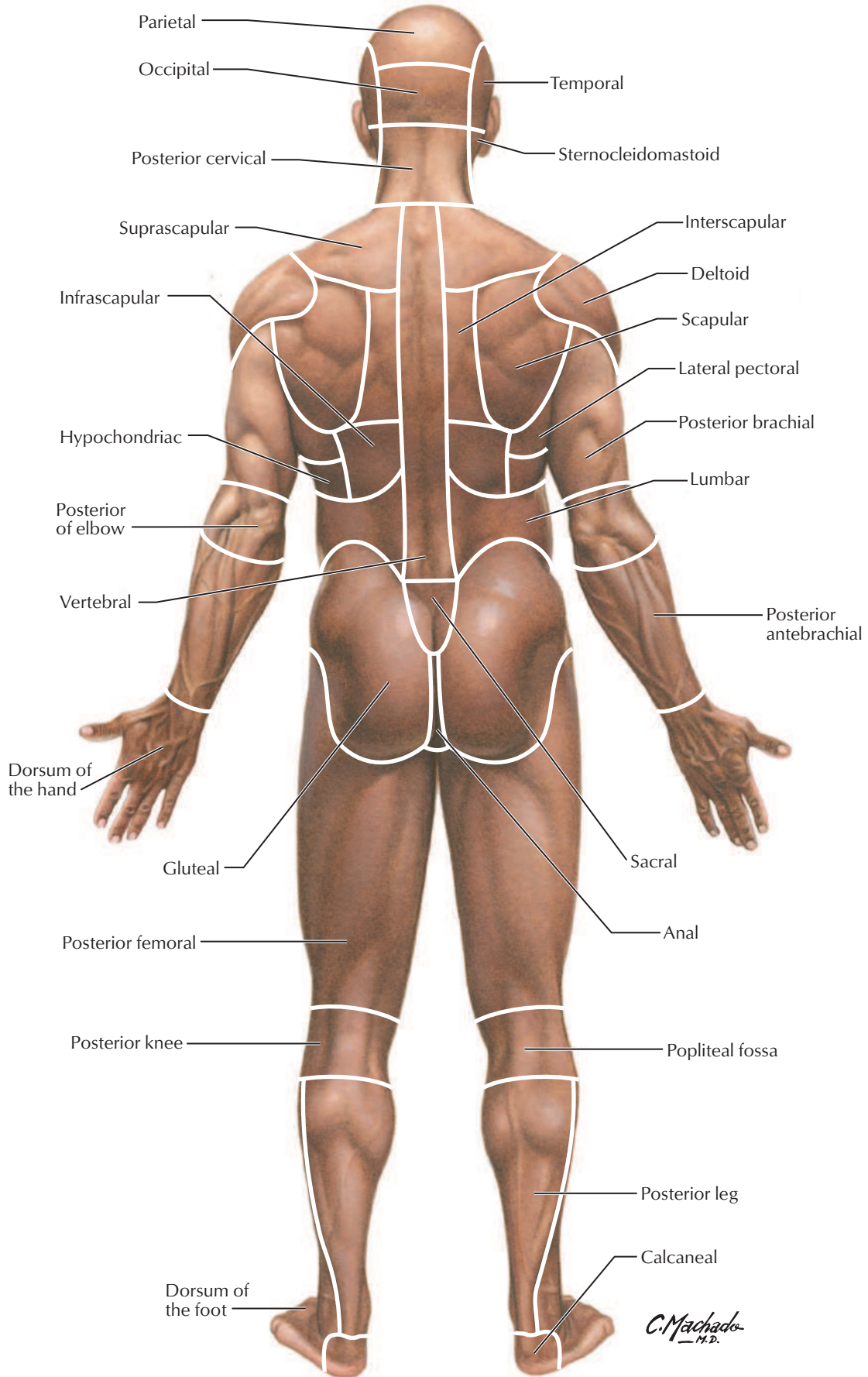
BP 16 Arterial Wall

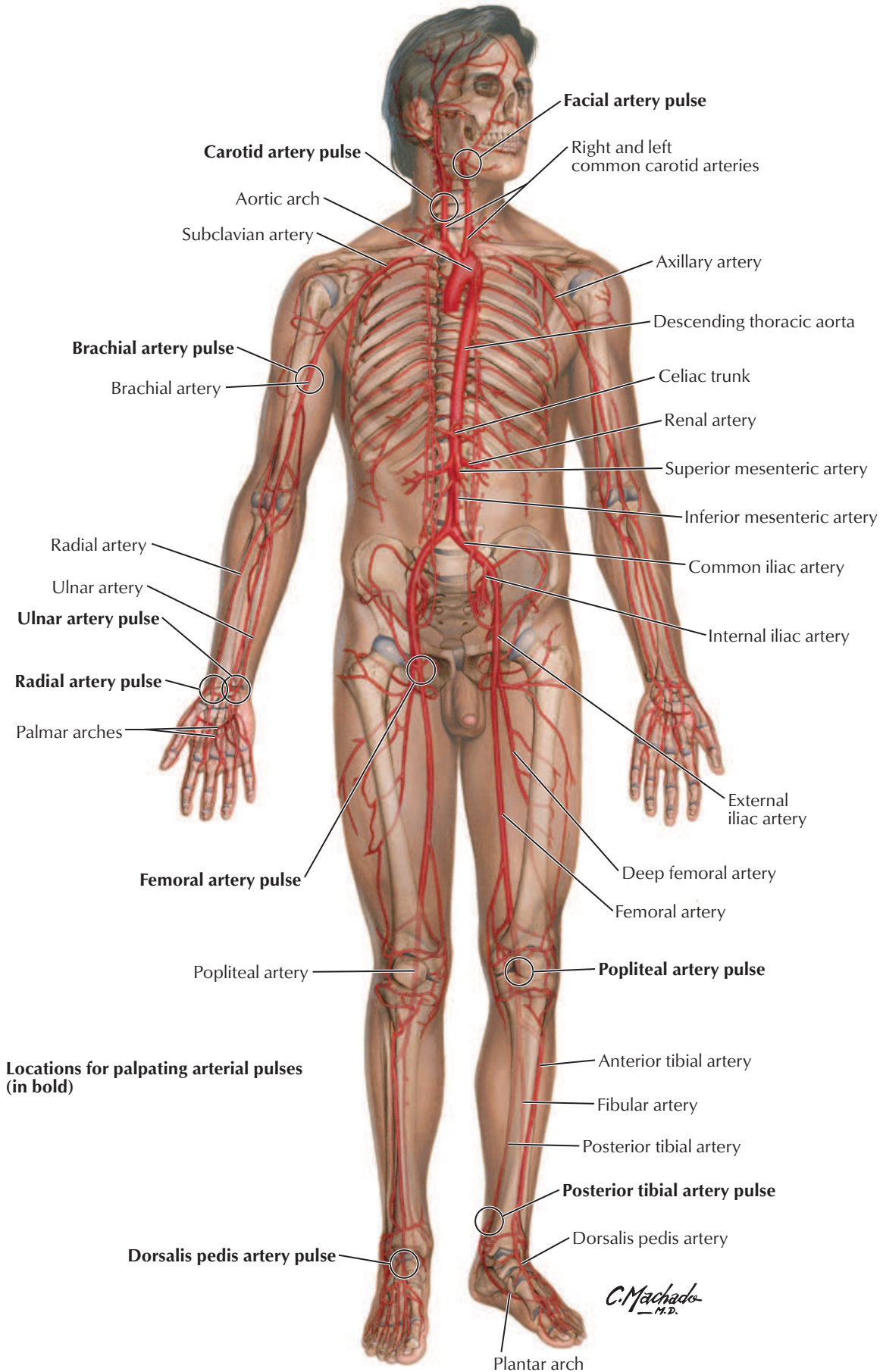


Surface Anatomy: Regions (Anterior View of Female)



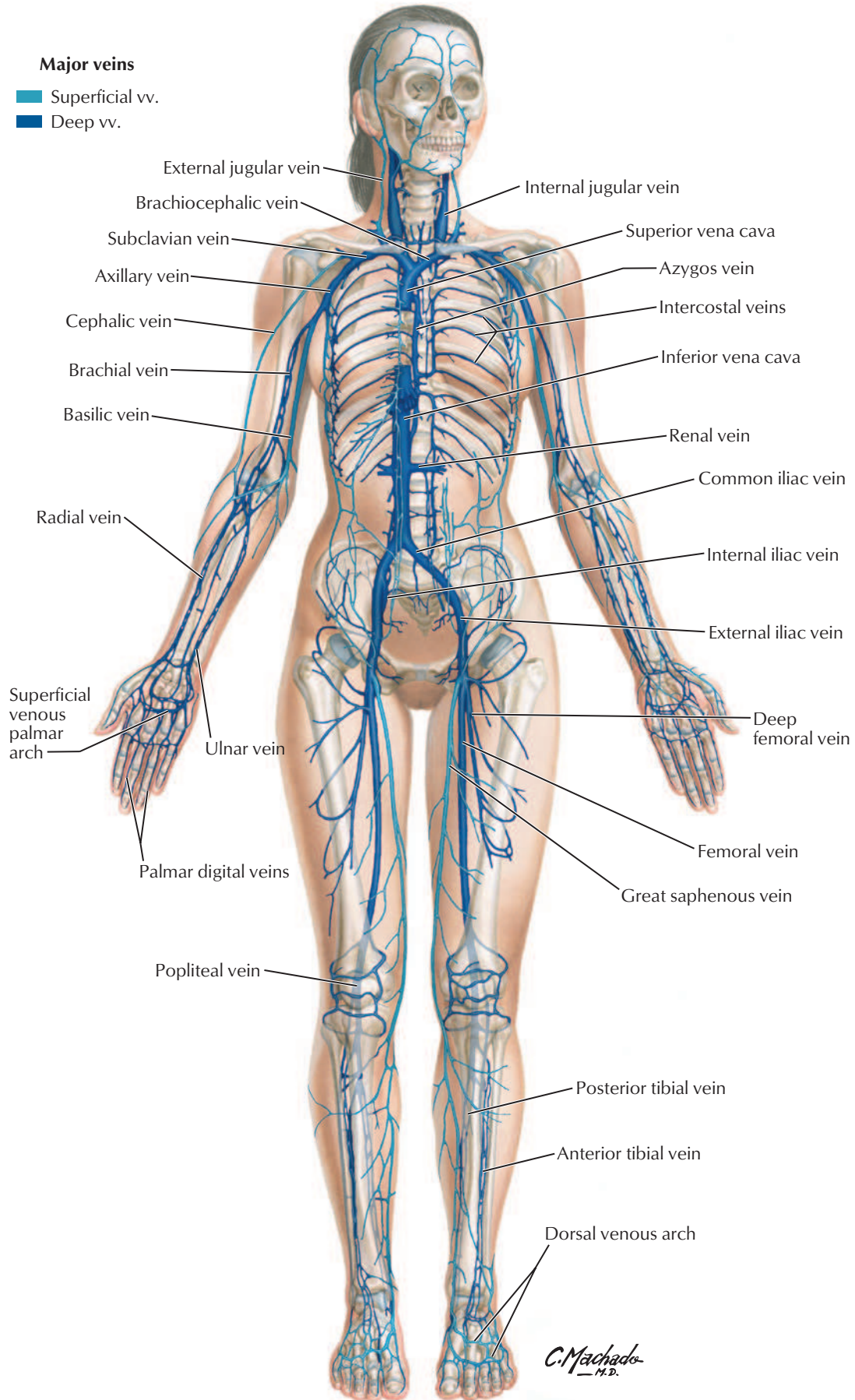
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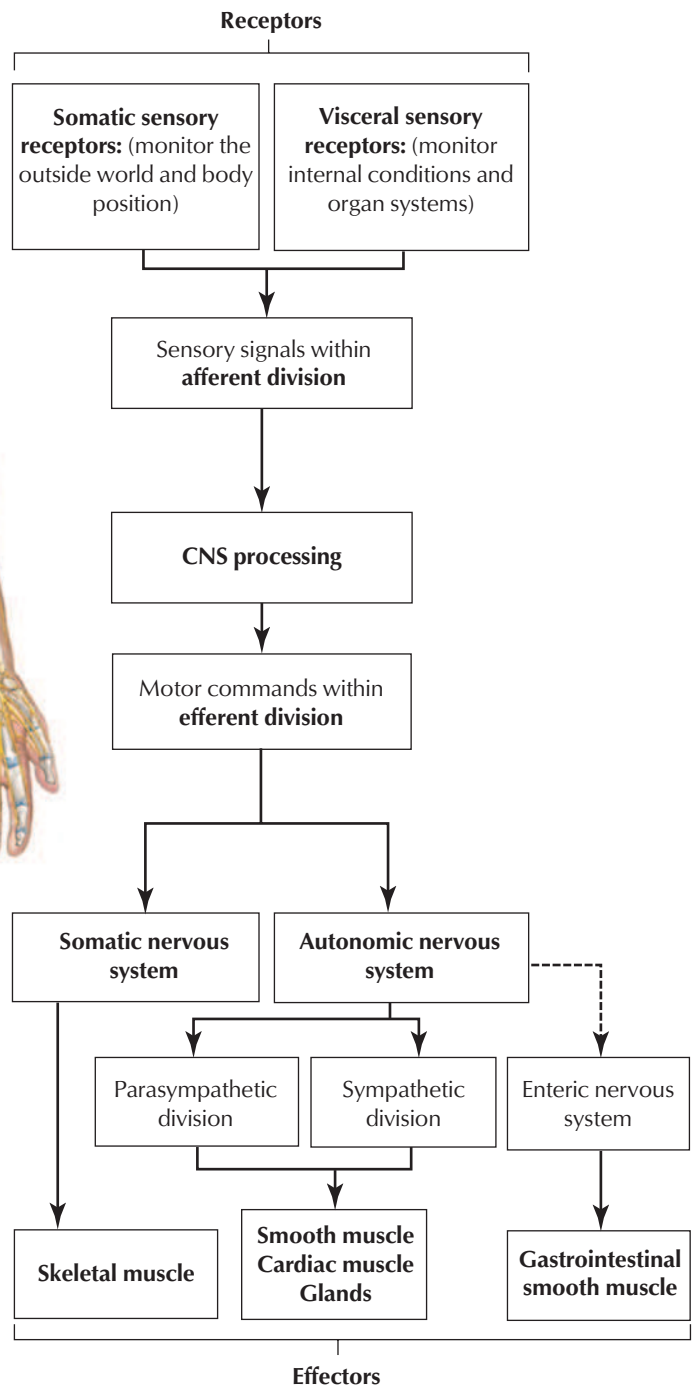
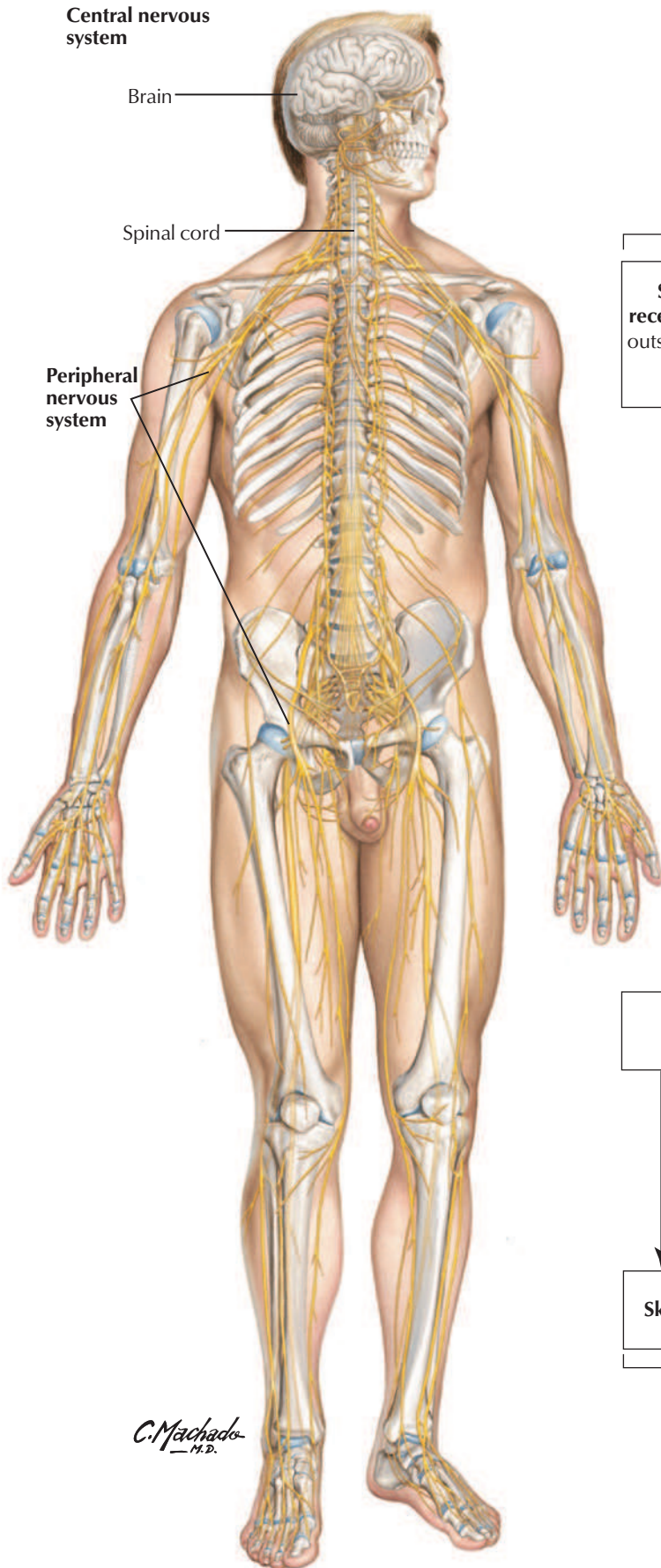


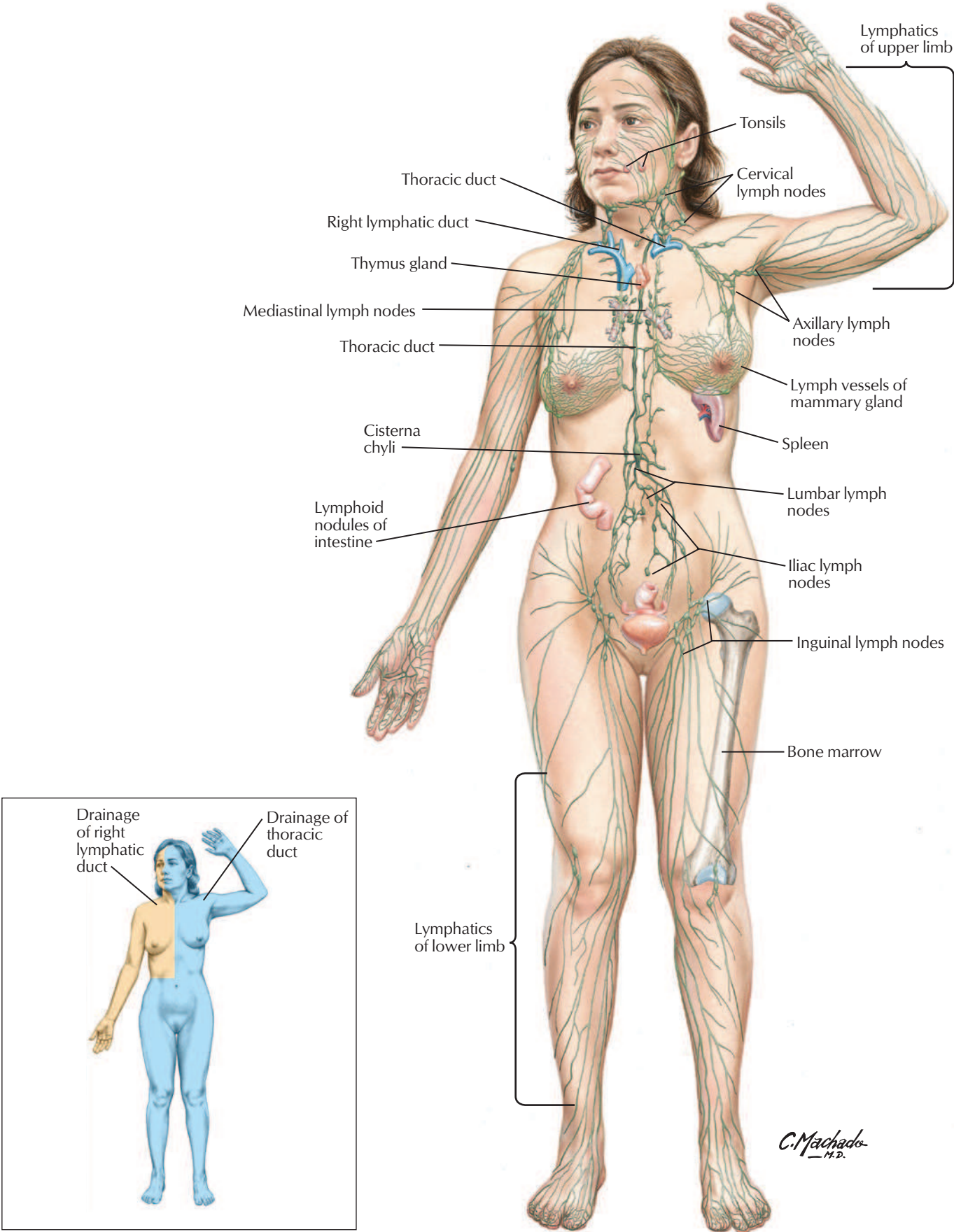


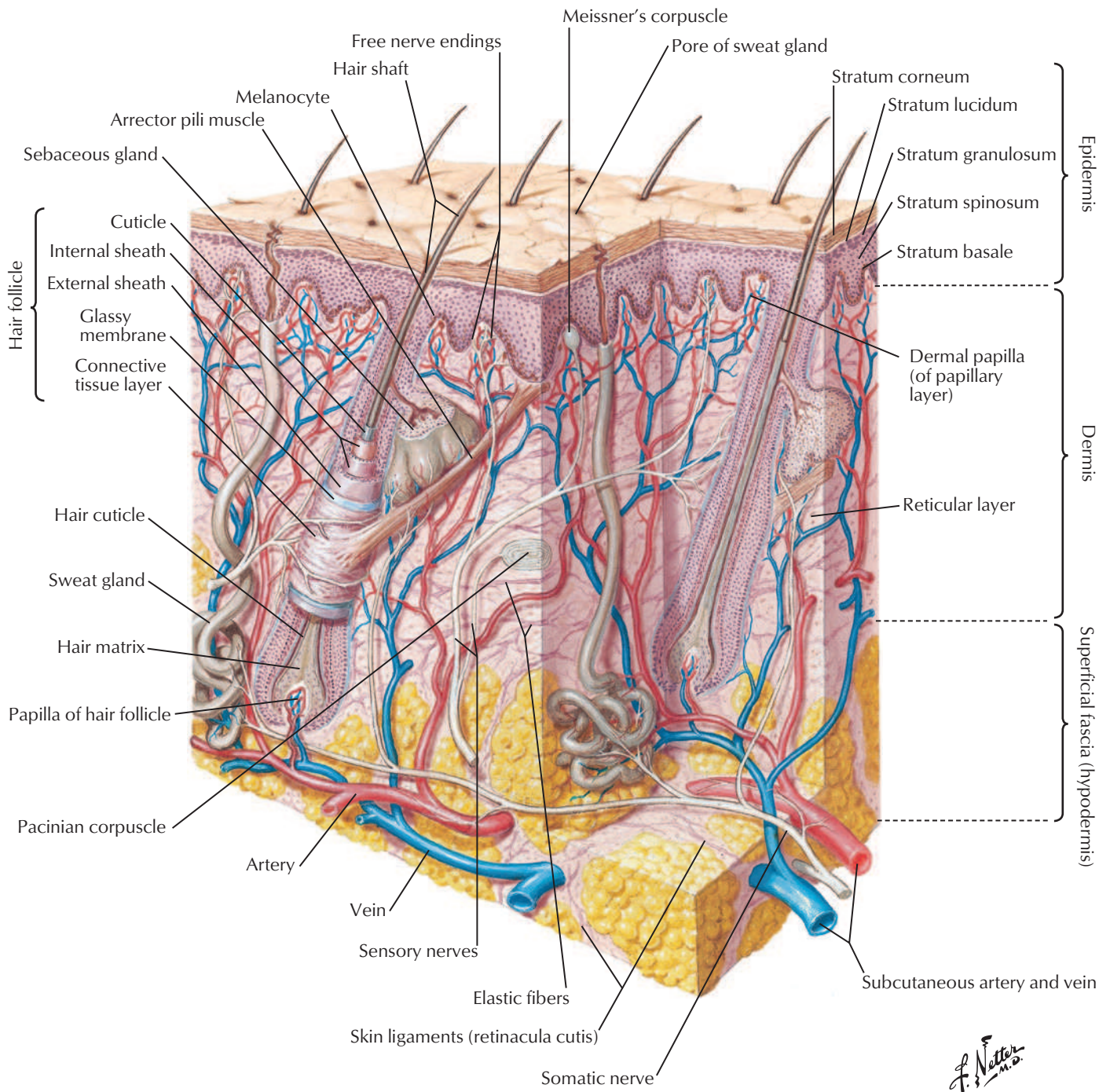
Locations for palpating arterial pulses (in bold)

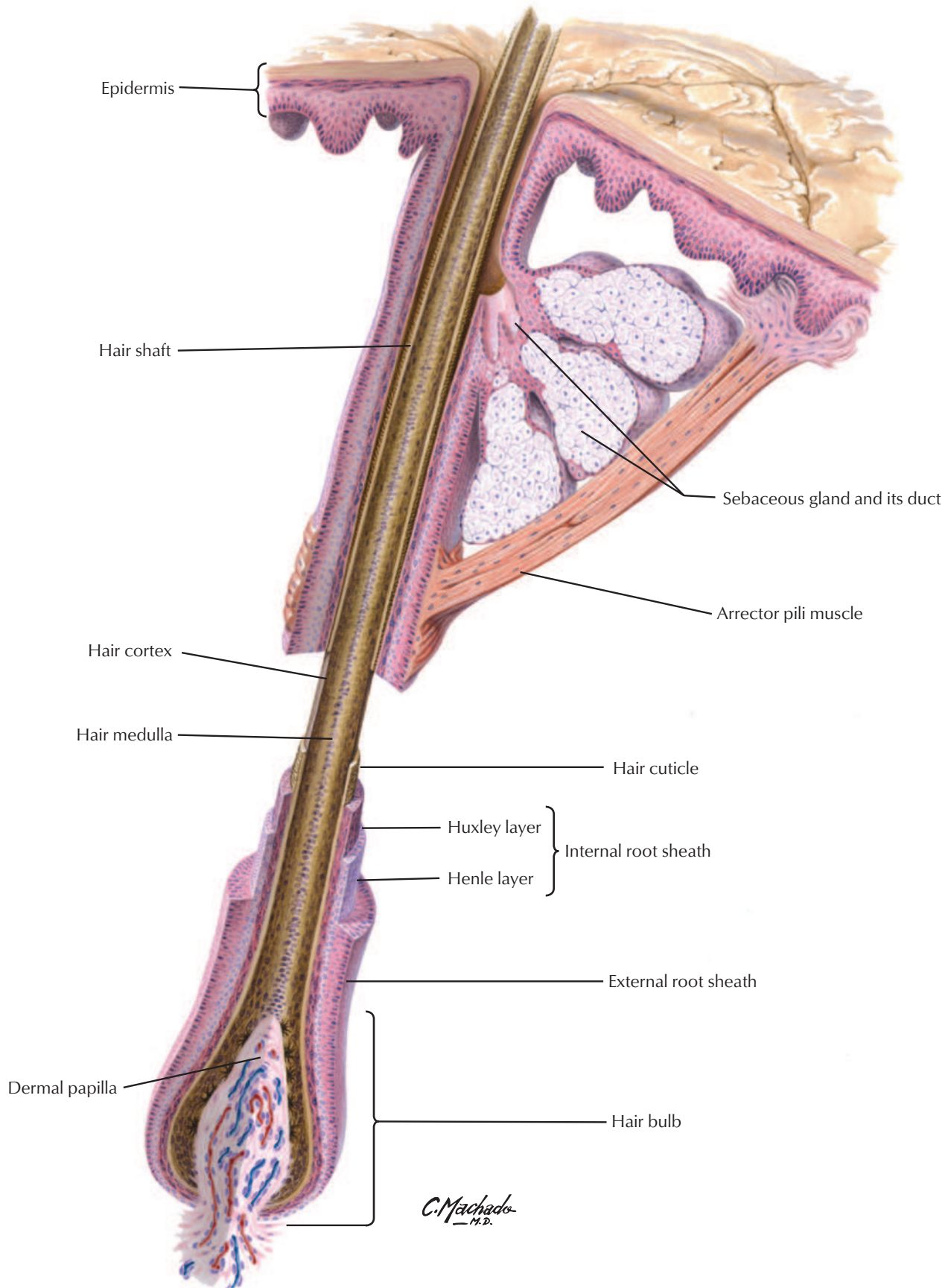
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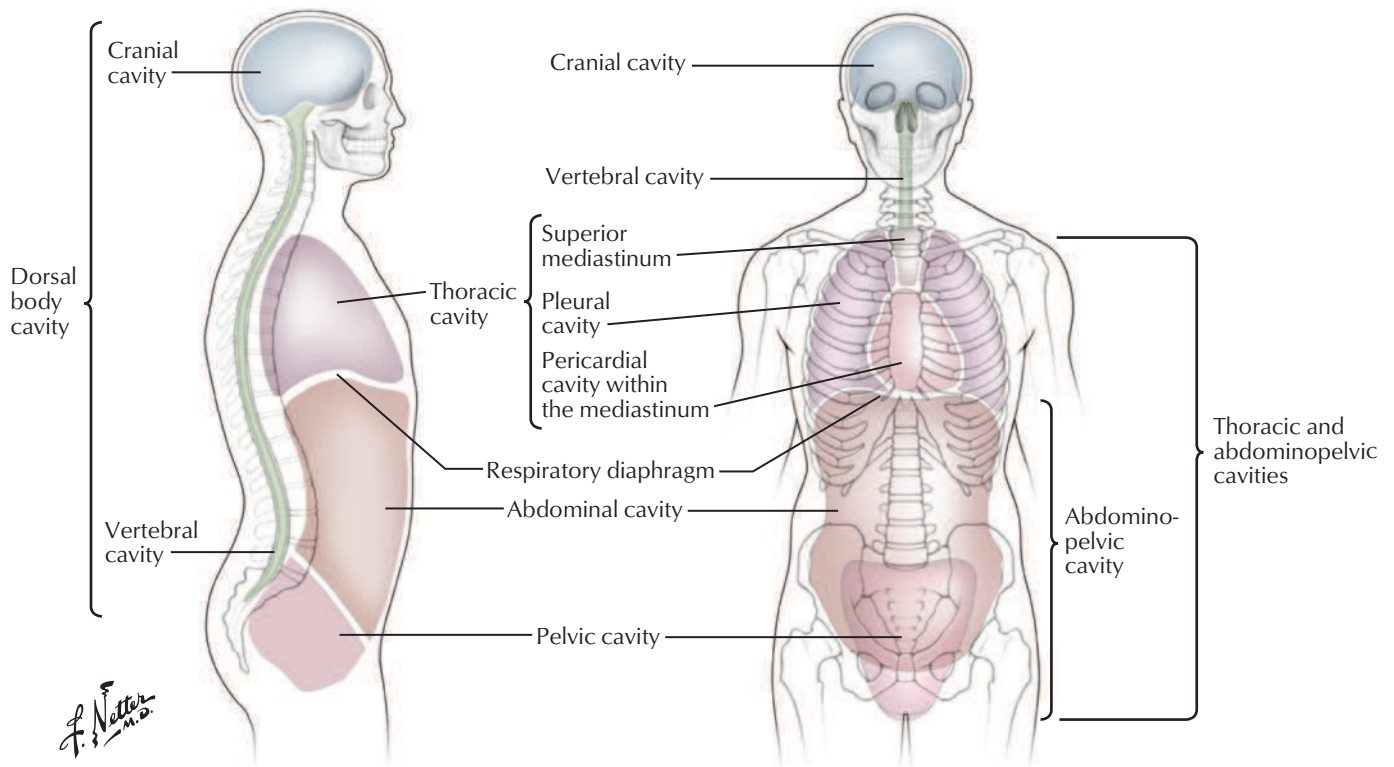




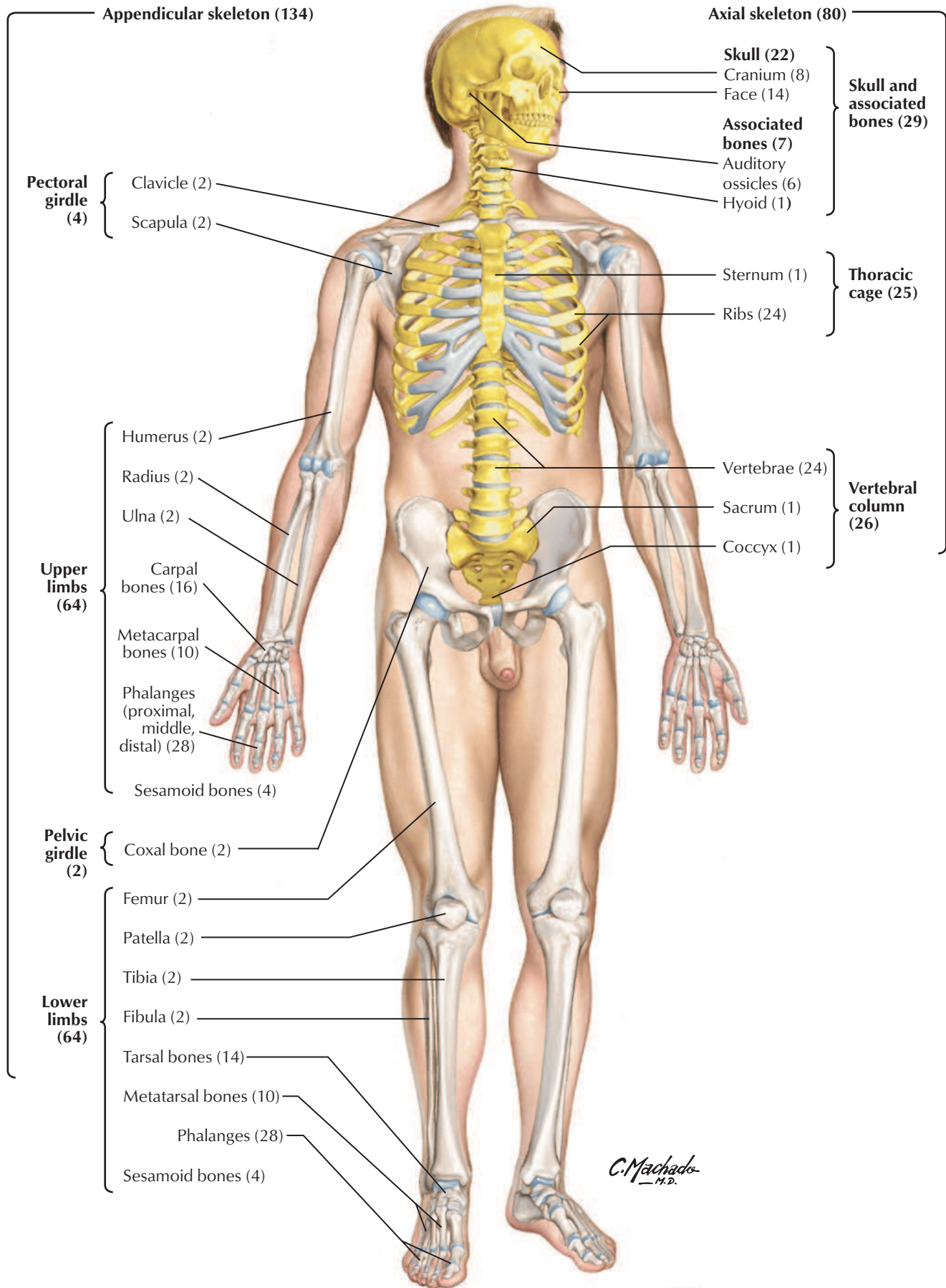




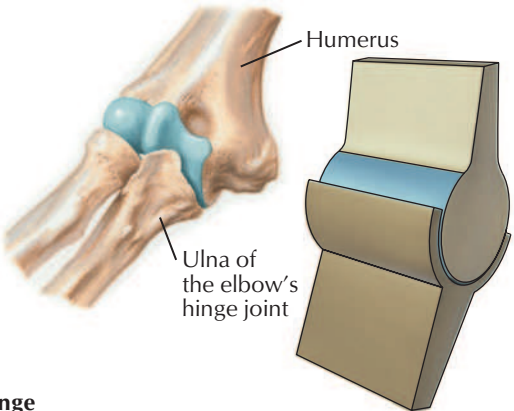
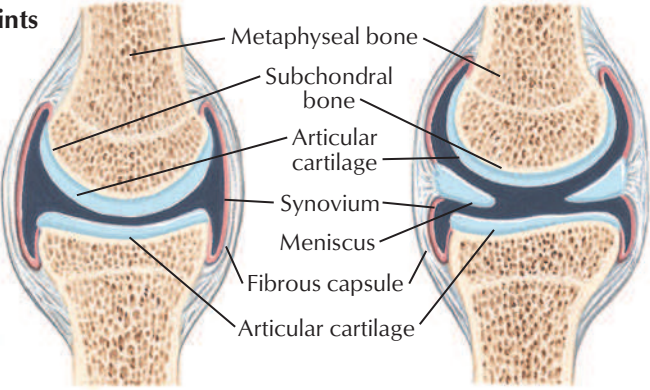




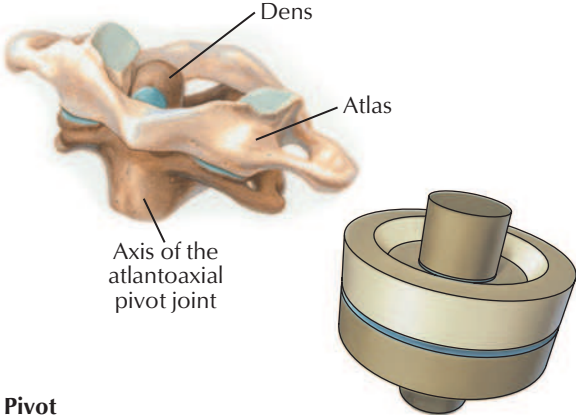
Skeletal System: Axial and Appendicular Skeletons



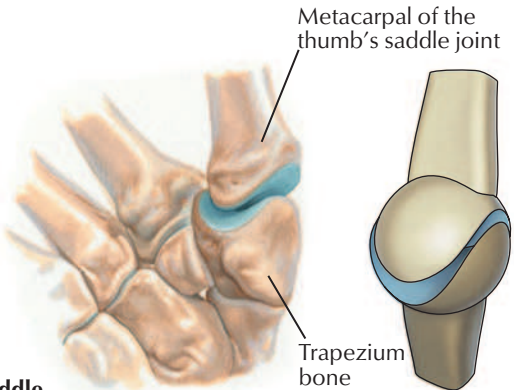
Structure of synovial joints



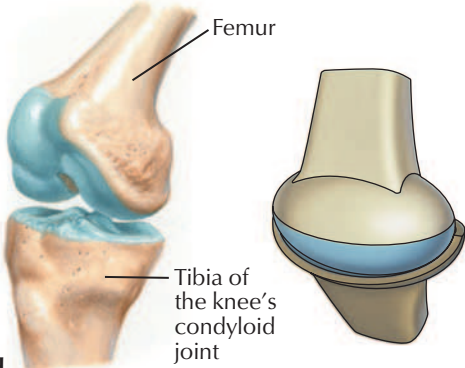
A. Hinge



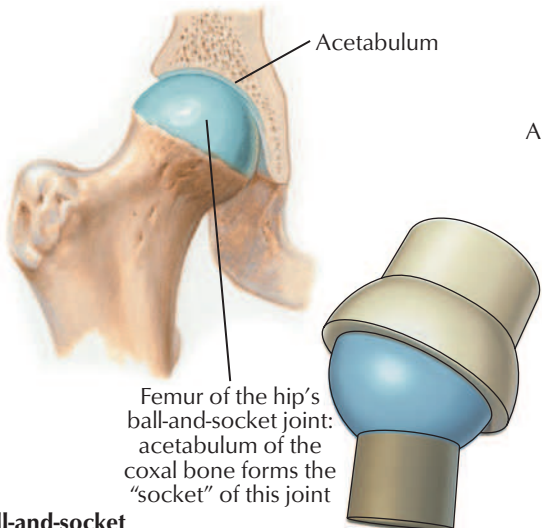
B. Pivot



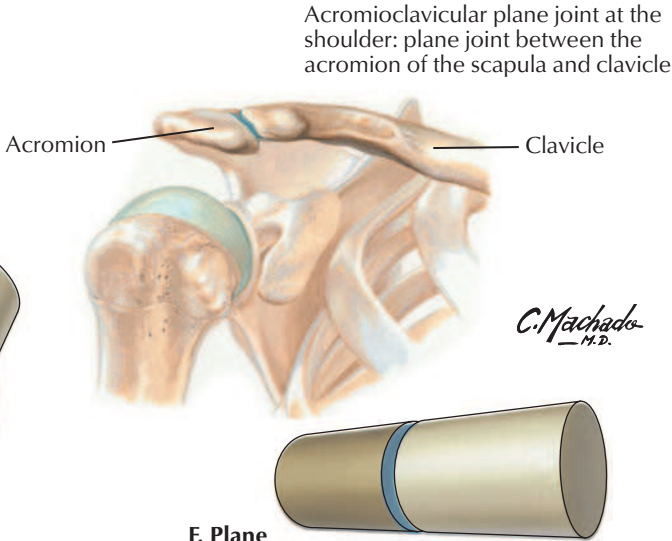
C. Saddle



D. Condyloid



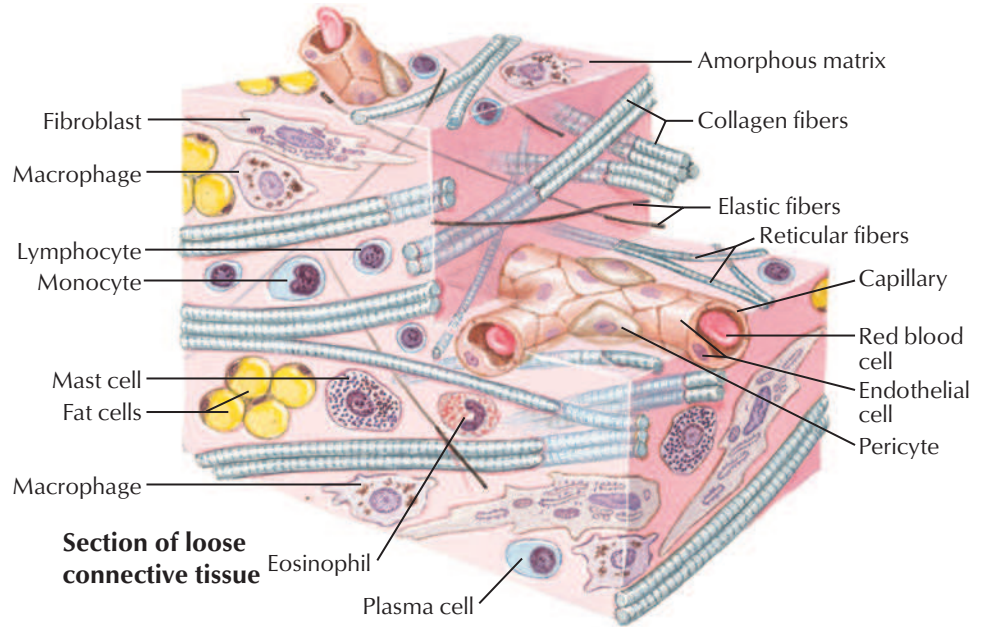
E. Ball-and-socket



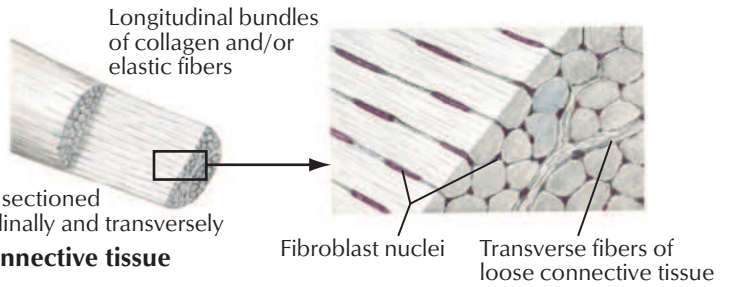
F. Plane

Acromioclavicular plane joint at the shoulder: plane joint between the acromion of the scapula and clavicle

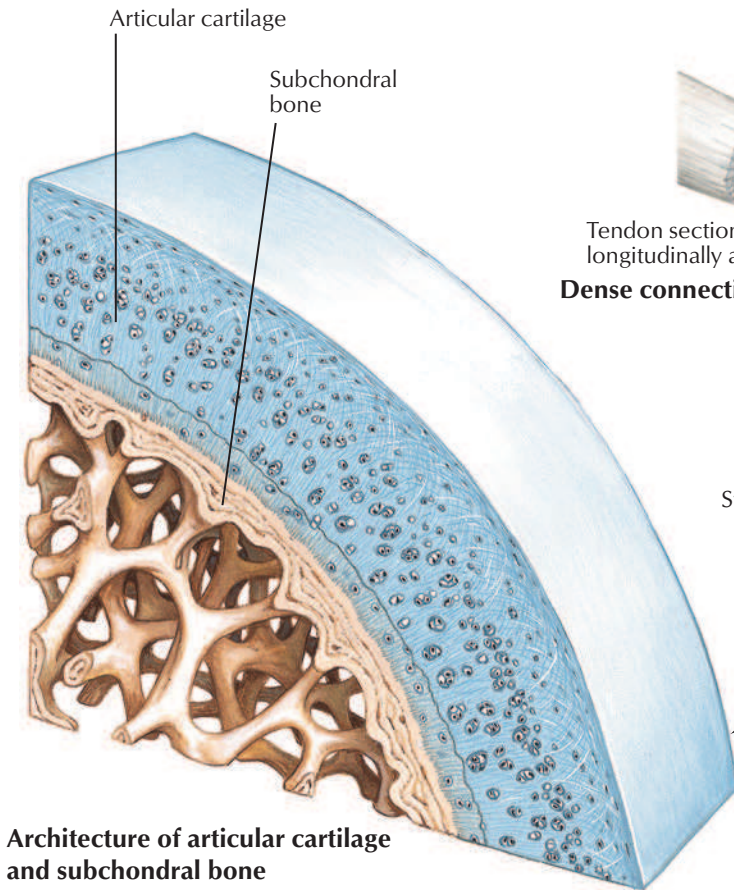
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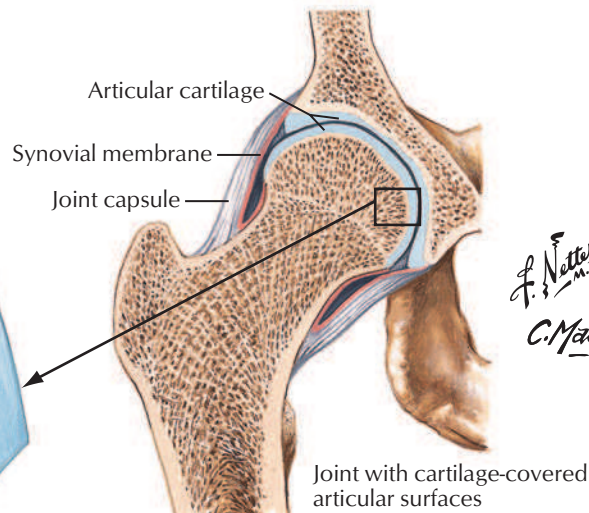
Section of loose connective tissue



Dense connective tissue

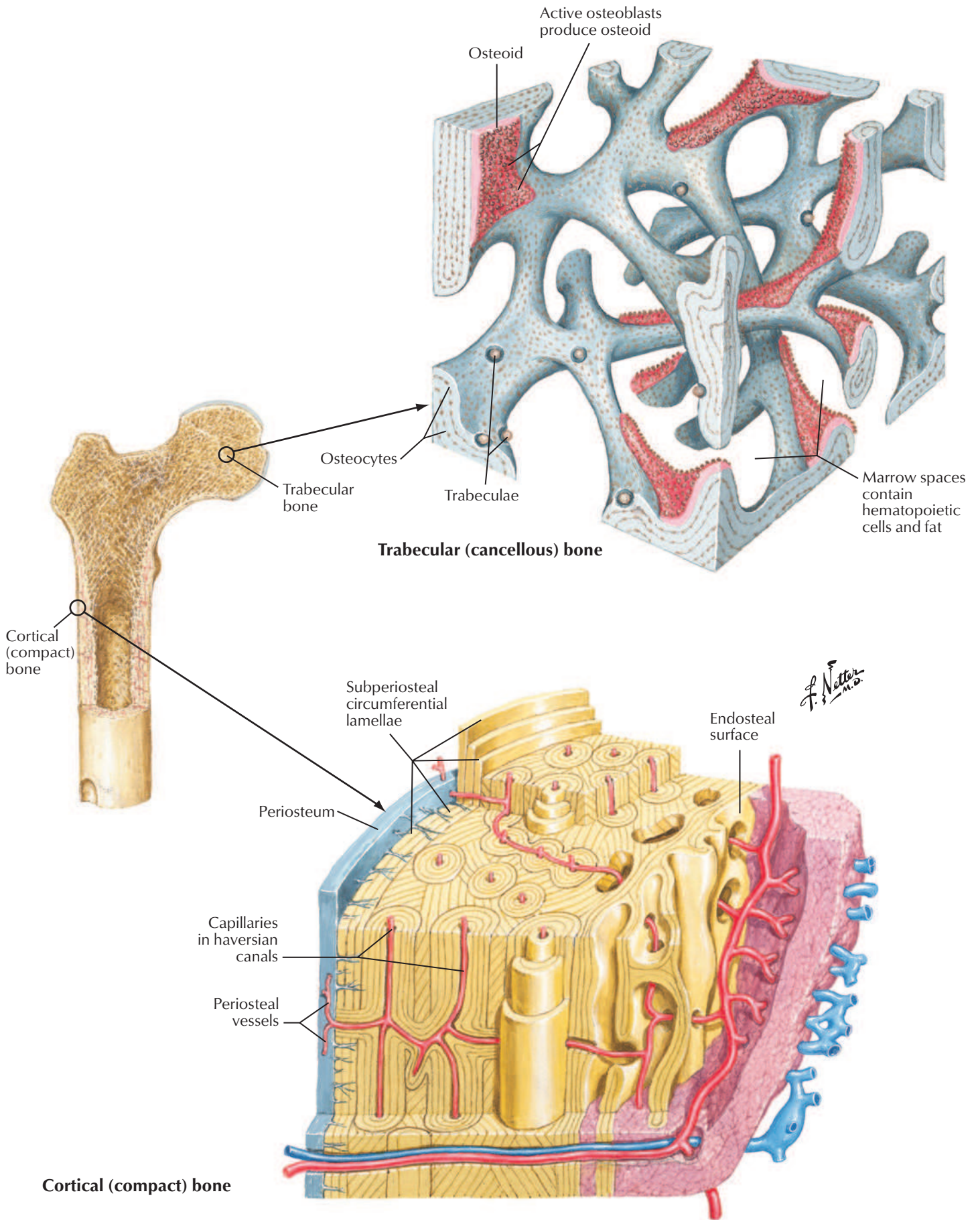


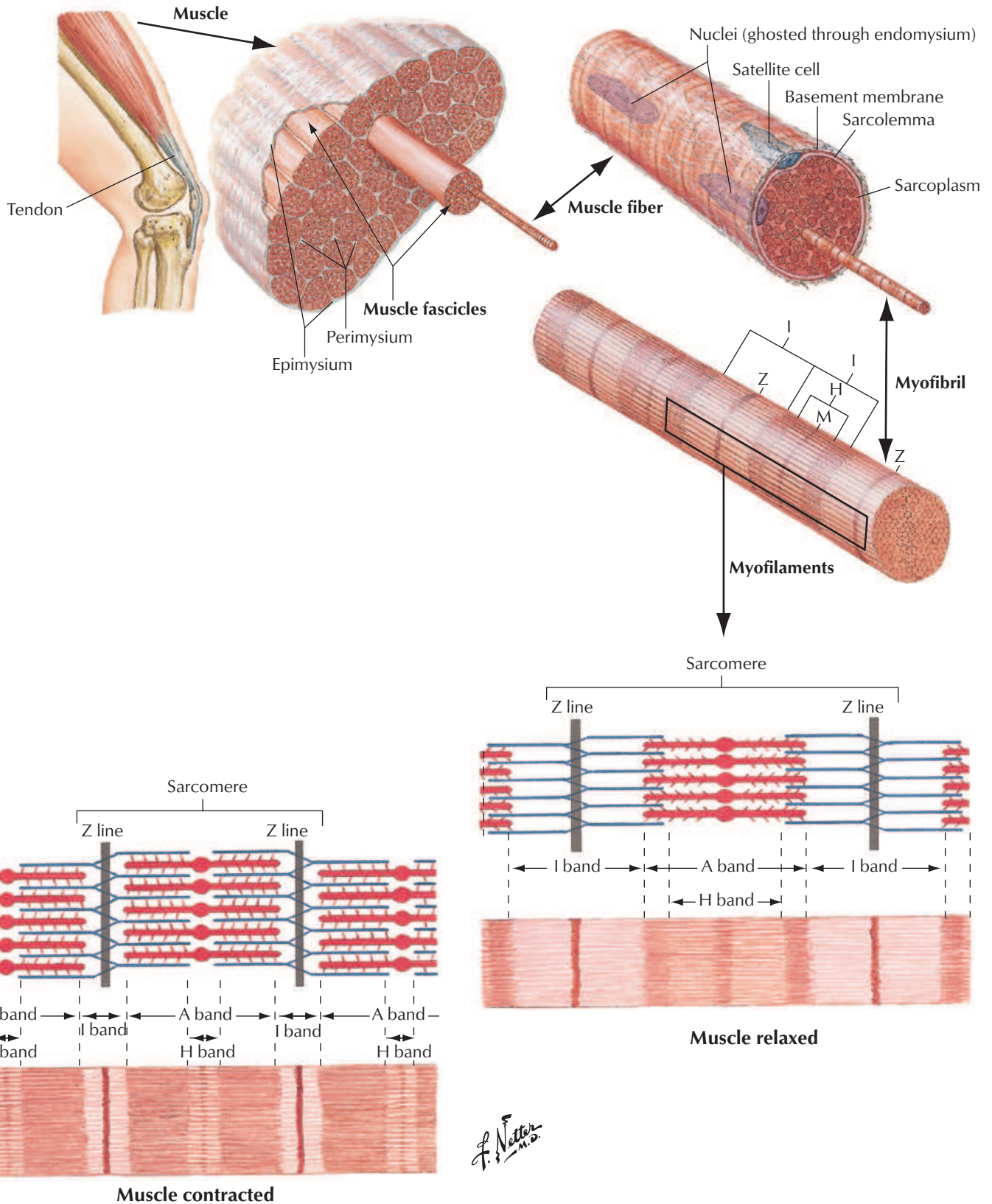
Architecture of articular cartilage and subchondral bone

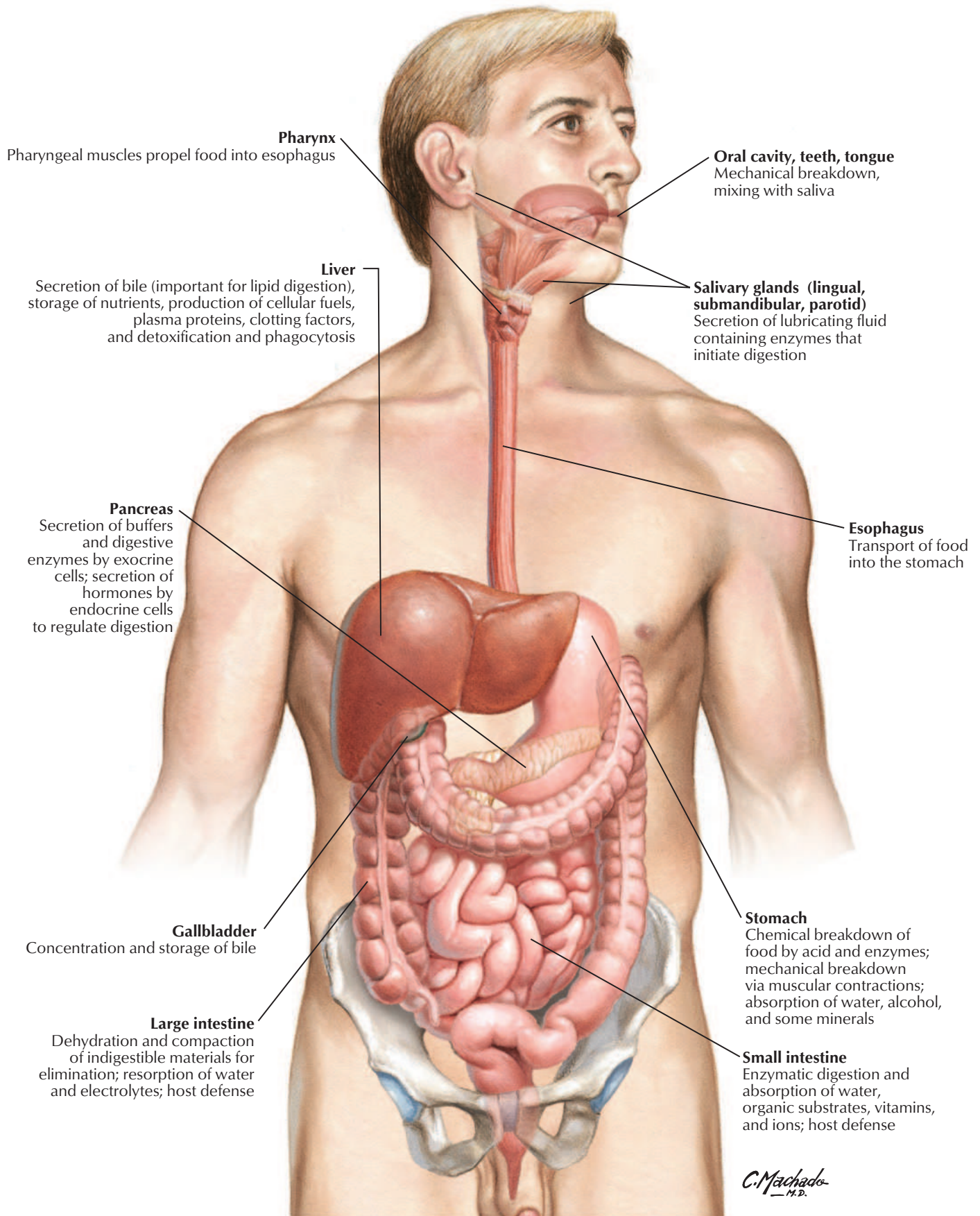


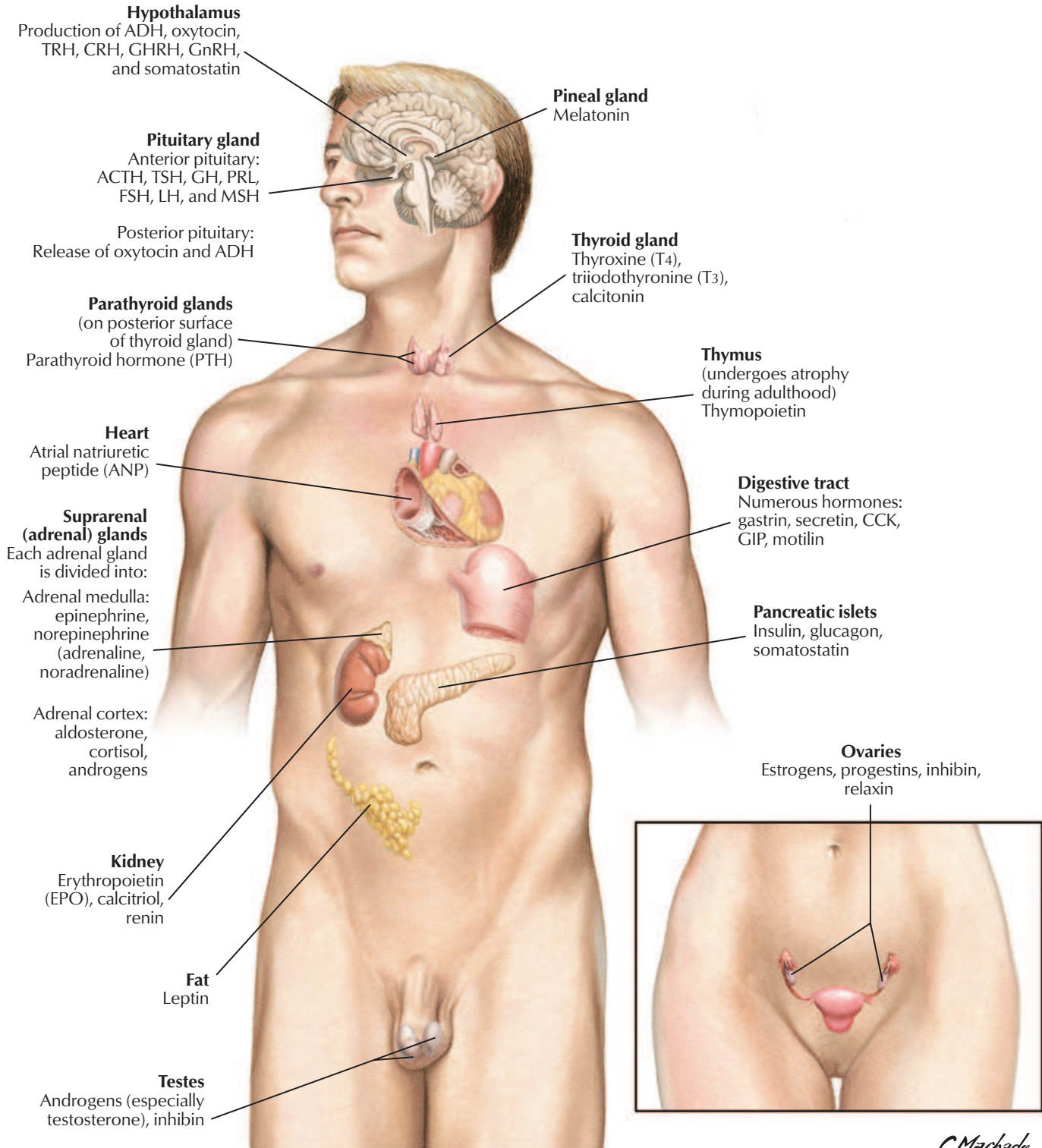
Hip joint and articular surface

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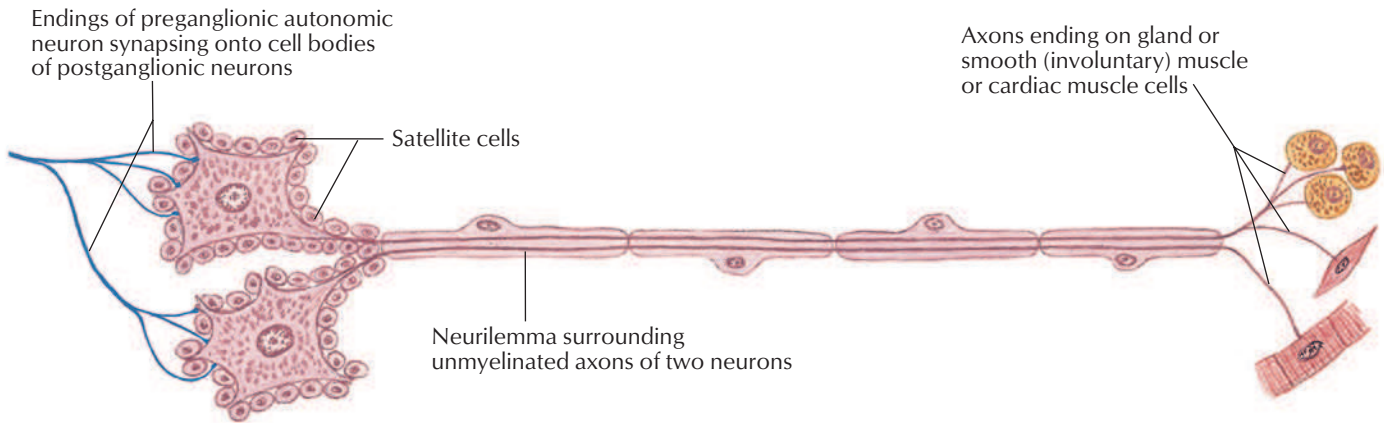




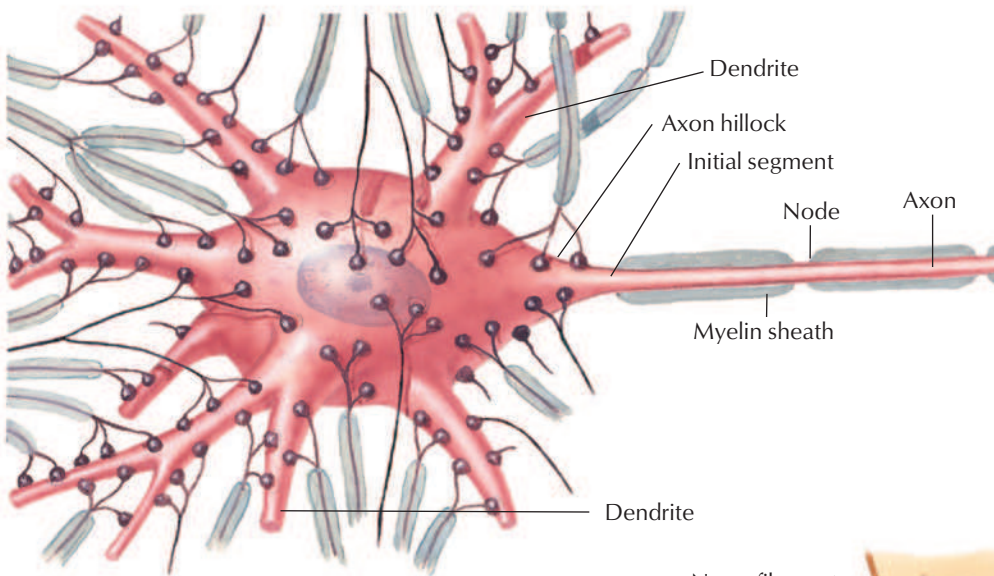




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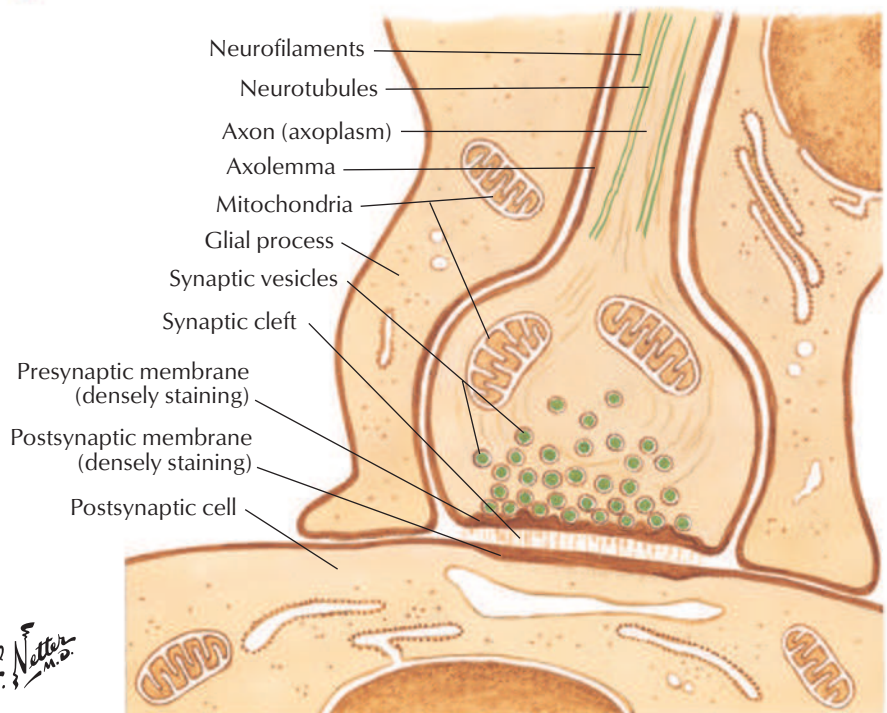


Two postganglionic autonomic neurons of a sympathetic or parasympathetic ganglion



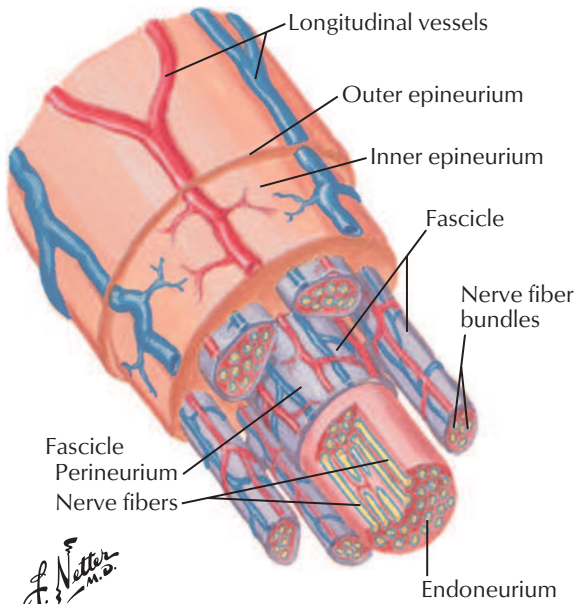
Schematic of synaptic endings

Numerous boutons (synaptic knobs) of presynaptic neurons terminating on a motor neuron and its dendrites

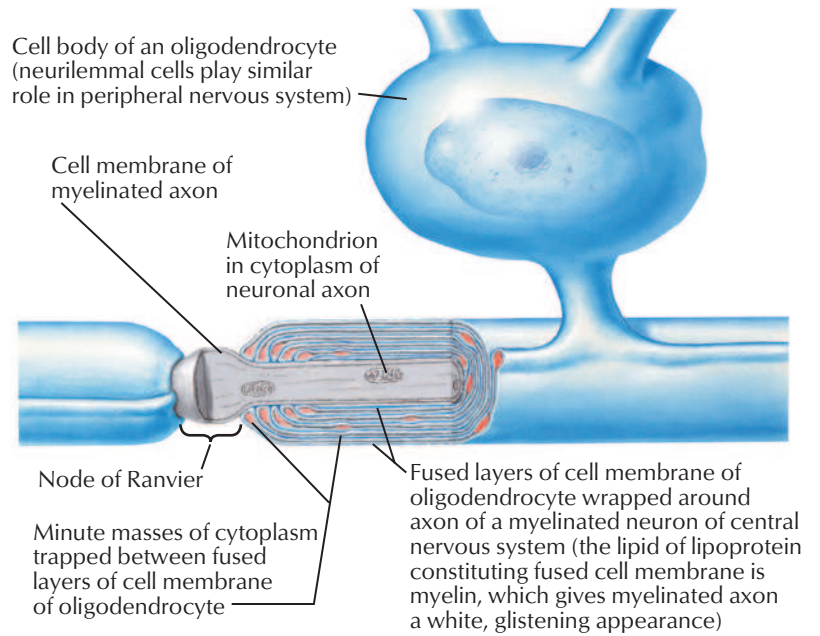


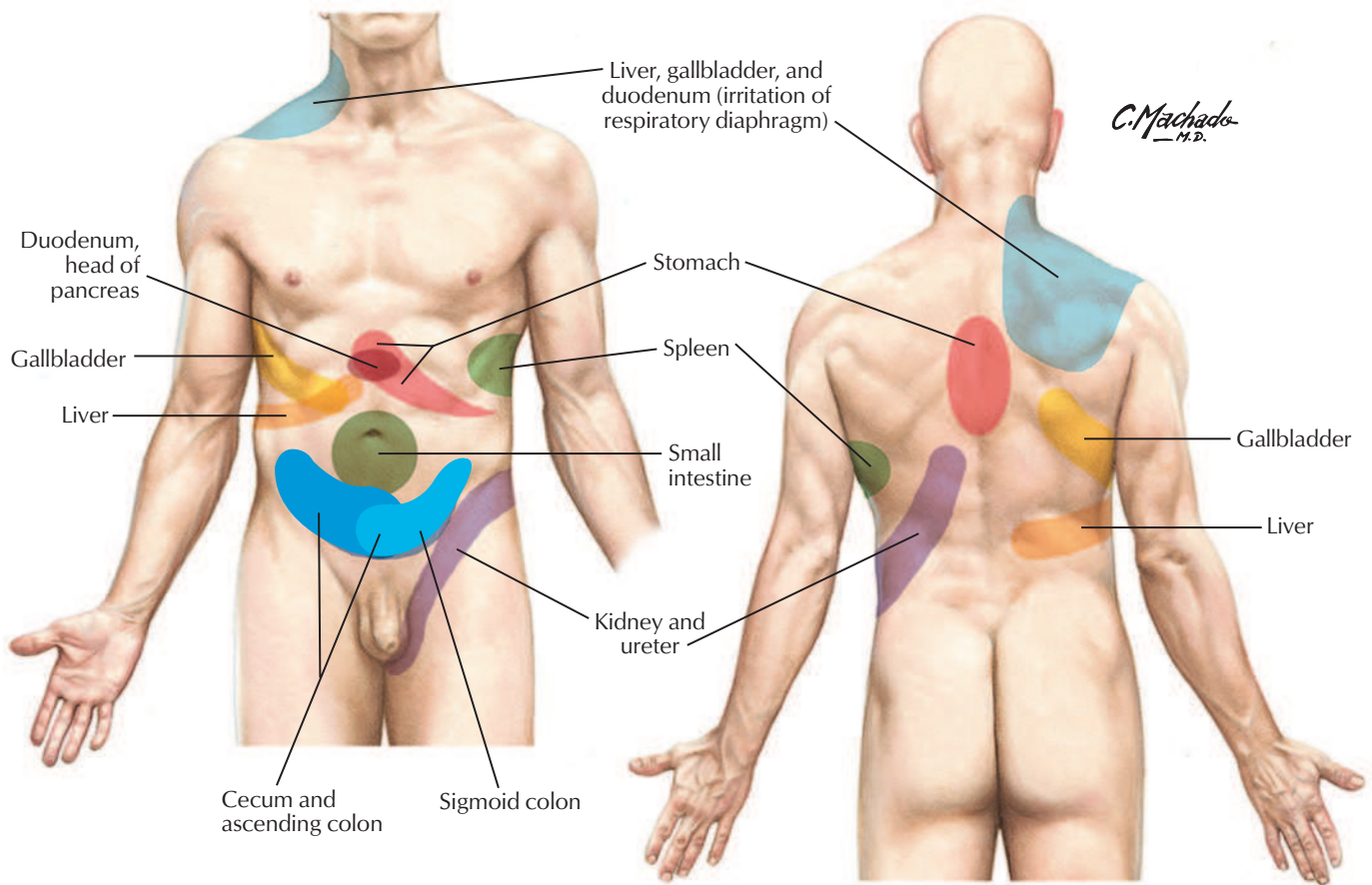
Enlarged section of bouton

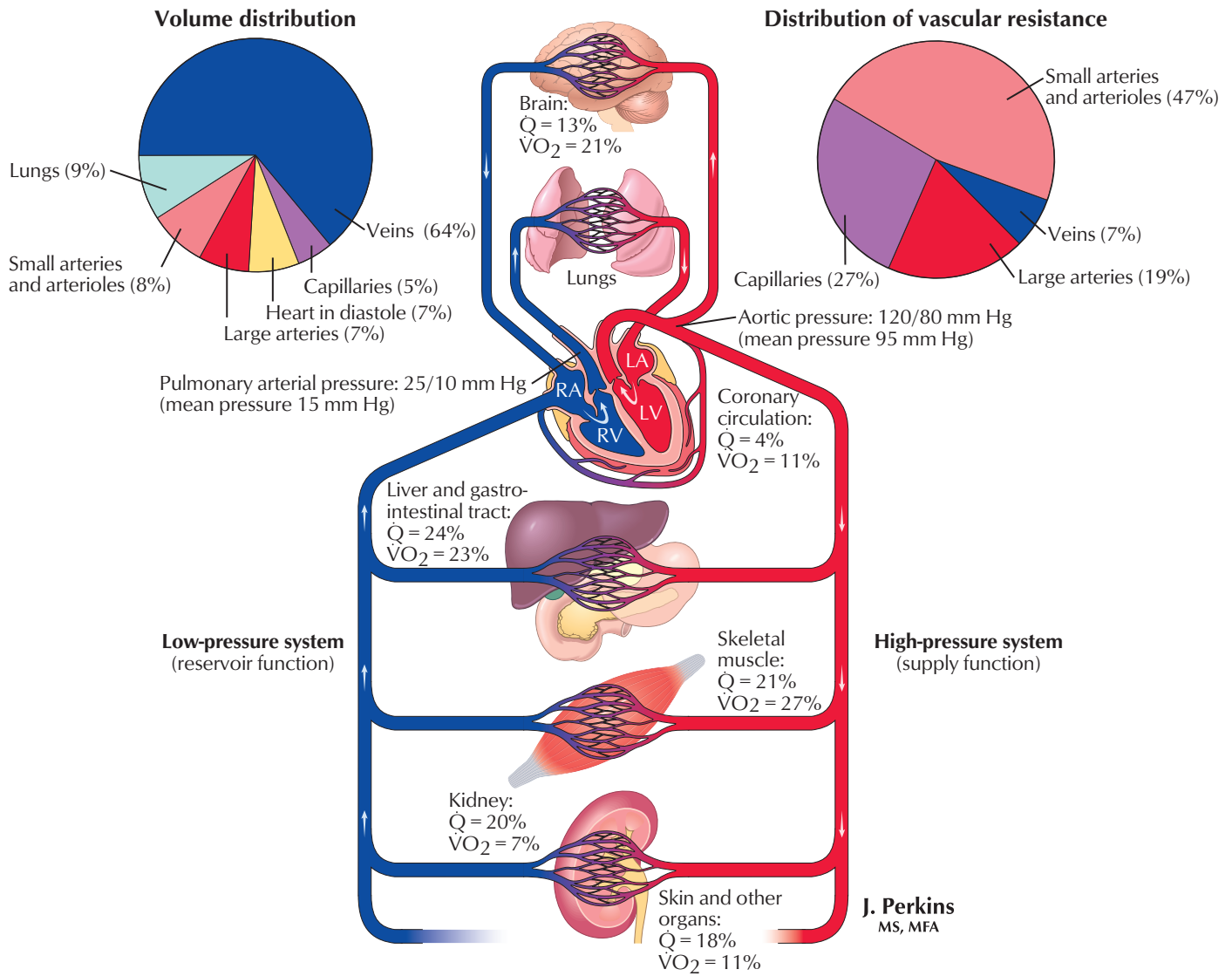
Features of a Typical Peripheral Nerve



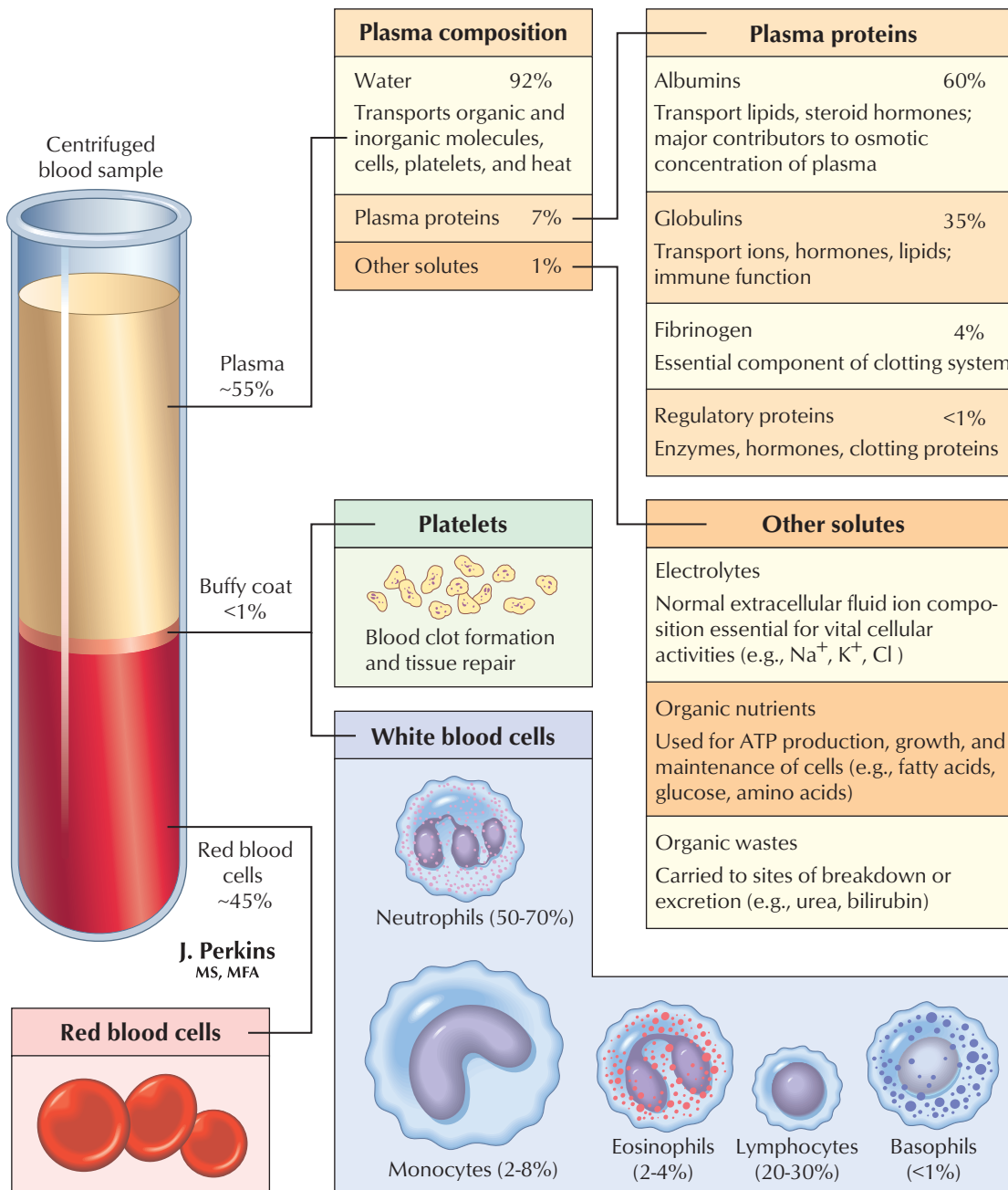
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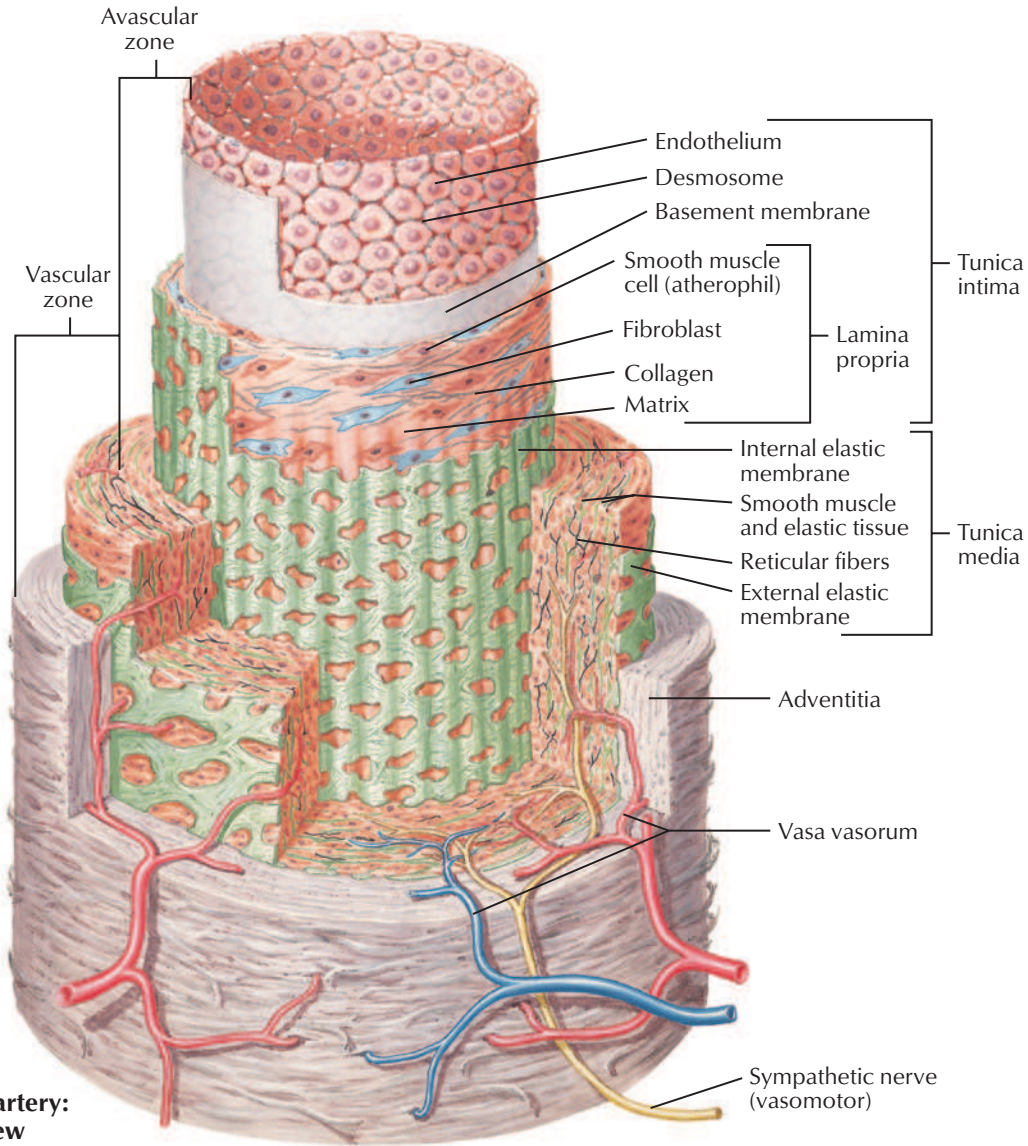




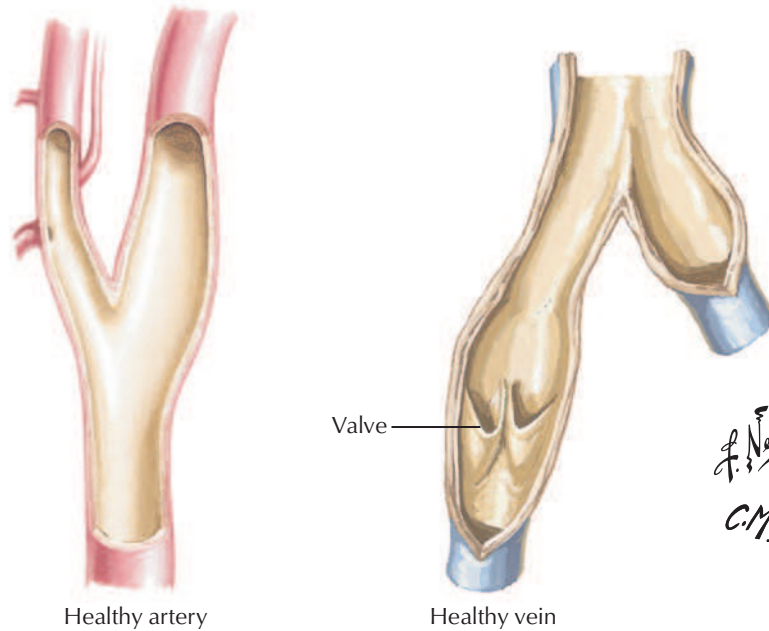


Q = blood flow per minute
 VO₂ = oxygen used per minute





Wall of an artery: cutaway view

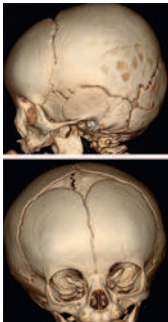


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HEAD AND NECK 2

Surface Anatomy	8	Ear	105-110
Superficial Head and Neck	9-10	Meninges and Brain	111-126
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ELECTRONIC BONUS PLATES



BP17 3D Skull Reconstruction CTs



BP18 Degenerative Changes in Cervical Vertebrae



BP19 Atlantooccipital Junction



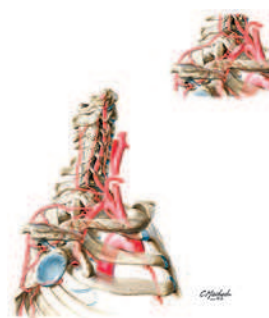
BP20 Muscles of Facial Expression: Anterior View



BP21 Musculature of Face



BP22 Paranasal Sinuses

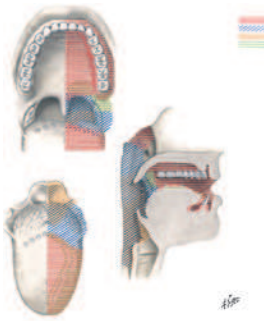


BP23 Subclavian Artery



BP24 Opening of the Mandible

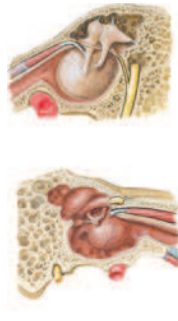
ELECTRONIC BONUS PLATES—*cont'd*



BP25 Afferent Innervation of Oral Cavity and Pharynx



BP26 Fasciae of Orbit and Eyeball



BP27 Tympanic Cavity



BP28 Anatomy of the Pediatric Ear



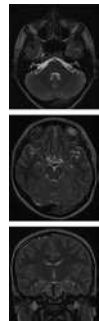
BP29 Auditory Tube (Eustachian)



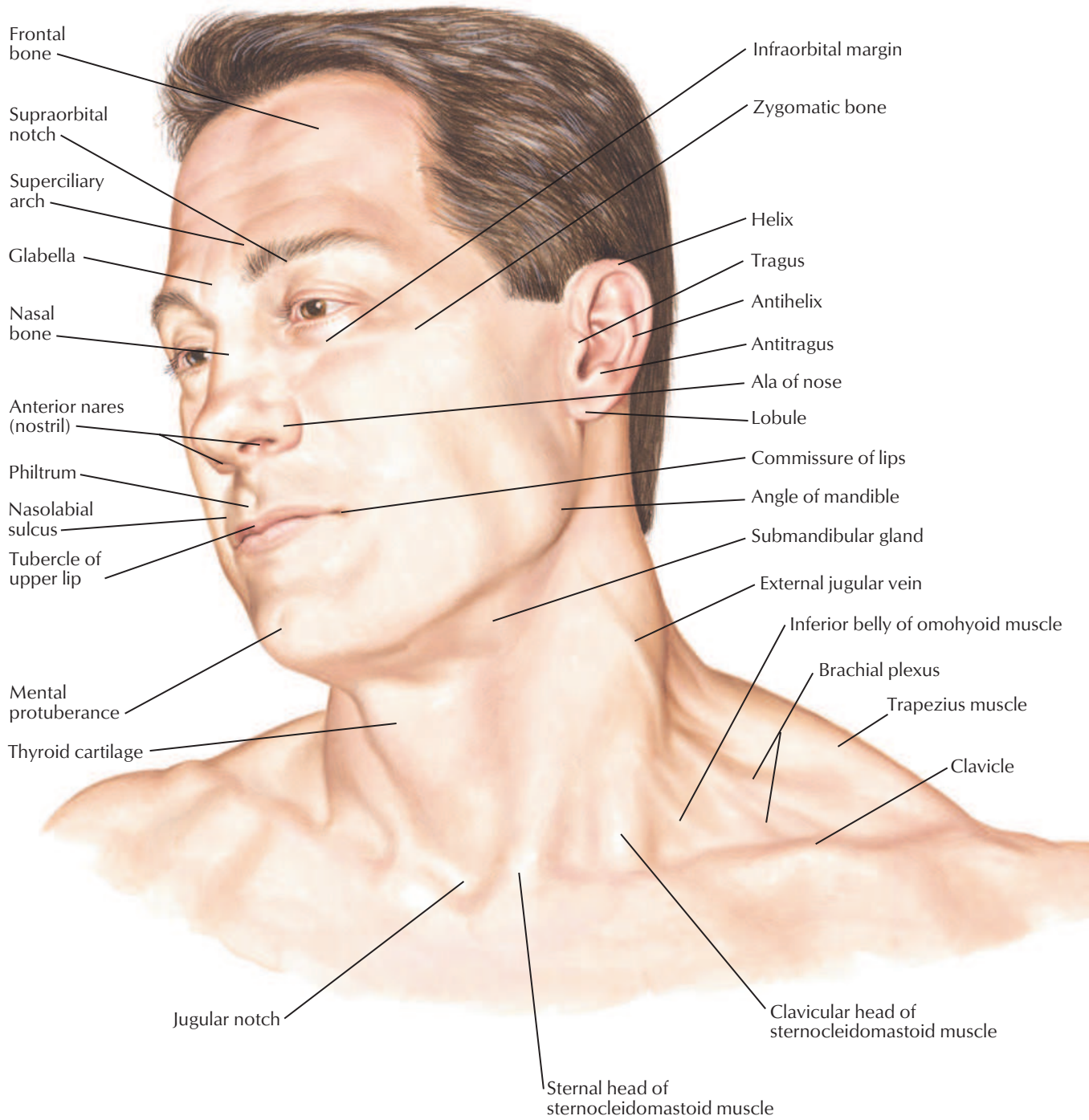
BP30 Arteries and Veins of Hypothalamus and Hypophysis



BP31 Cranial Imaging (MRV and MRA)



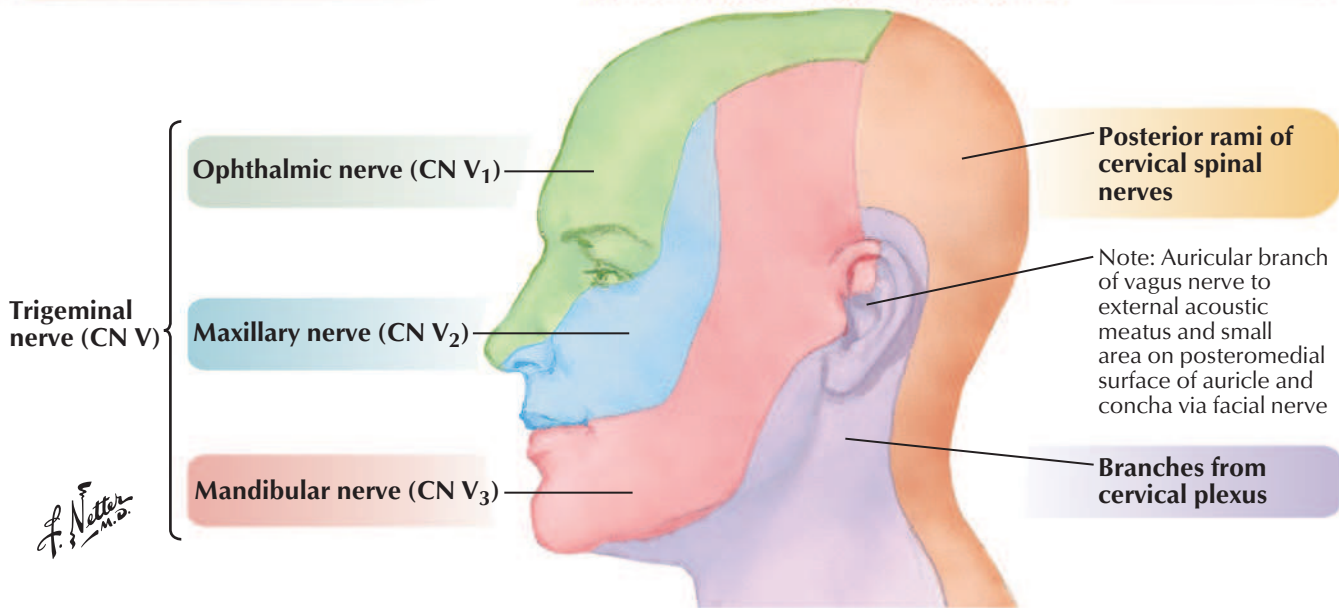
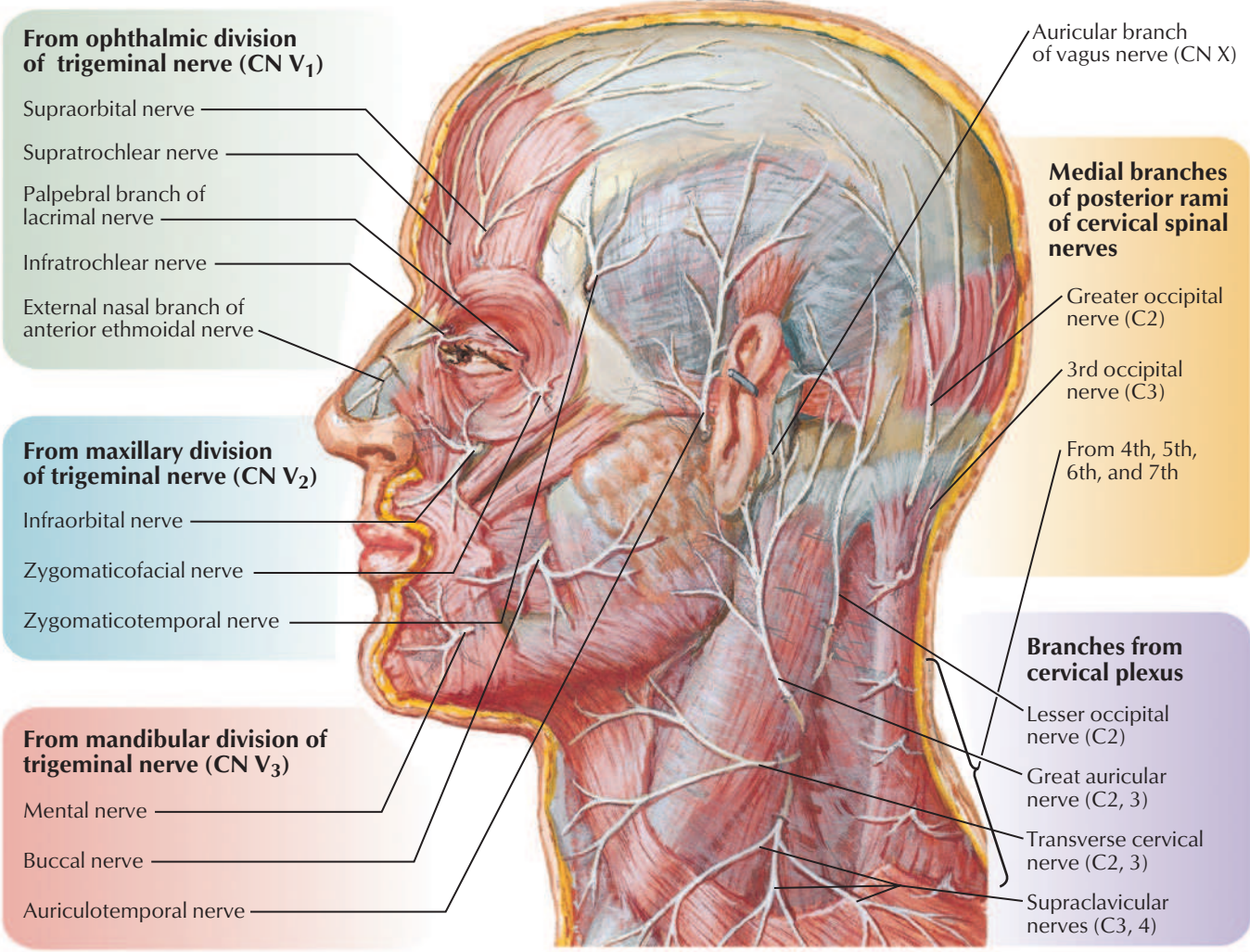
BP32 Axial and Coronal MRIs of Brain

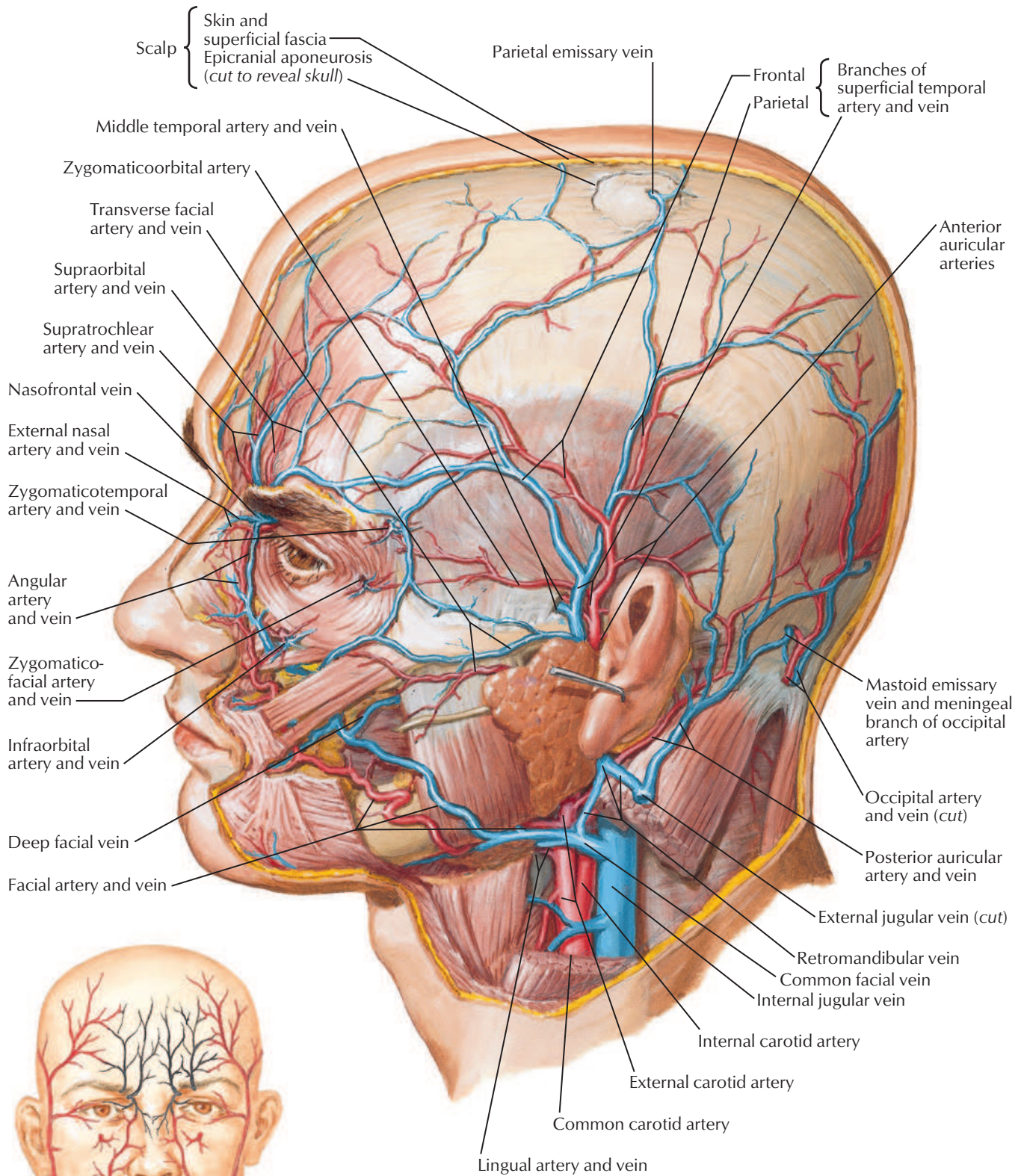


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Cutaneous Nerves of Head and Neck

See also [Plates 39, 42, 61](#)

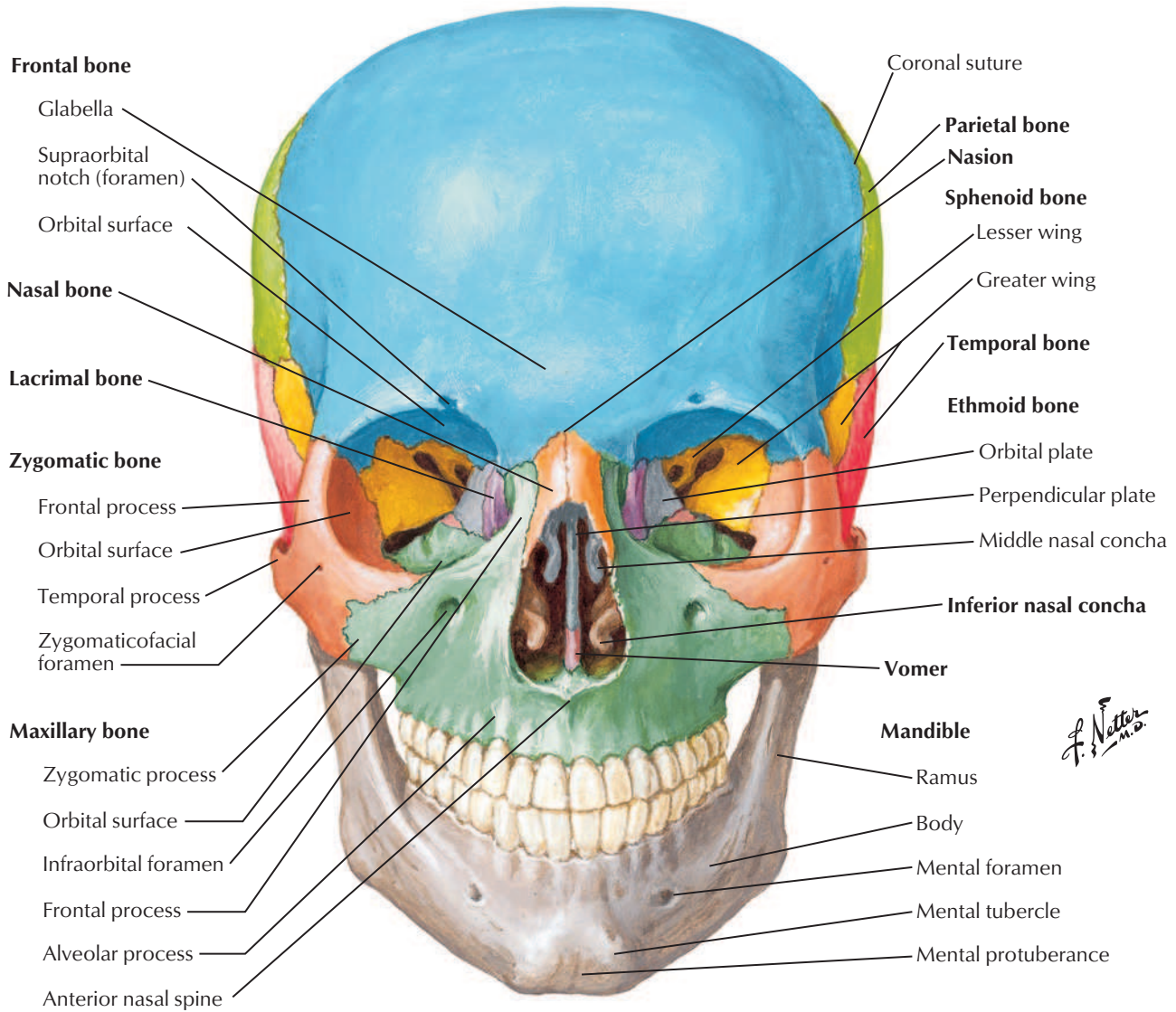




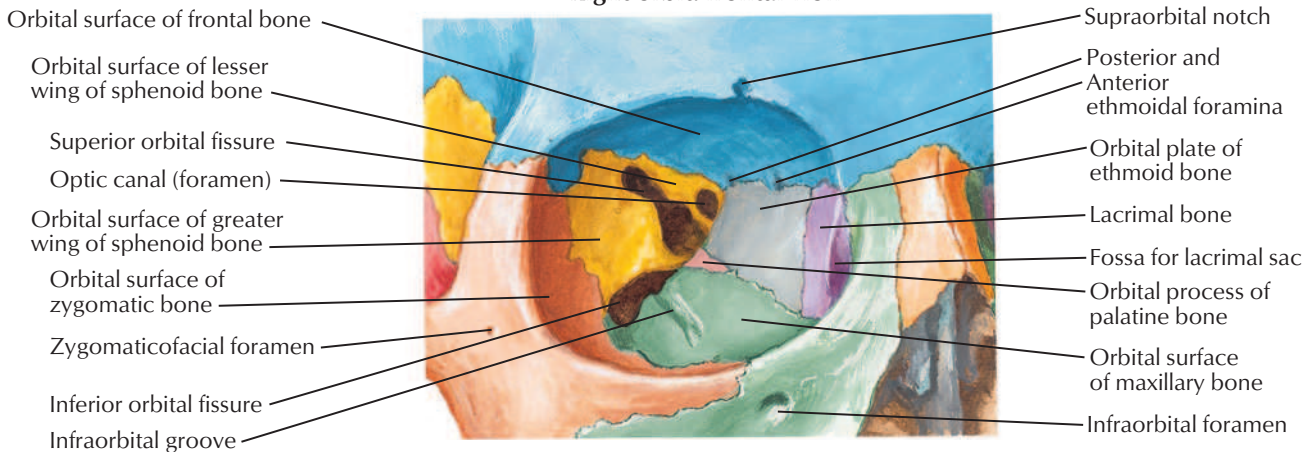
Sources of arterial supply of face

Black: from internal carotid artery (via ophthalmic artery)
 Red: from external carotid artery

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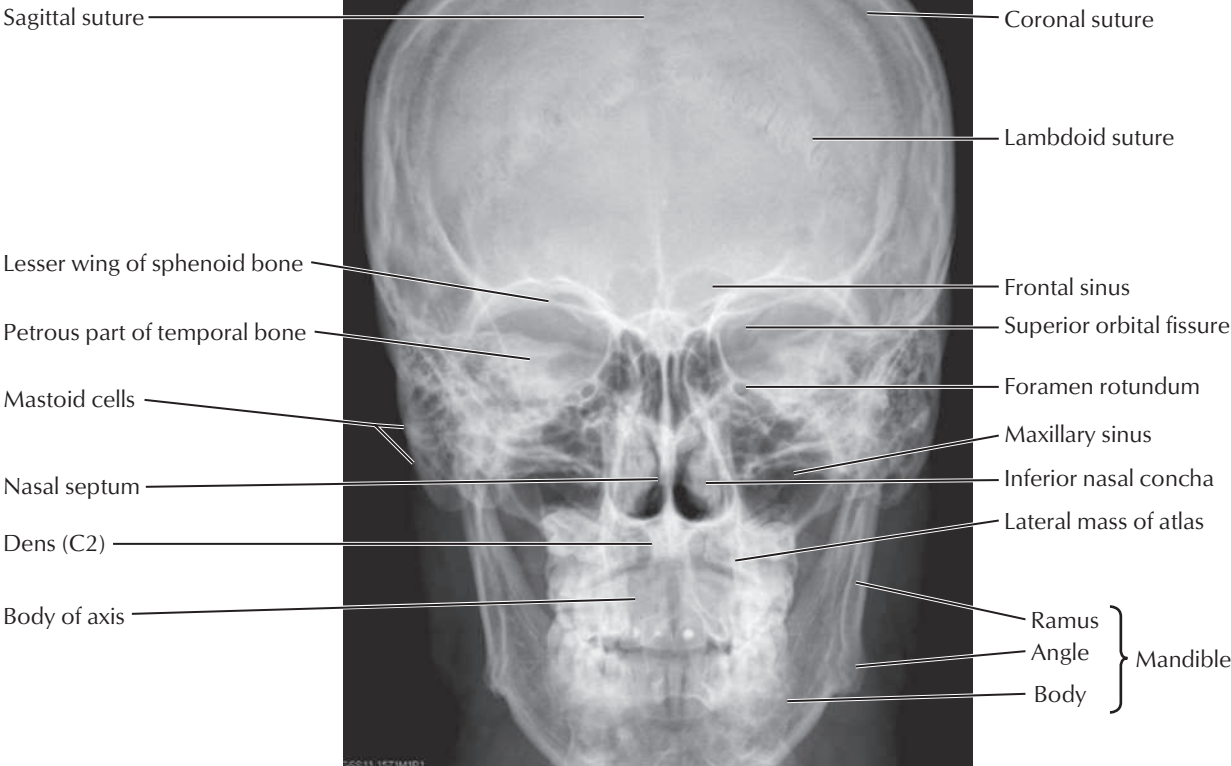


Right orbit: frontal view

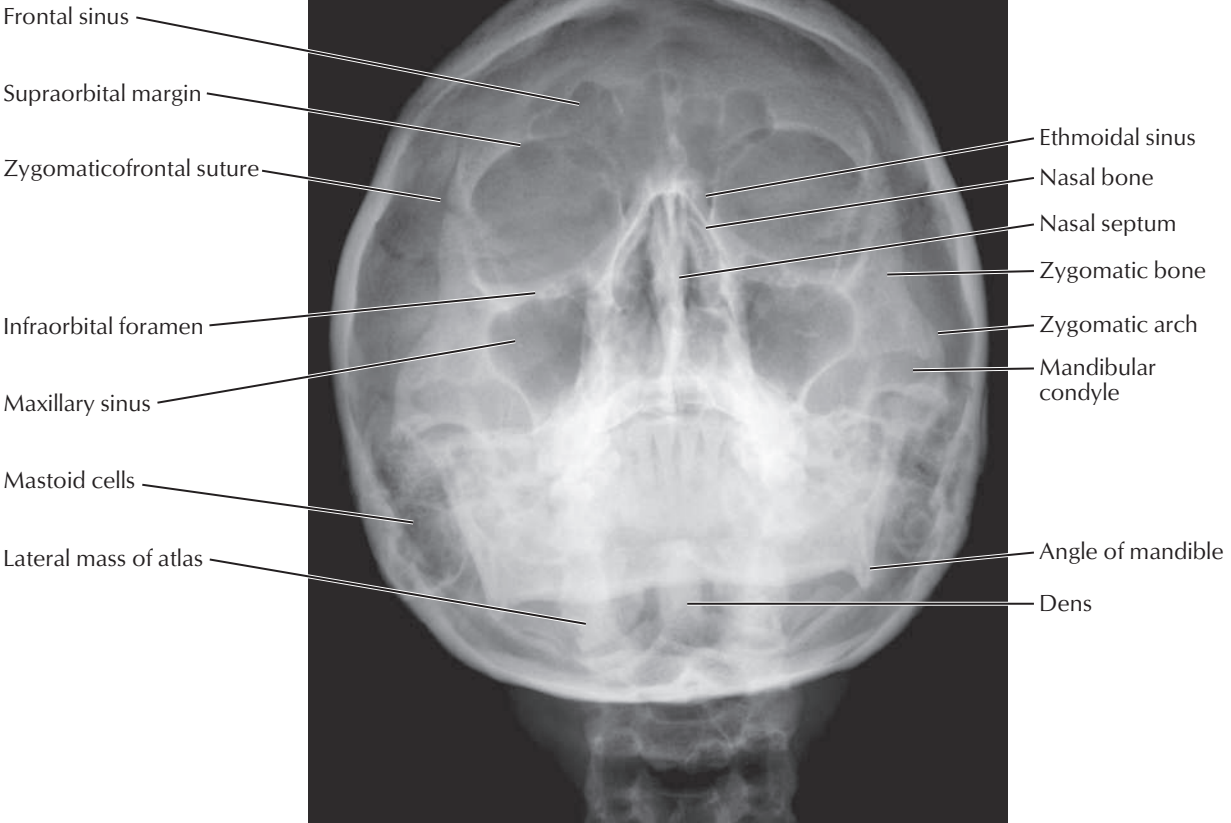


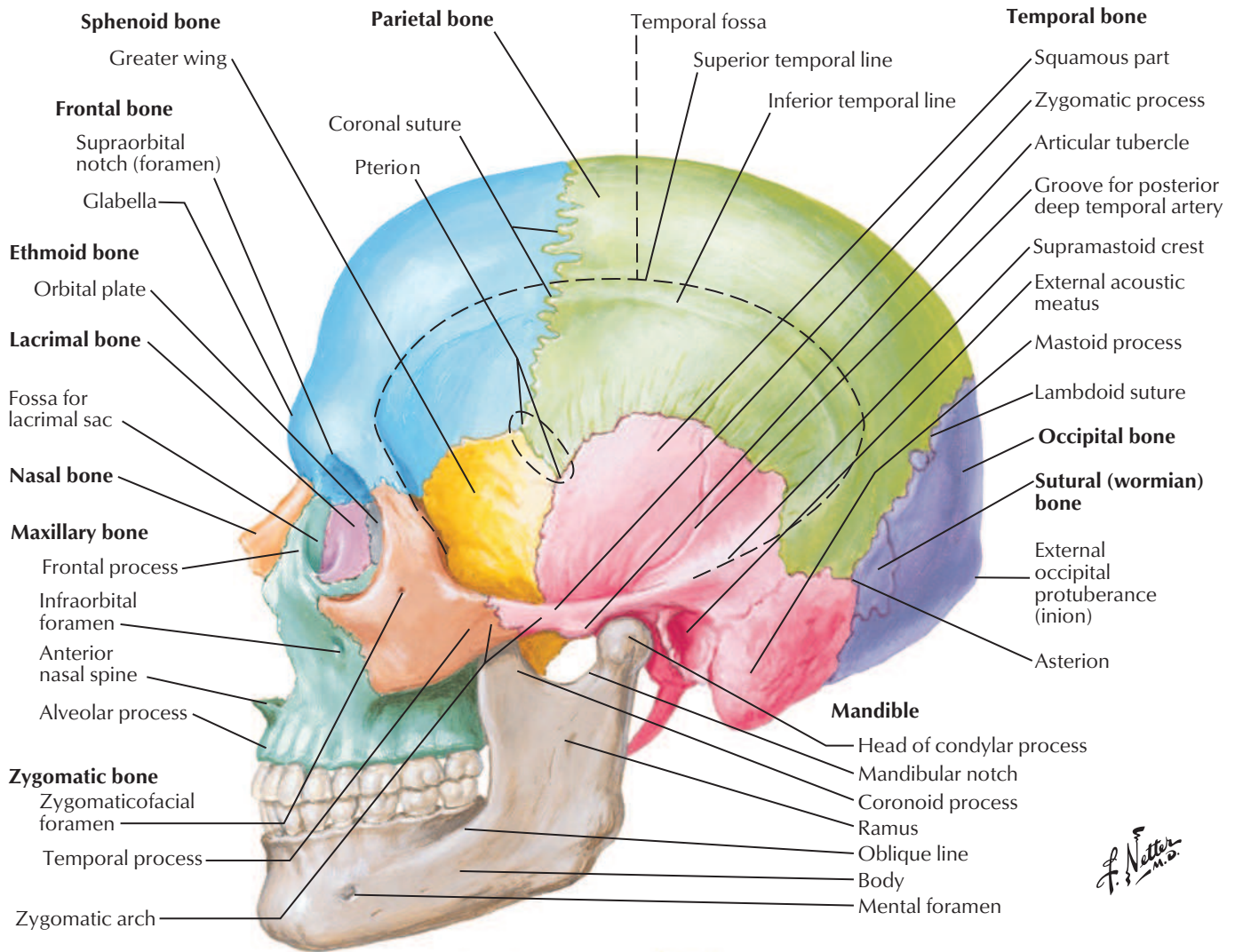
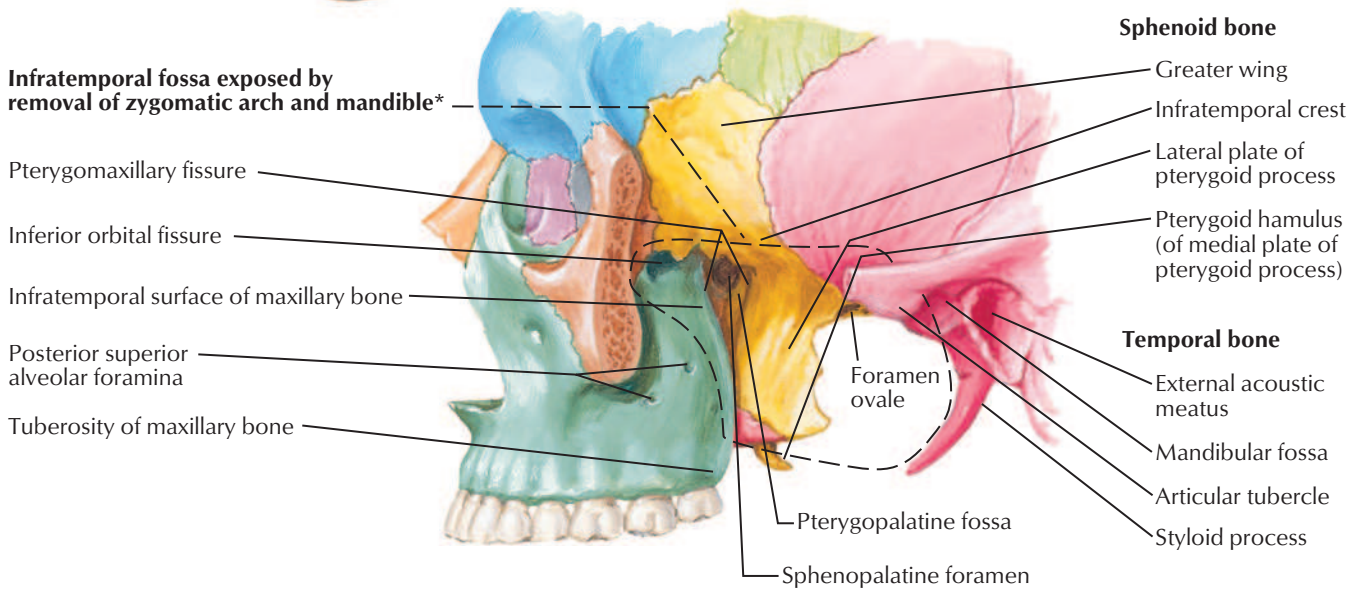
See also Plate 11

Posterior anterior view

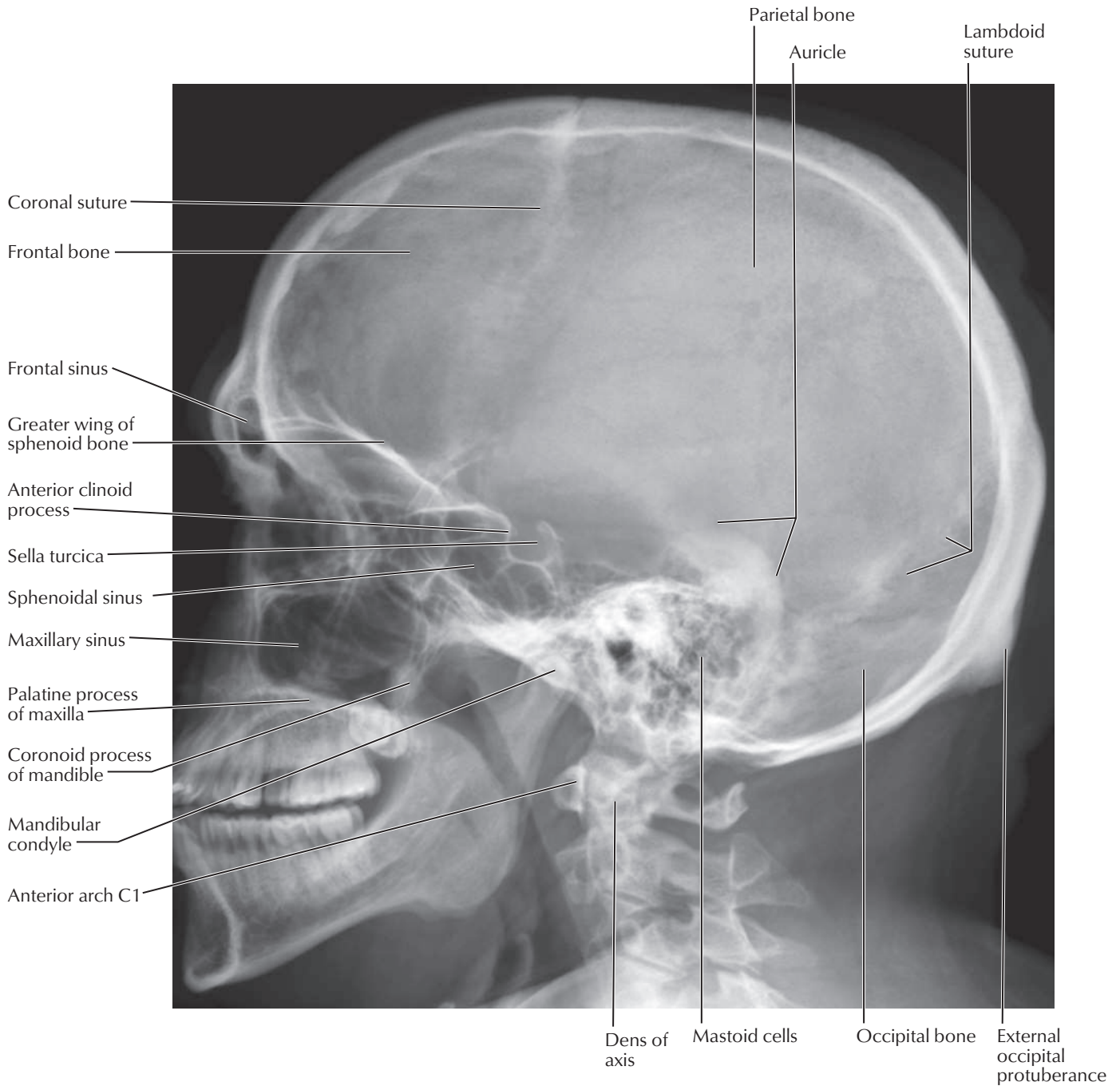


Waters' view



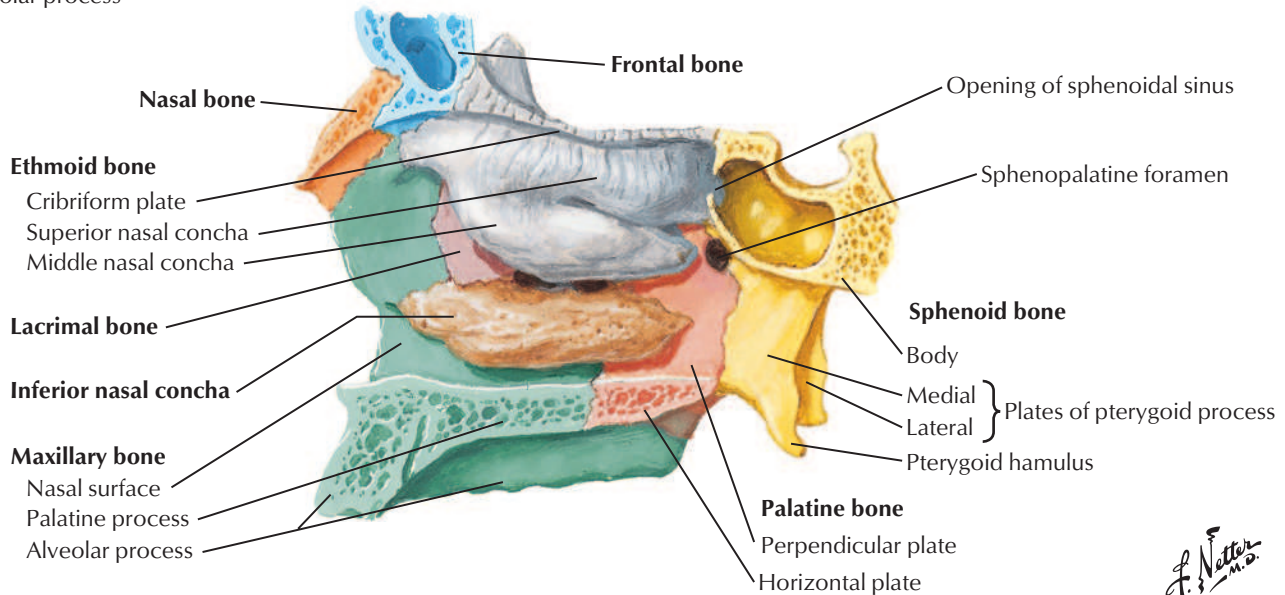
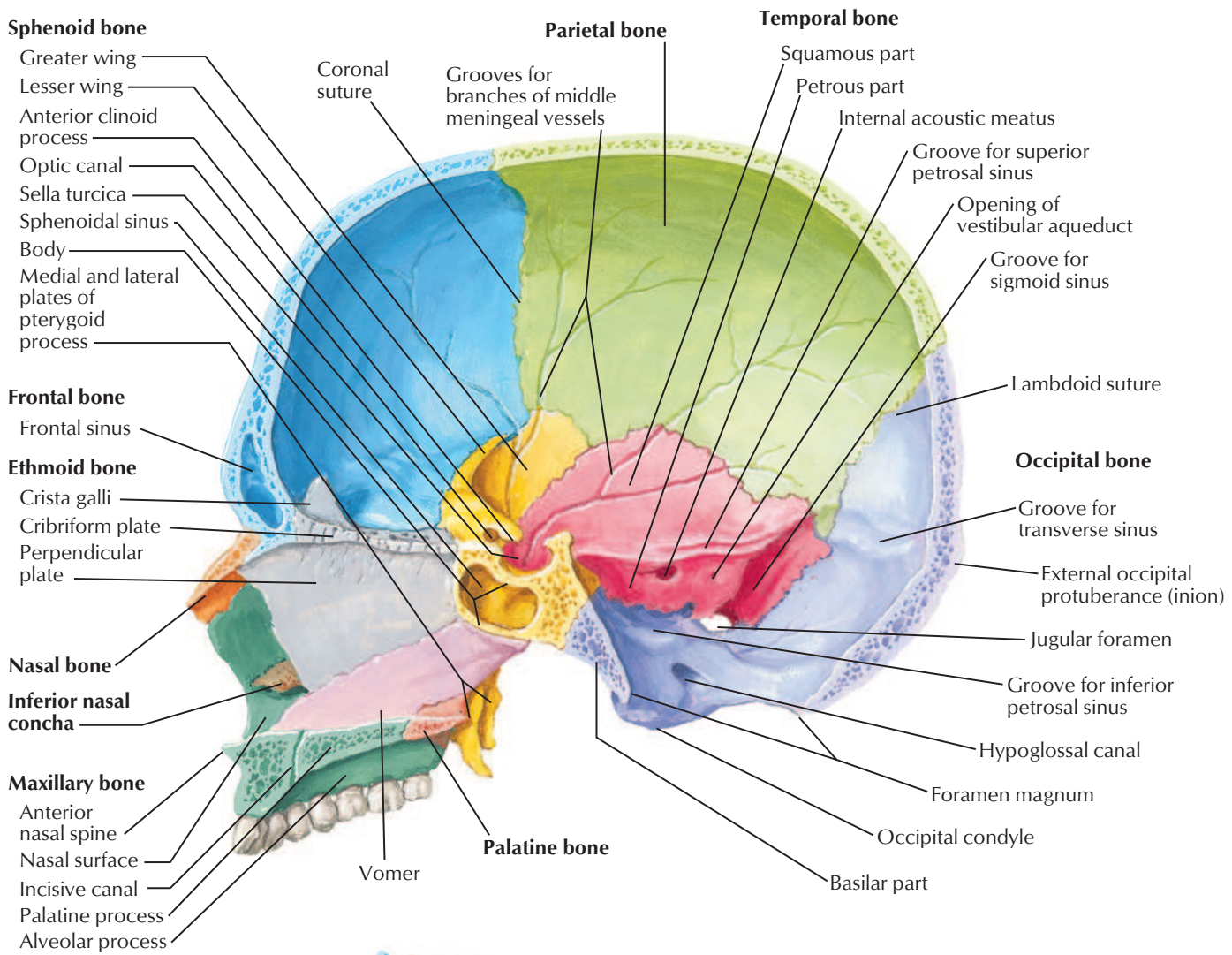



*Superficially, mastoid process forms posterior boundary.

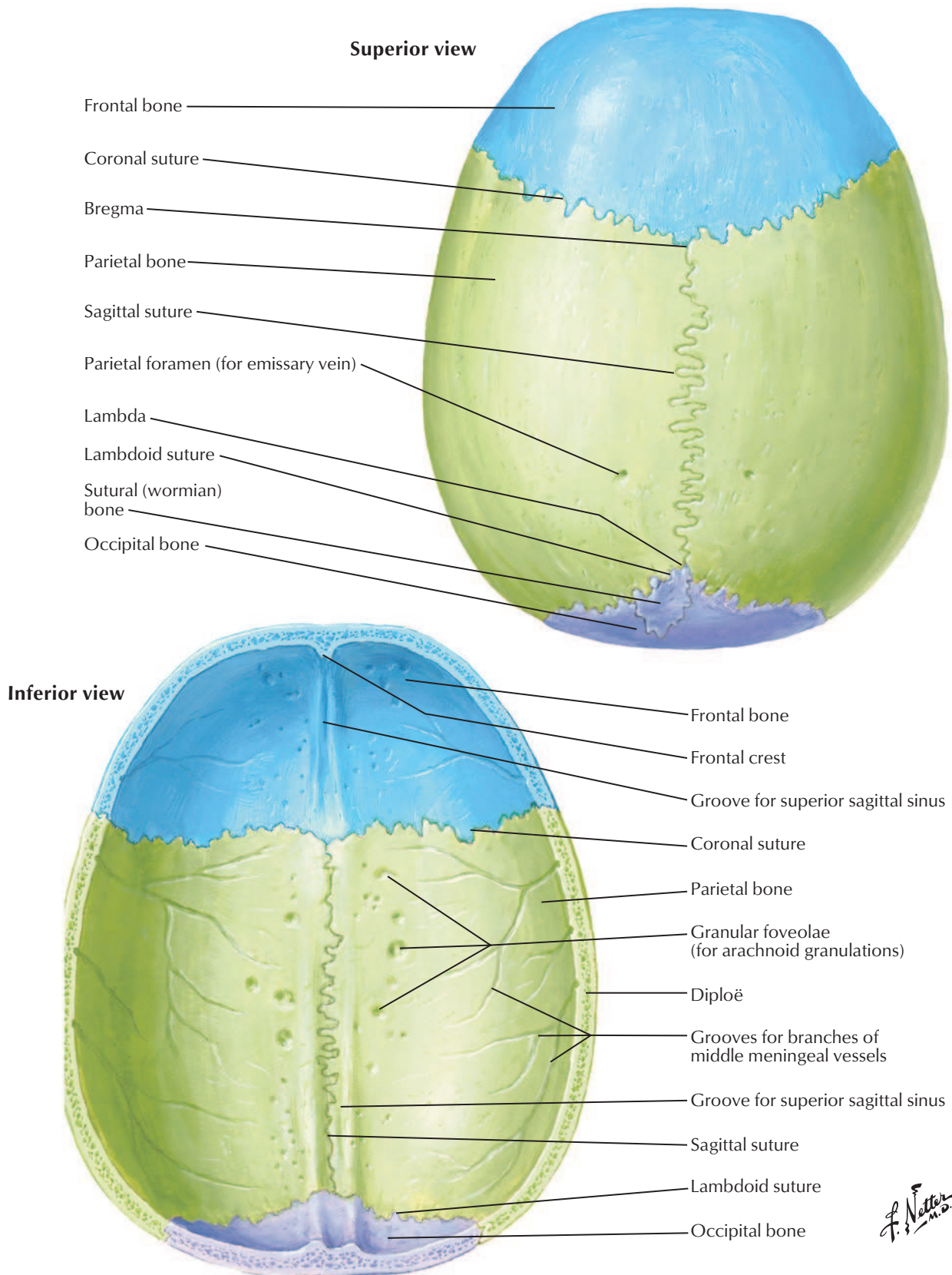


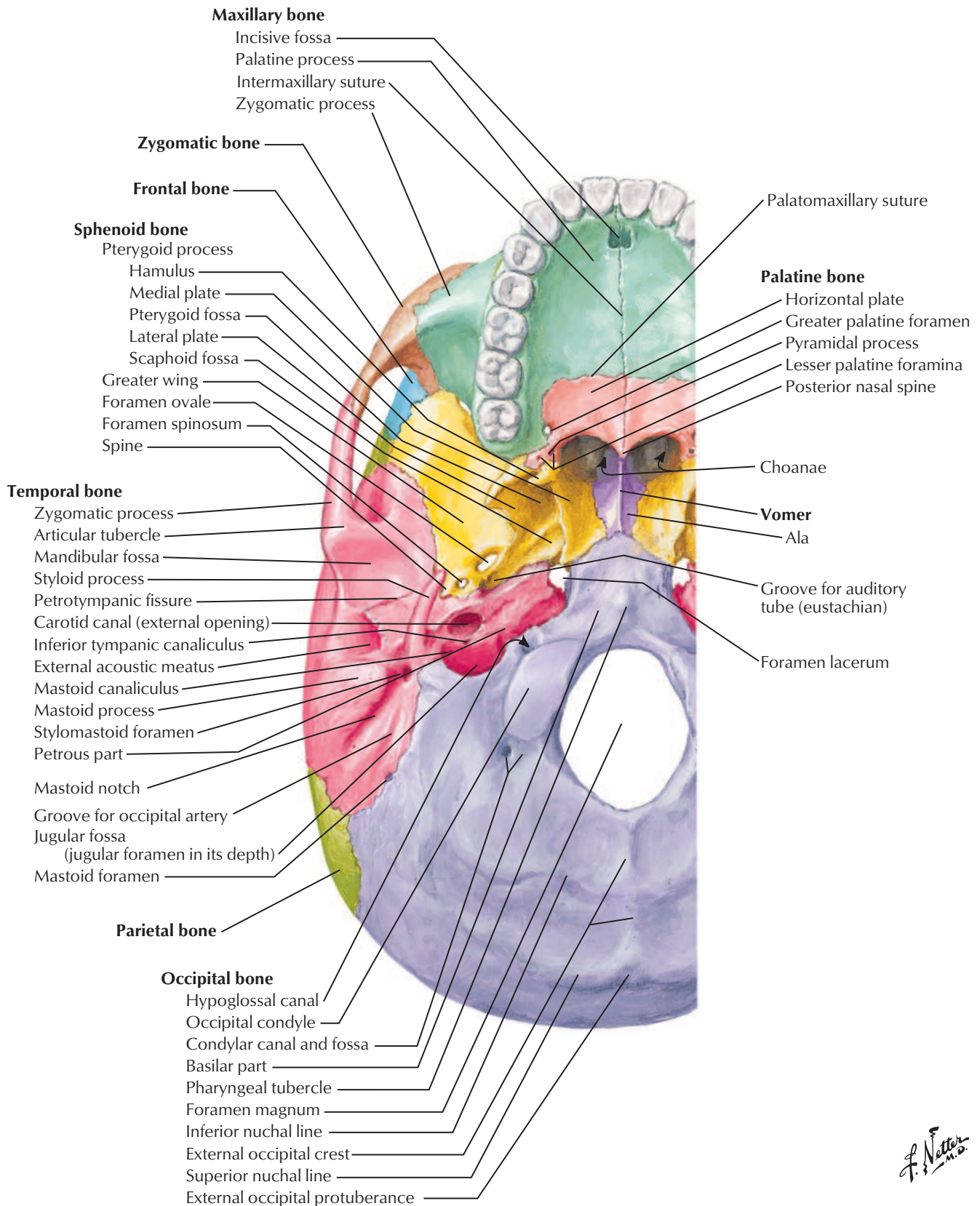
Skull: Midsagittal Section

See also [Plates 44, 46](#)



View of lateral nasal wall with nasal septum removed





- Frontal bone**
- Groove for superior sagittal sinus
 - Frontal crest
 - Groove for anterior meningeal vessels
 - Foramen cecum
 - Superior surface of orbital part

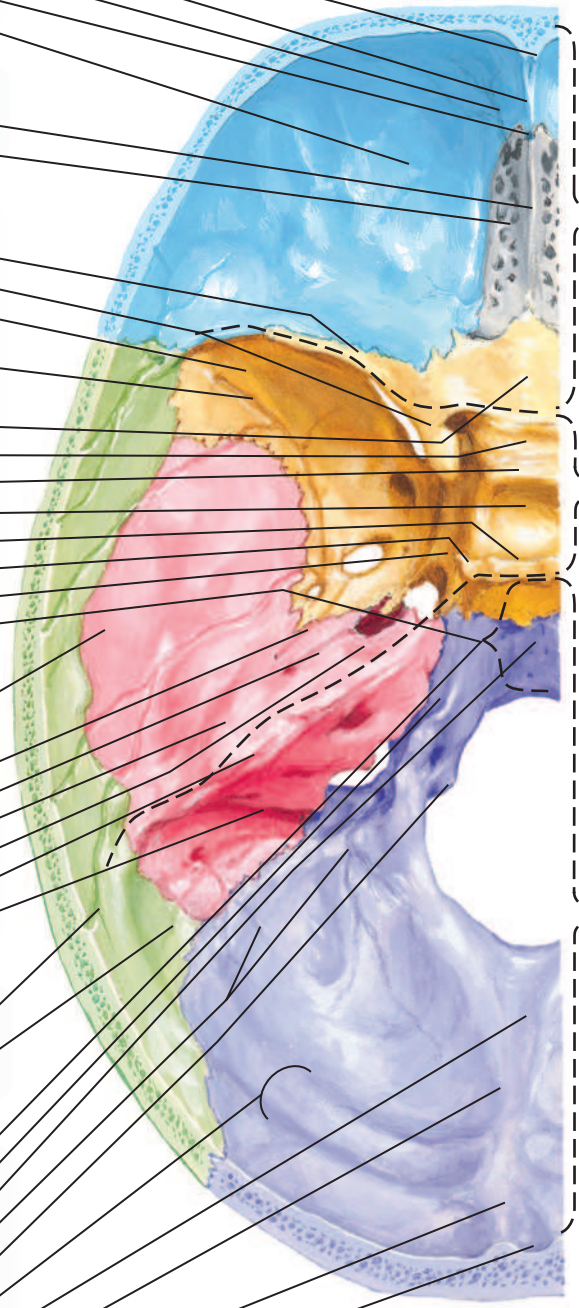
- Ethmoid bone**
- Crista galli
 - Cribriform plate

- Sphenoid bone**
- Lesser wing
 - Anterior clinoid process
 - Greater wing
 - Groove for middle meningeal vessels (frontal branches)
 - Body
 - Yoke
 - Prechiasmatic groove
 - Sella turcica
 - Tuberculum sellae
 - Hypophyseal fossa
 - Dorsum sellae
 - Posterior clinoid process
 - Carotid groove (for int. carotid a.)
 - Clivus

- Temporal bone**
- Squamous part
 - Petrous part
 - Groove for lesser petrosal nerve
 - Groove for greater petrosal nerve
 - Arcuate eminence
 - Trigeminal impression
 - Groove for superior petrosal sinus
 - Groove for sigmoid sinus

- Parietal bone**
- Groove for middle meningeal vessels (parietal branches)
 - Mastoid angle

- Occipital bone**
- Clivus
 - Groove for inferior petrosal sinus
 - Basilar part
 - Groove for posterior meningeal vessels
 - Condyle
 - Groove for transverse sinus
 - Groove for occipital sinus
 - Internal occipital crest
 - Internal occipital protuberance
 - Groove for superior sagittal sinus

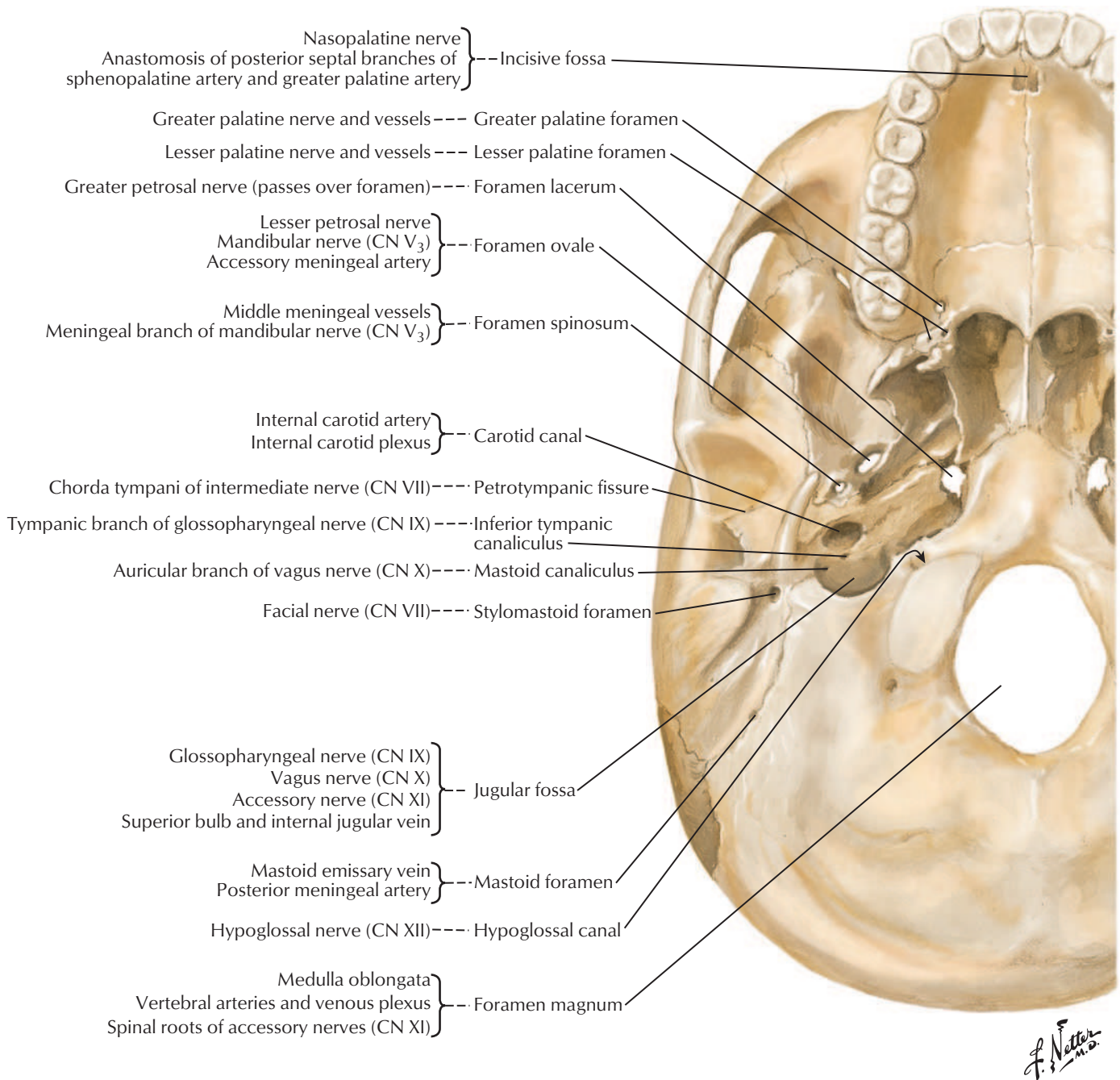


Anterior cranial fossa

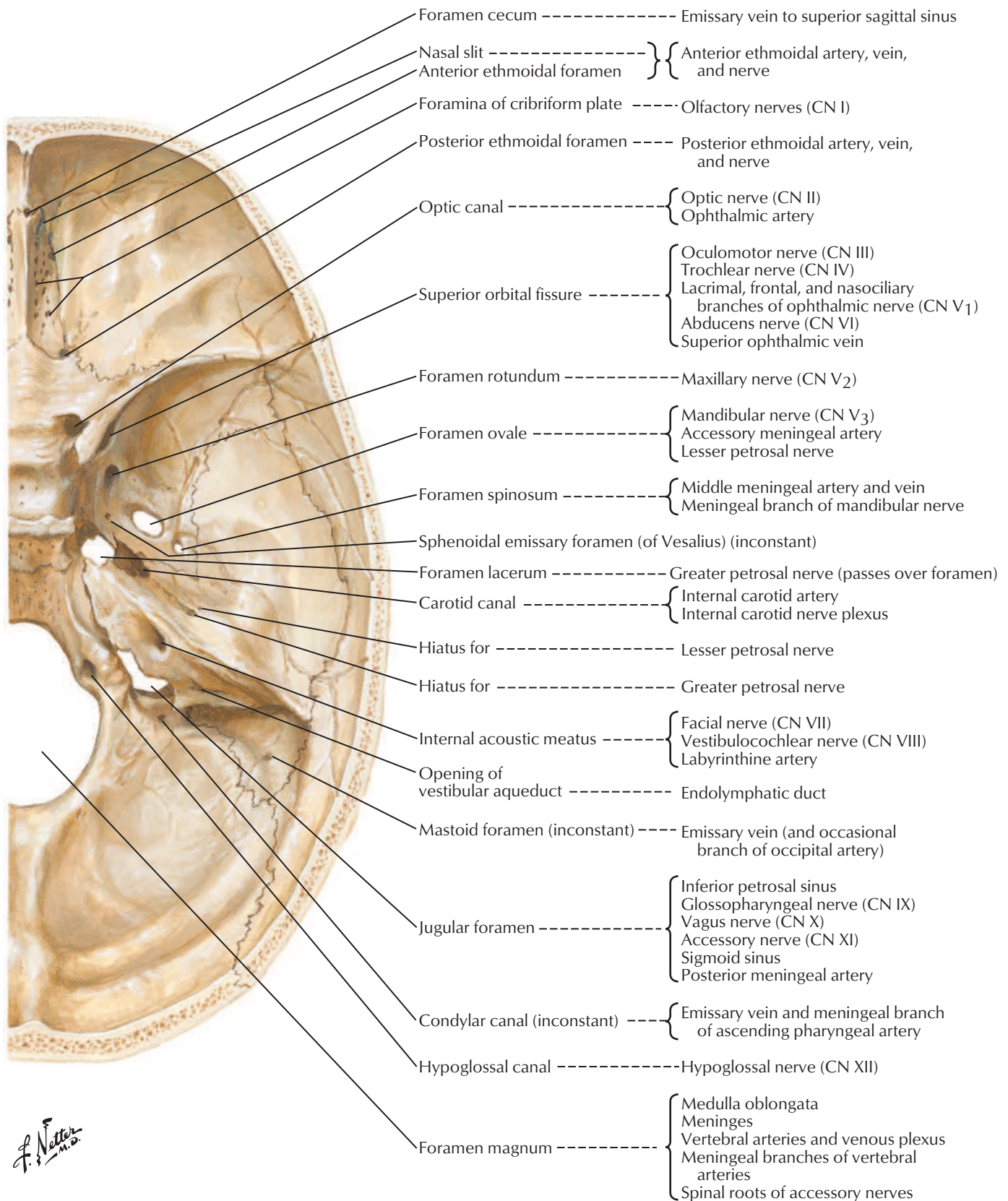
Middle cranial fossa

Posterior cranial fossa

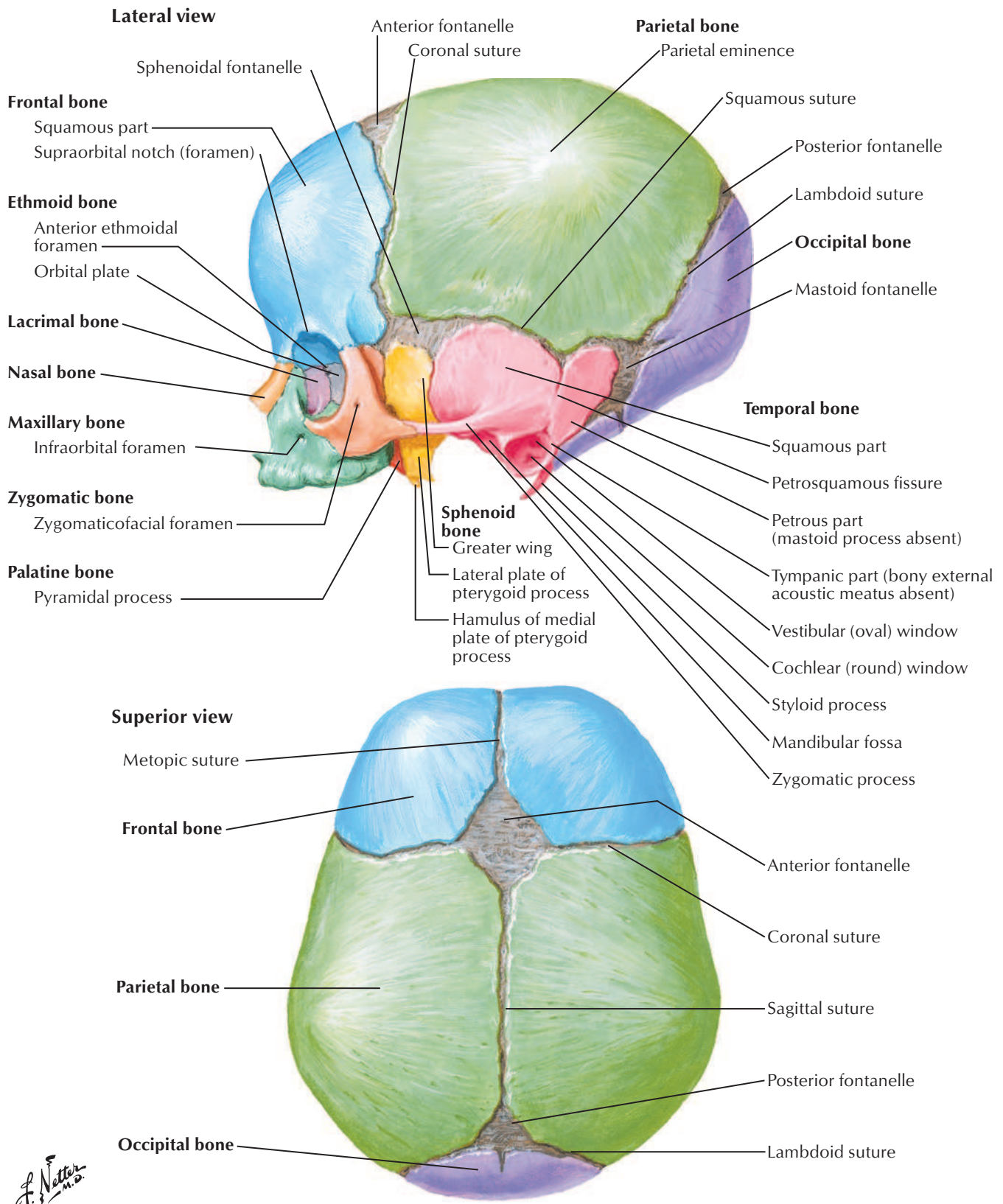
F. Netter M.D.

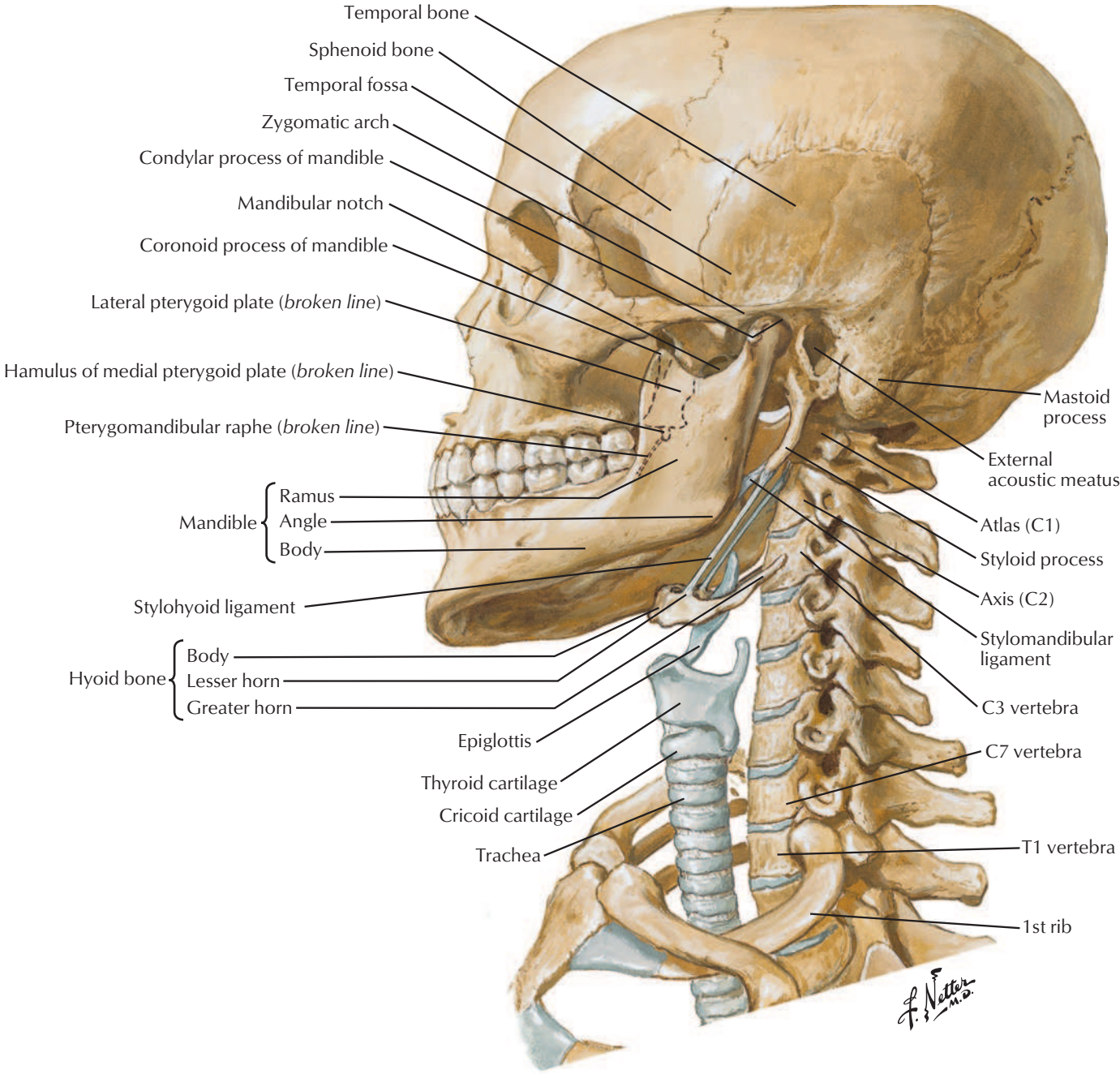


F. Netter M.D.

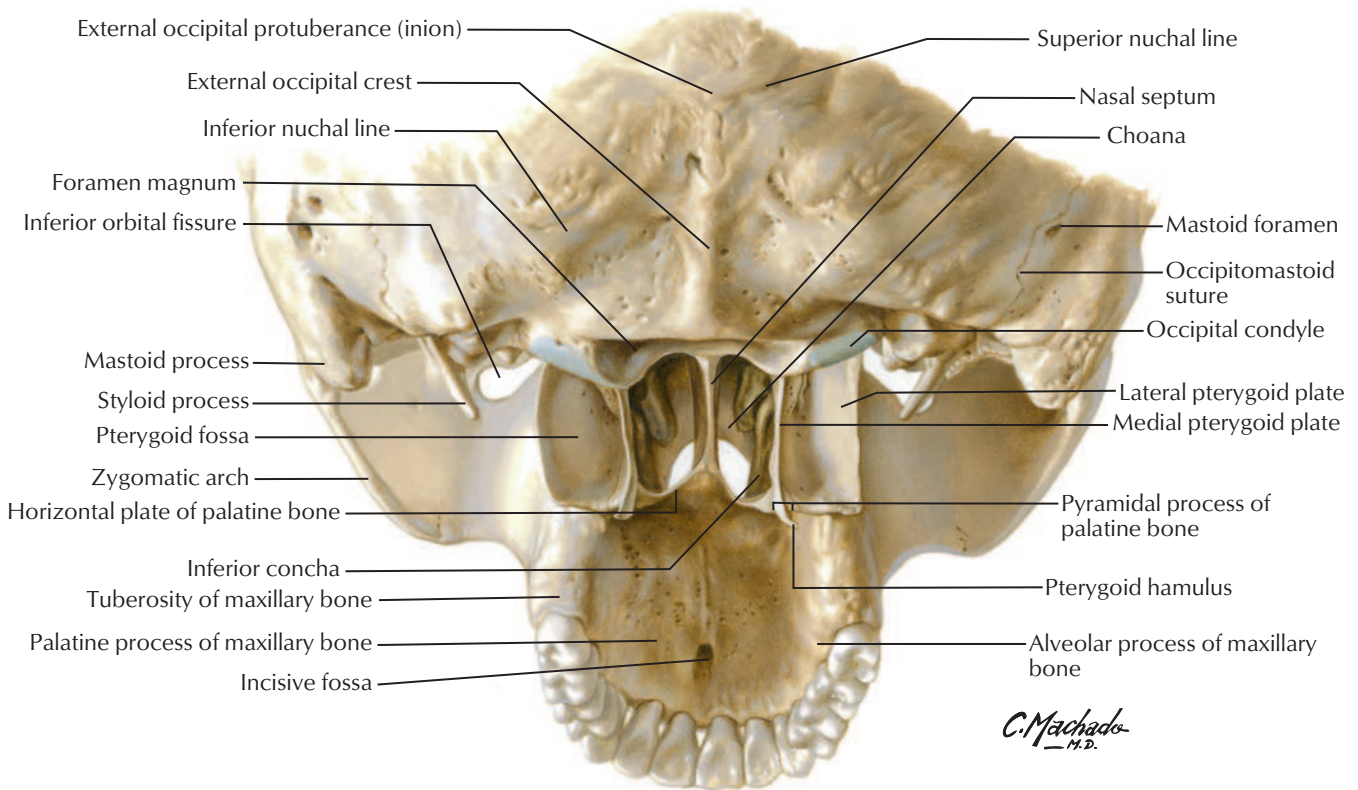


F. Netter M.D.

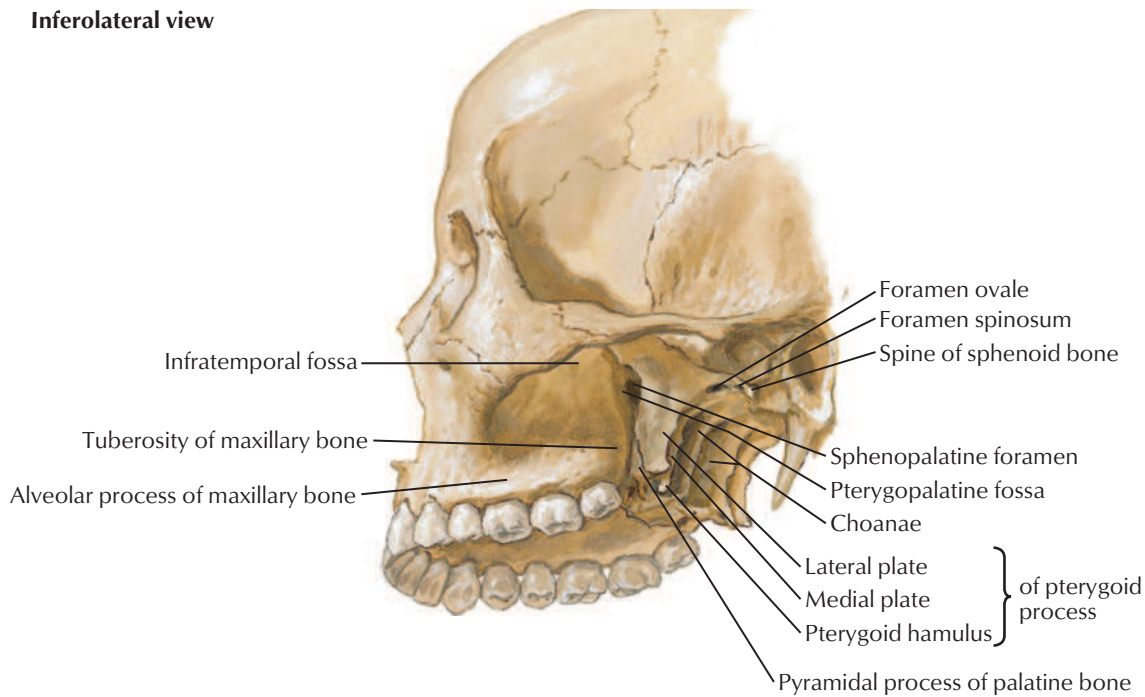


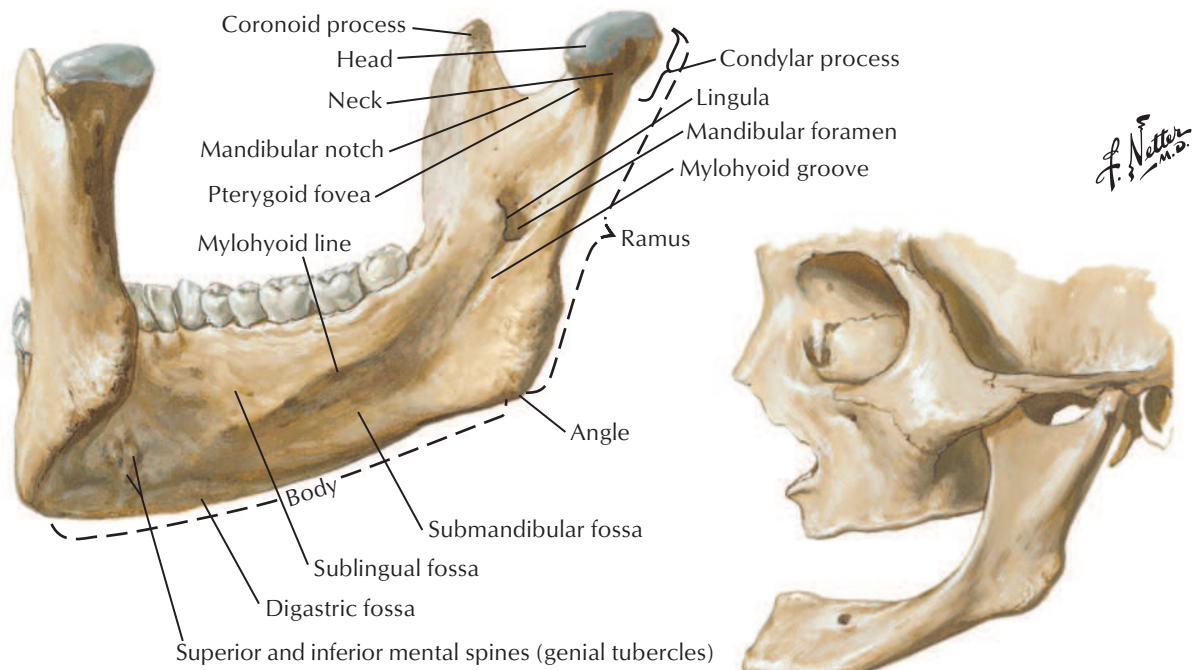
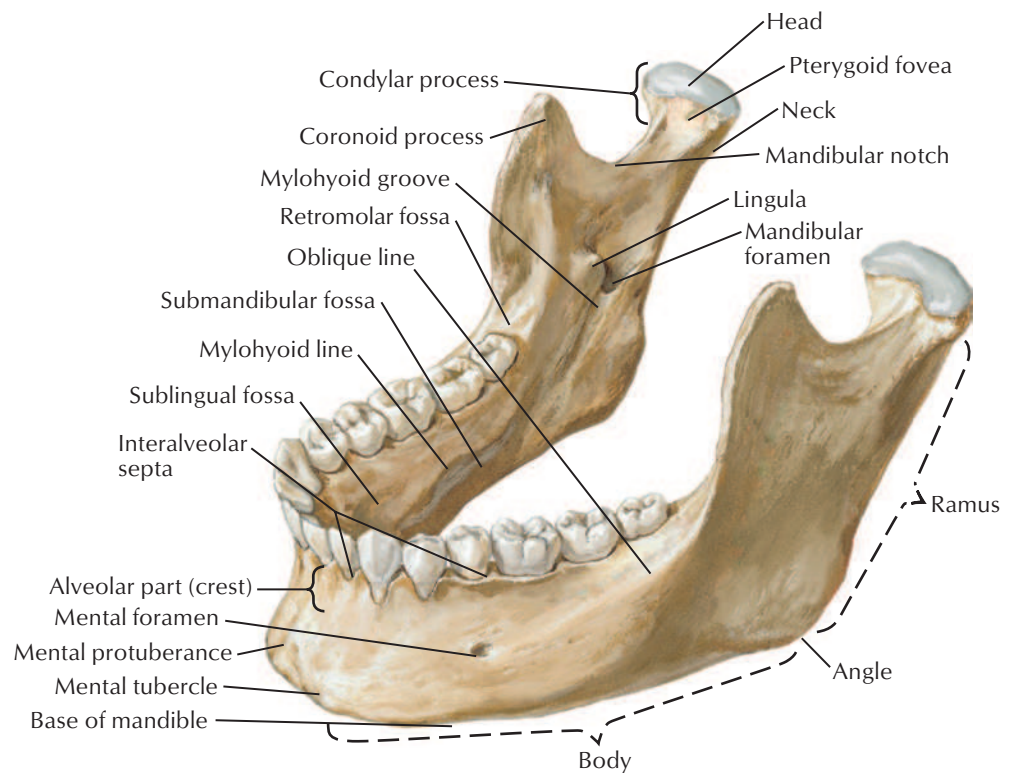


Posterior view



Inferolateral view

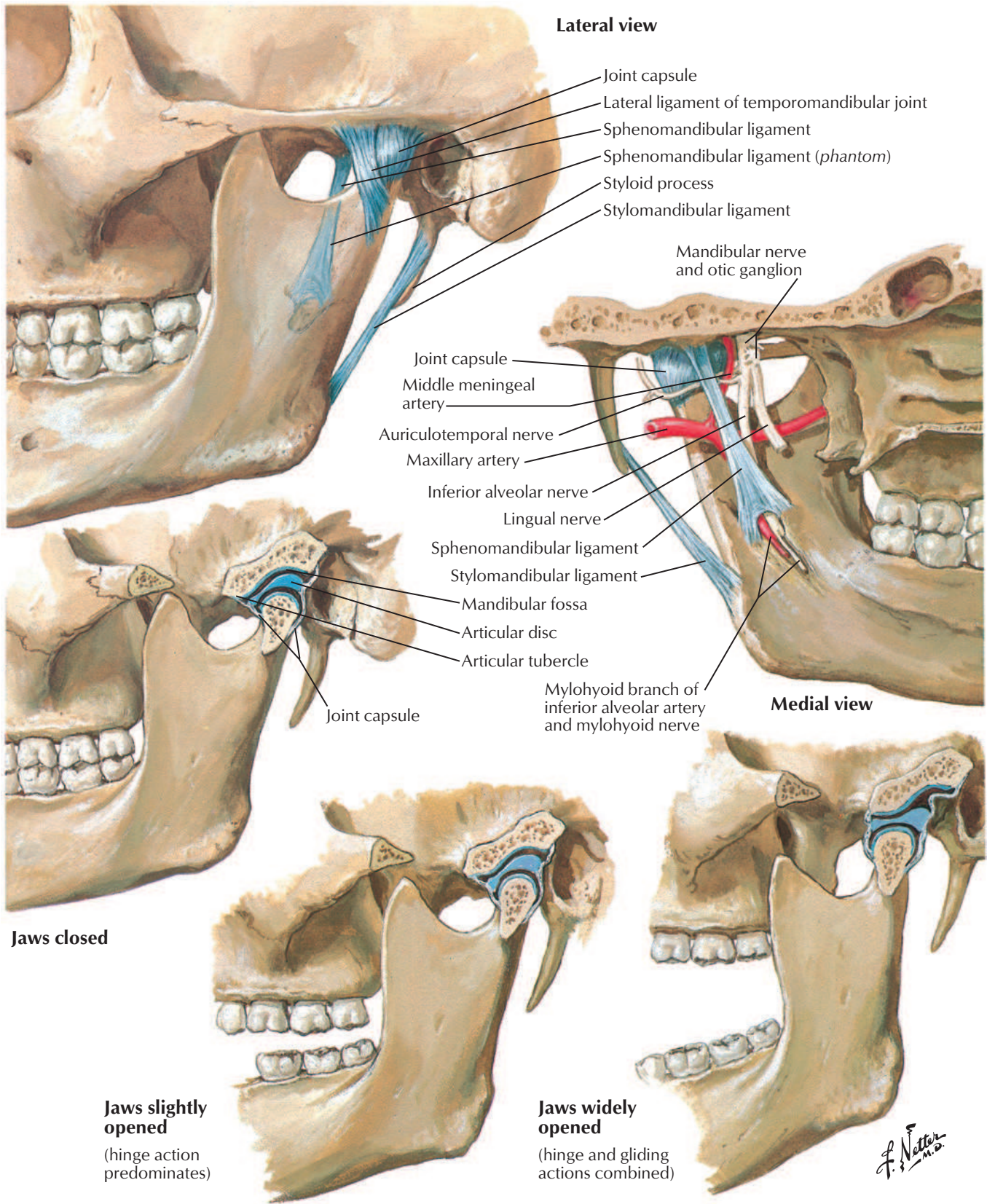


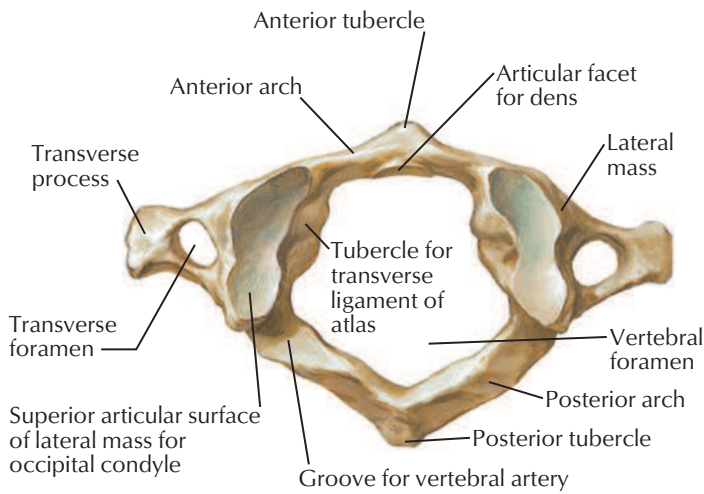


Mandible of aged person (edentulous)

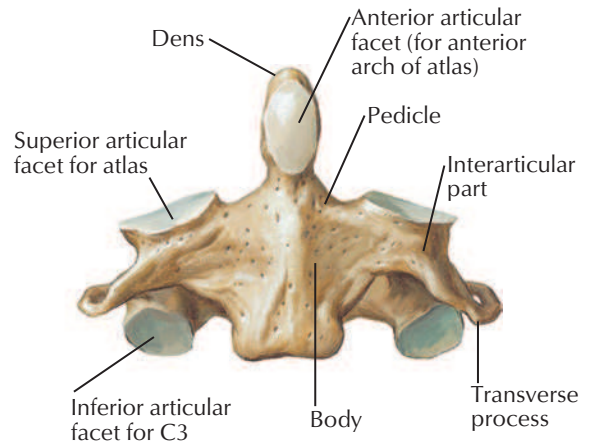
Temporomandibular Joint

See also [Plate 56](#)

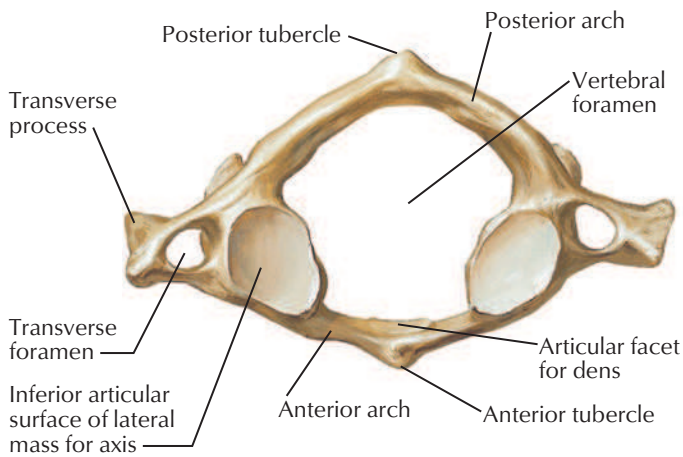




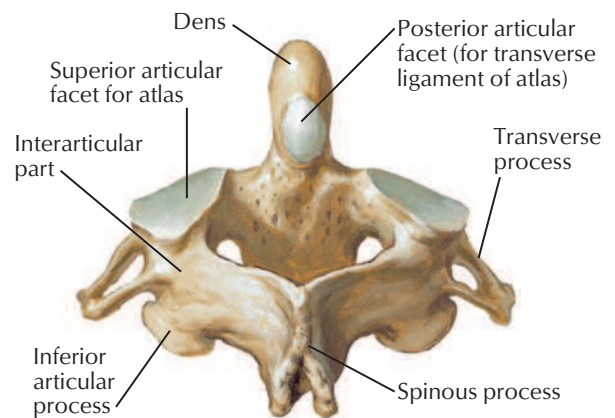
Atlas (C1): superior view



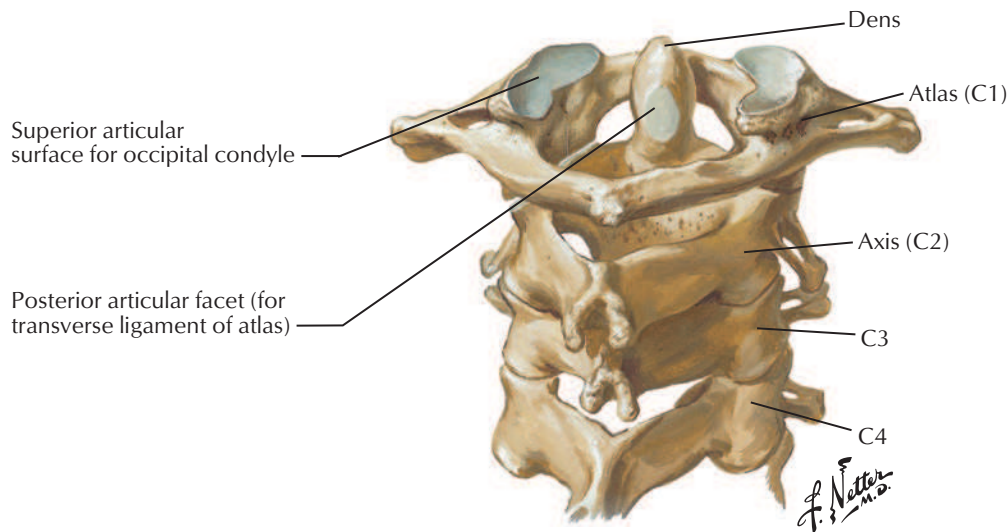
Axis (C2): anterior view



Atlas (C1): inferior view

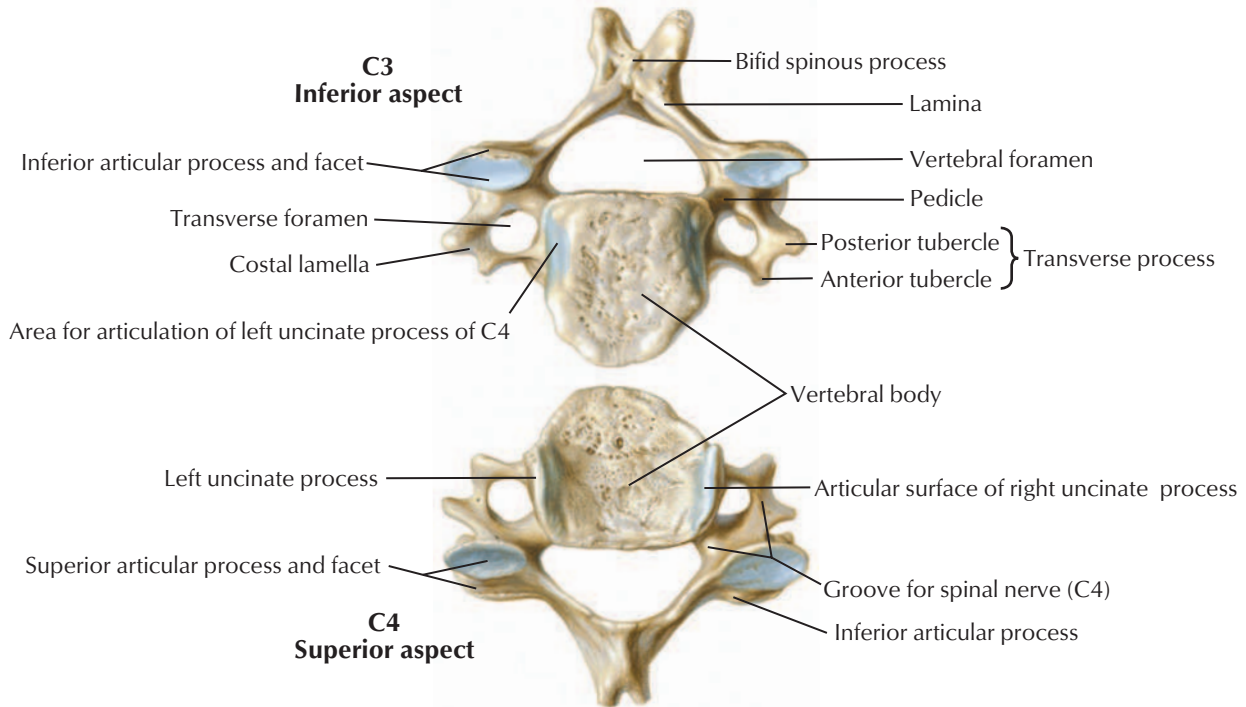


Axis (C2): posterosuperior view

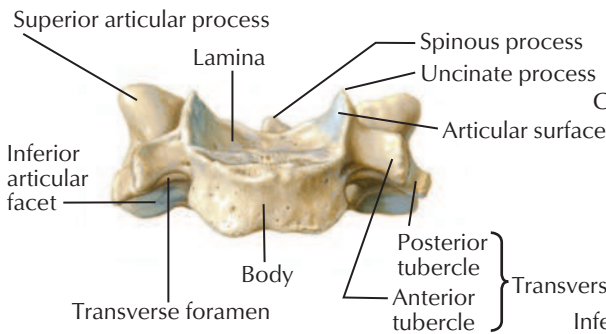


Upper cervical vertebrae, assembled: posterosuperior view

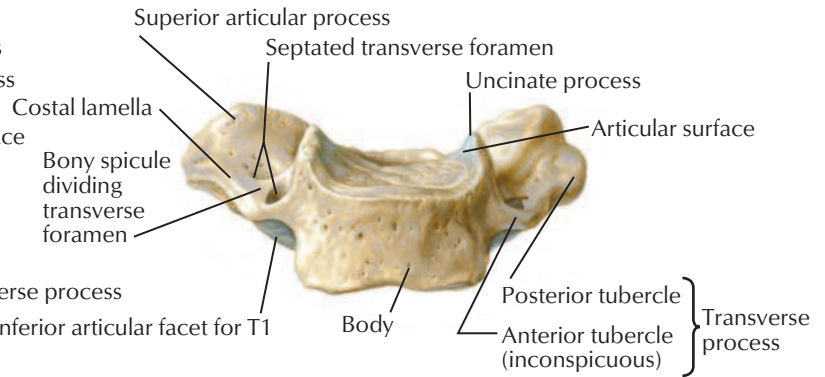
Inferior aspect of C3 and superior aspect of C4 showing the sites of the facet and uncovertebral articulations



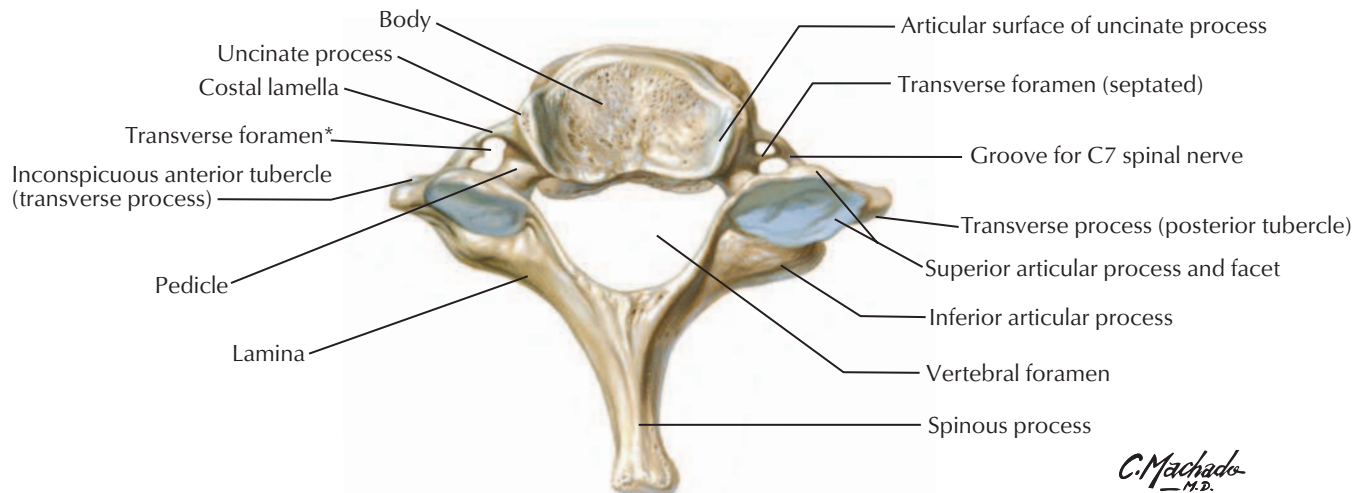
4th cervical vertebra: anterior view



7th cervical vertebra: anterior view



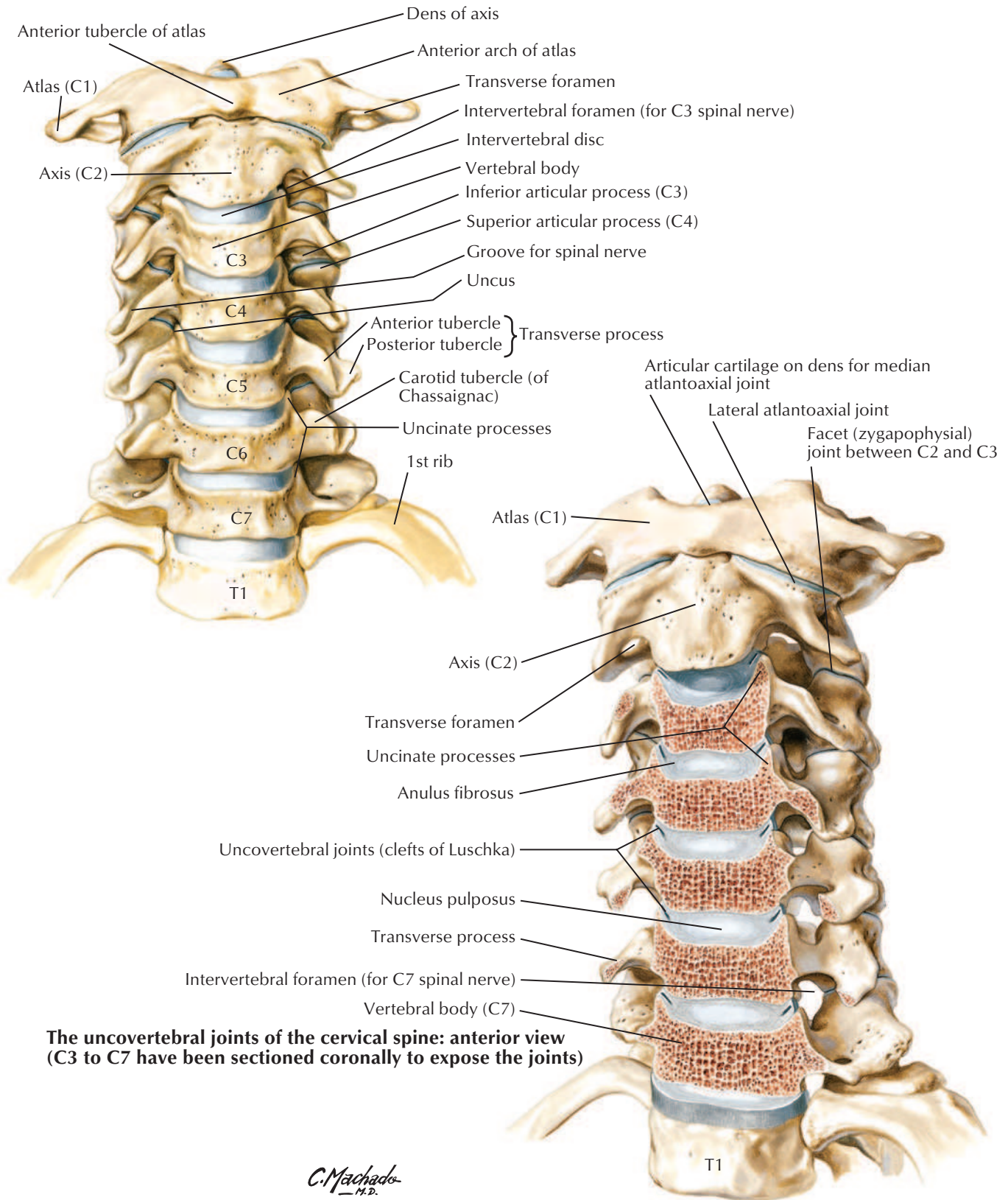
7th cervical vertebra (vertebra prominens): superior view

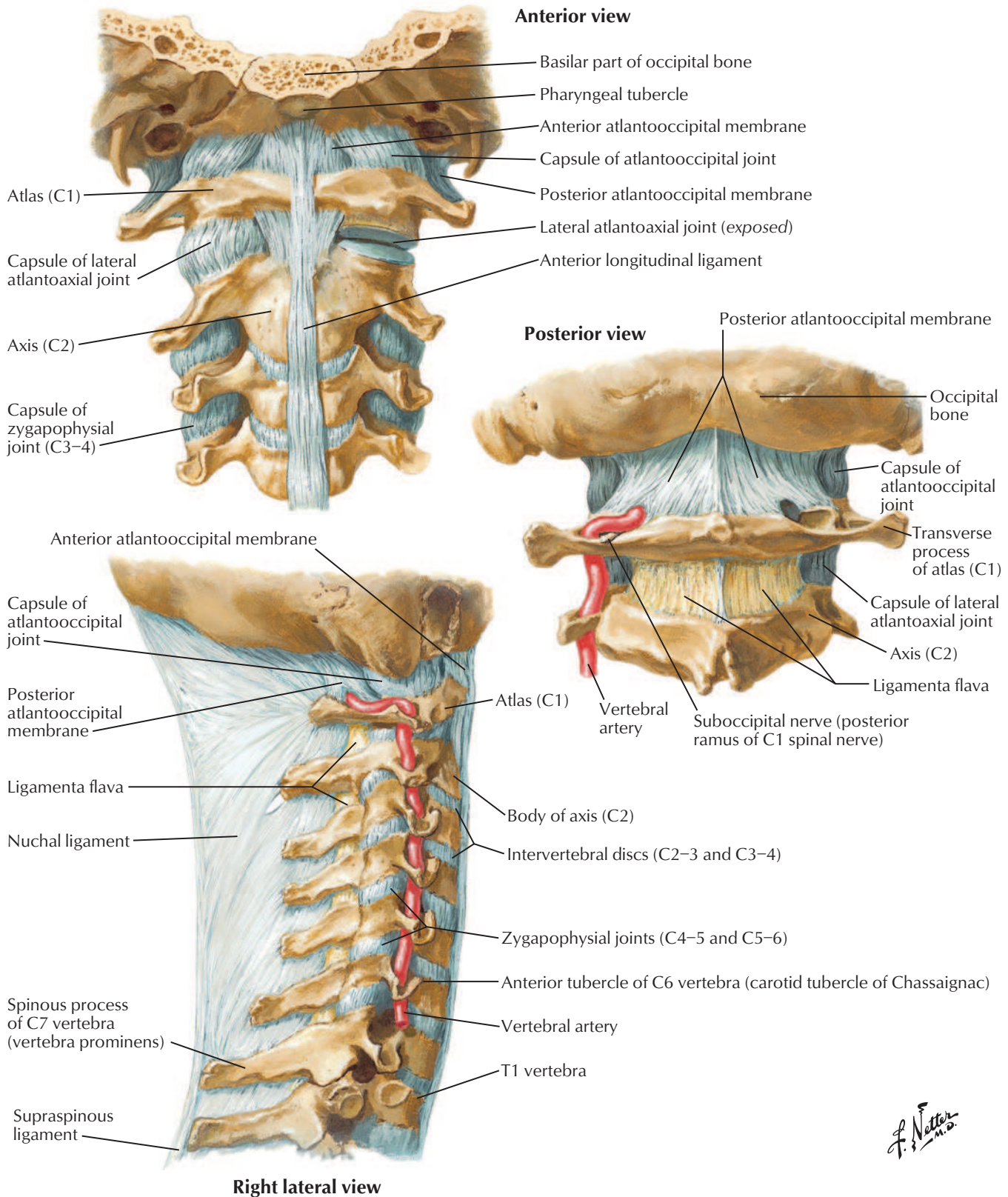


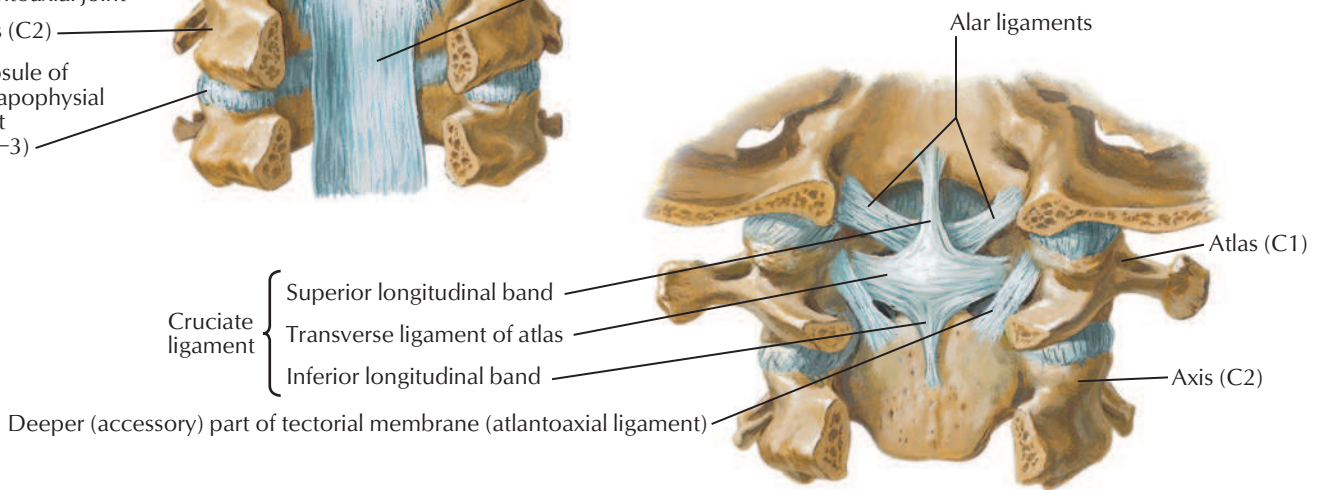
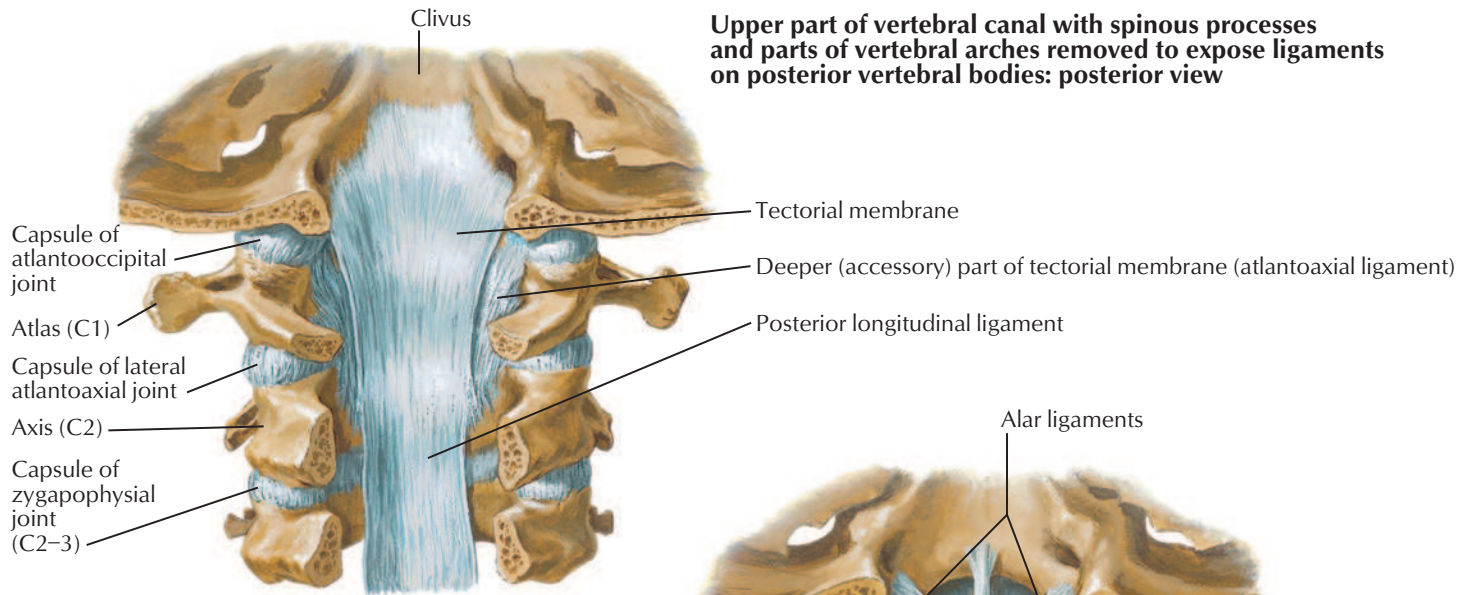
C. Machado M.D.

*The foramina transversaria of C7 transmit vertebral veins, but usually not the vertebral artery, and are asymmetrical in this specimen.

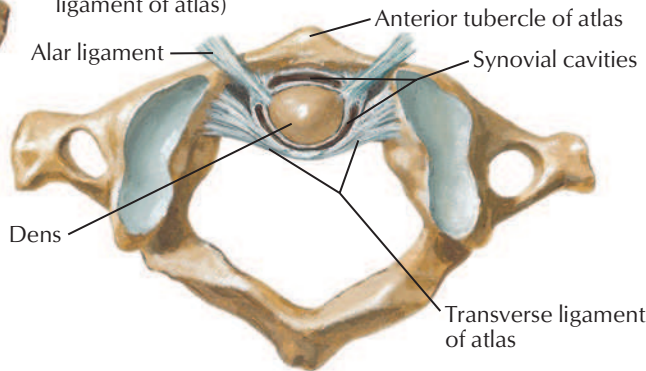
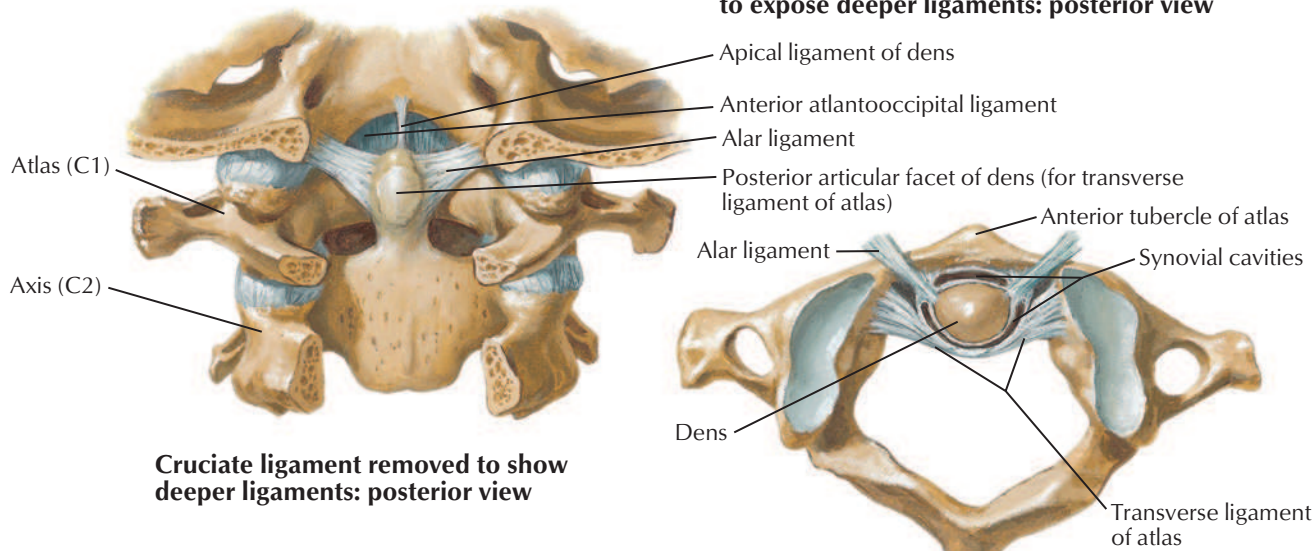
Cervical vertebrae: anterior view







Principal part of tectorial membrane removed to expose deeper ligaments: posterior view

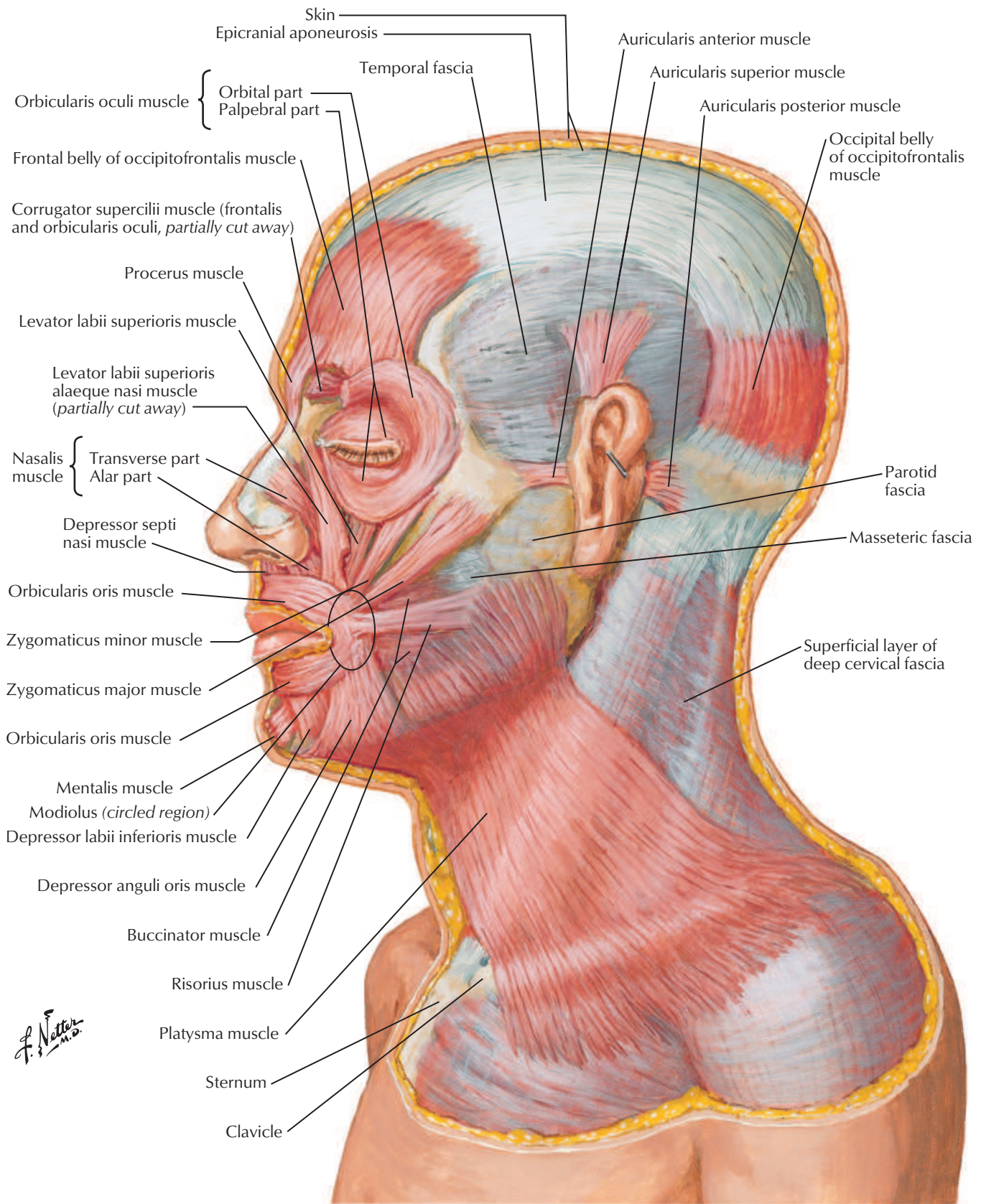


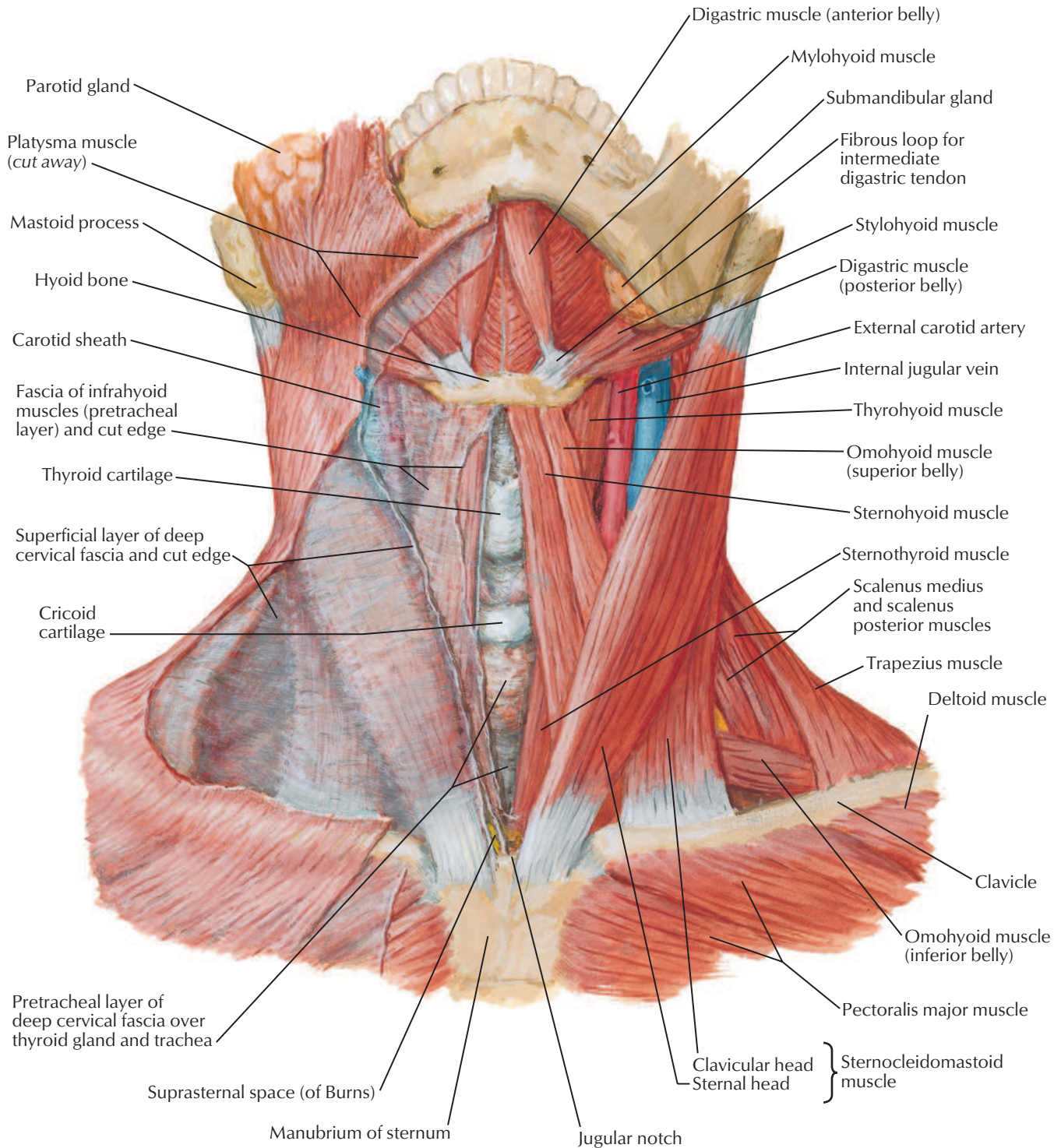
Median atlantoaxial joint: superior view

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Muscles of Facial Expression: Lateral View

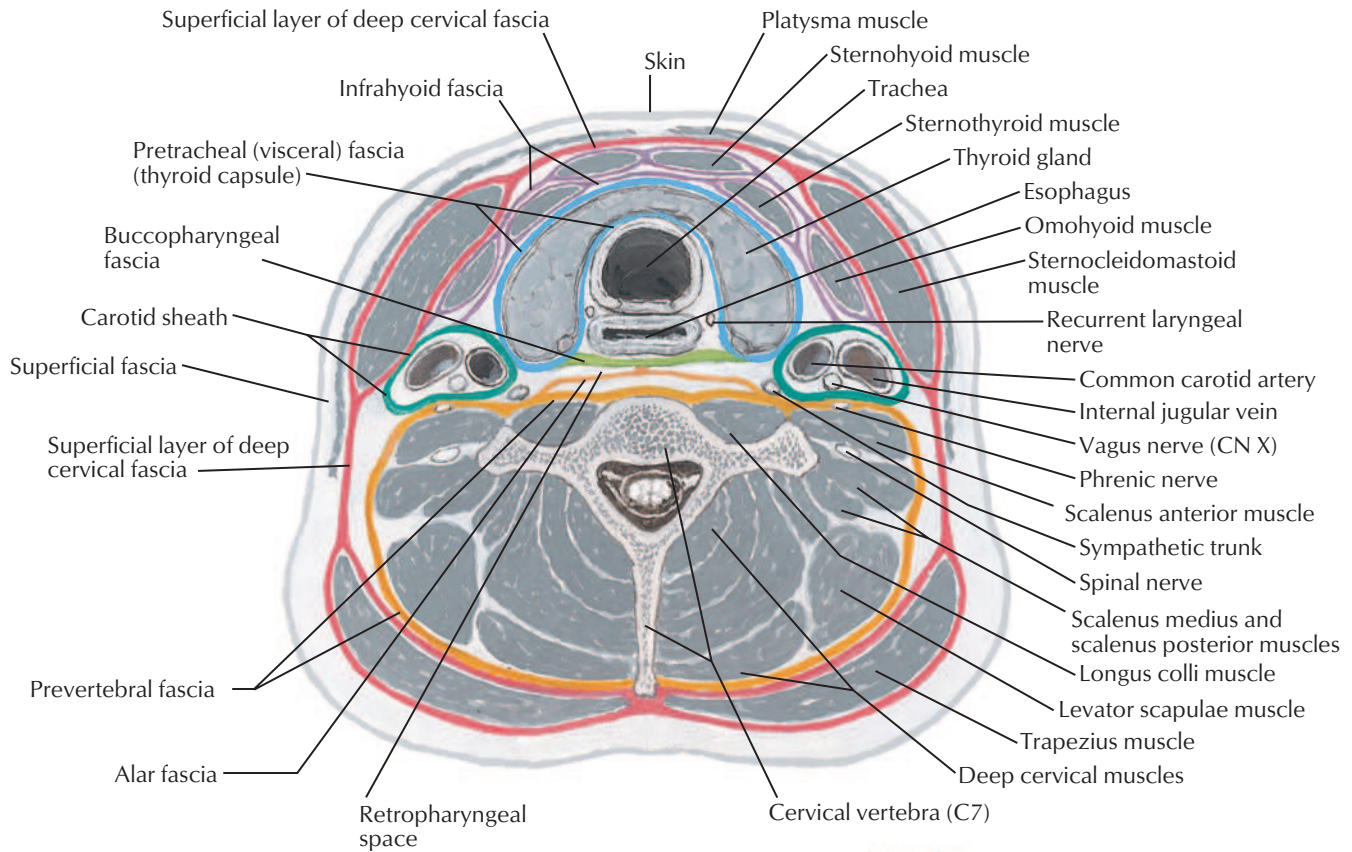
See also [Plates 34, 55, 56](#)



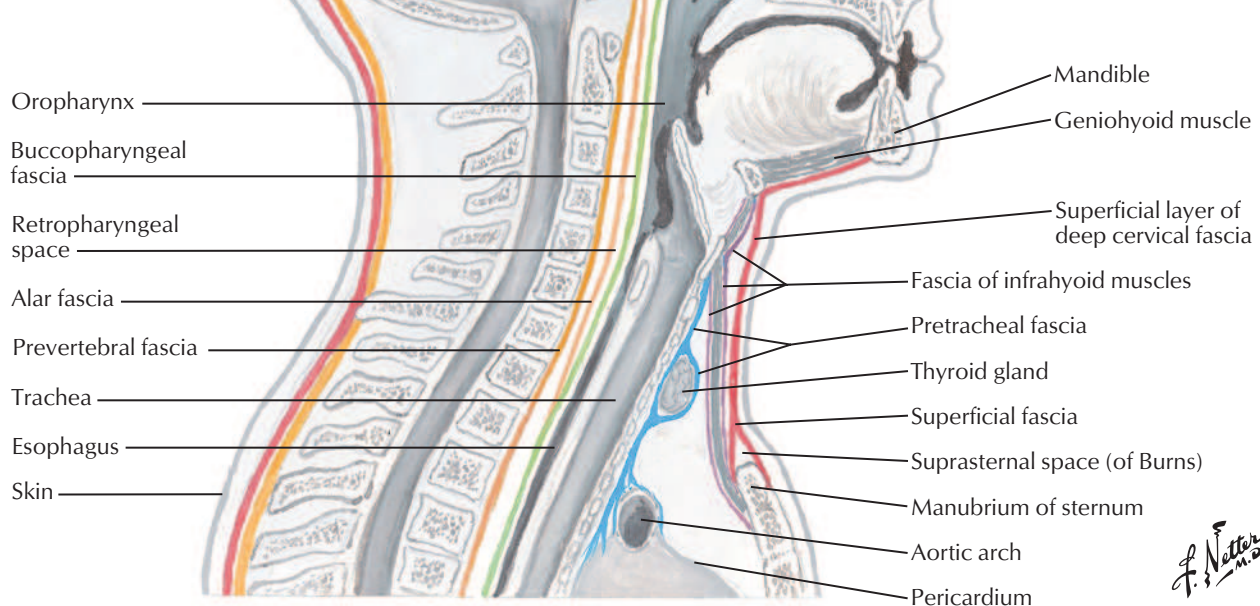


F. Netter M.D.

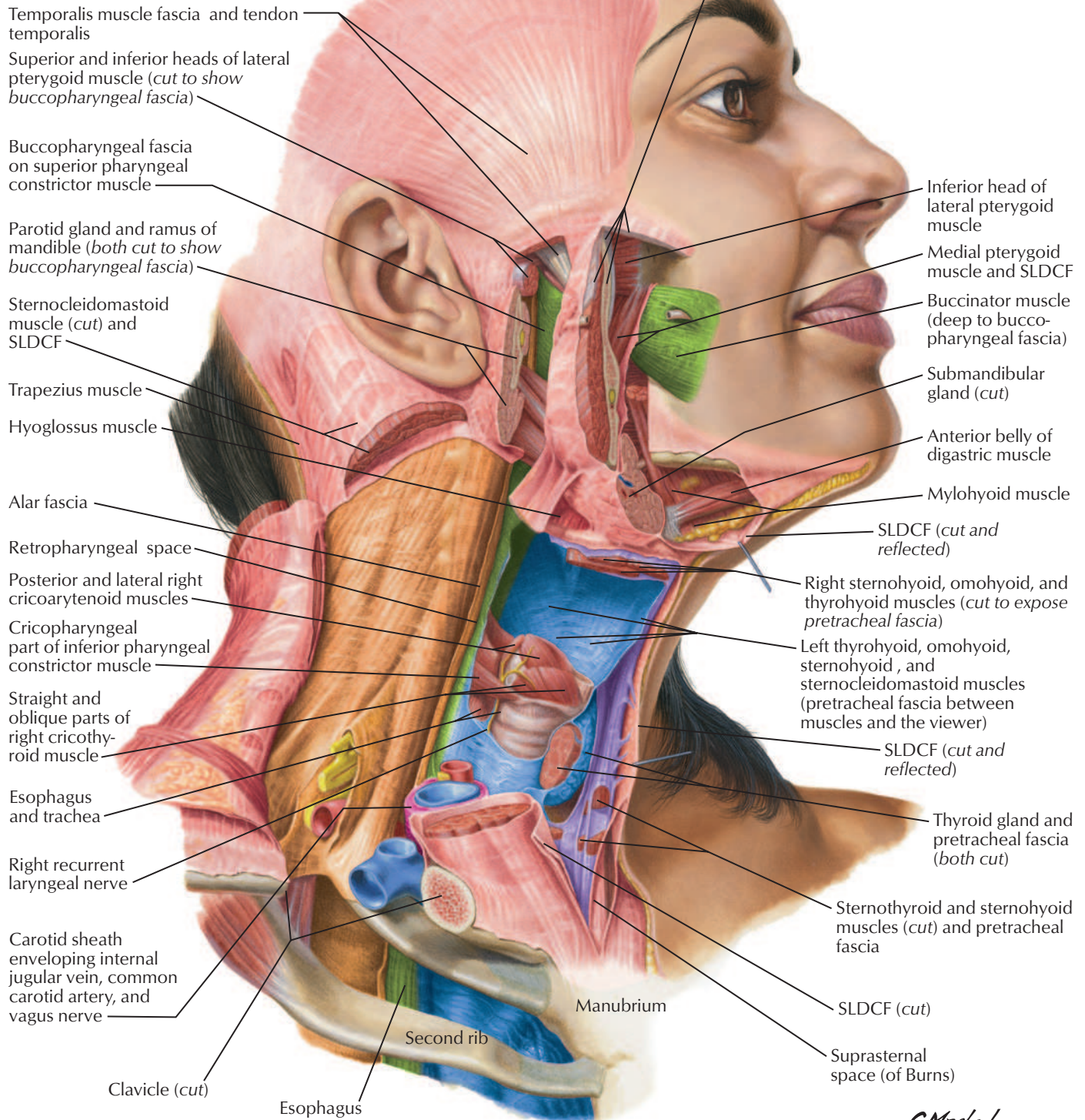
Cross section



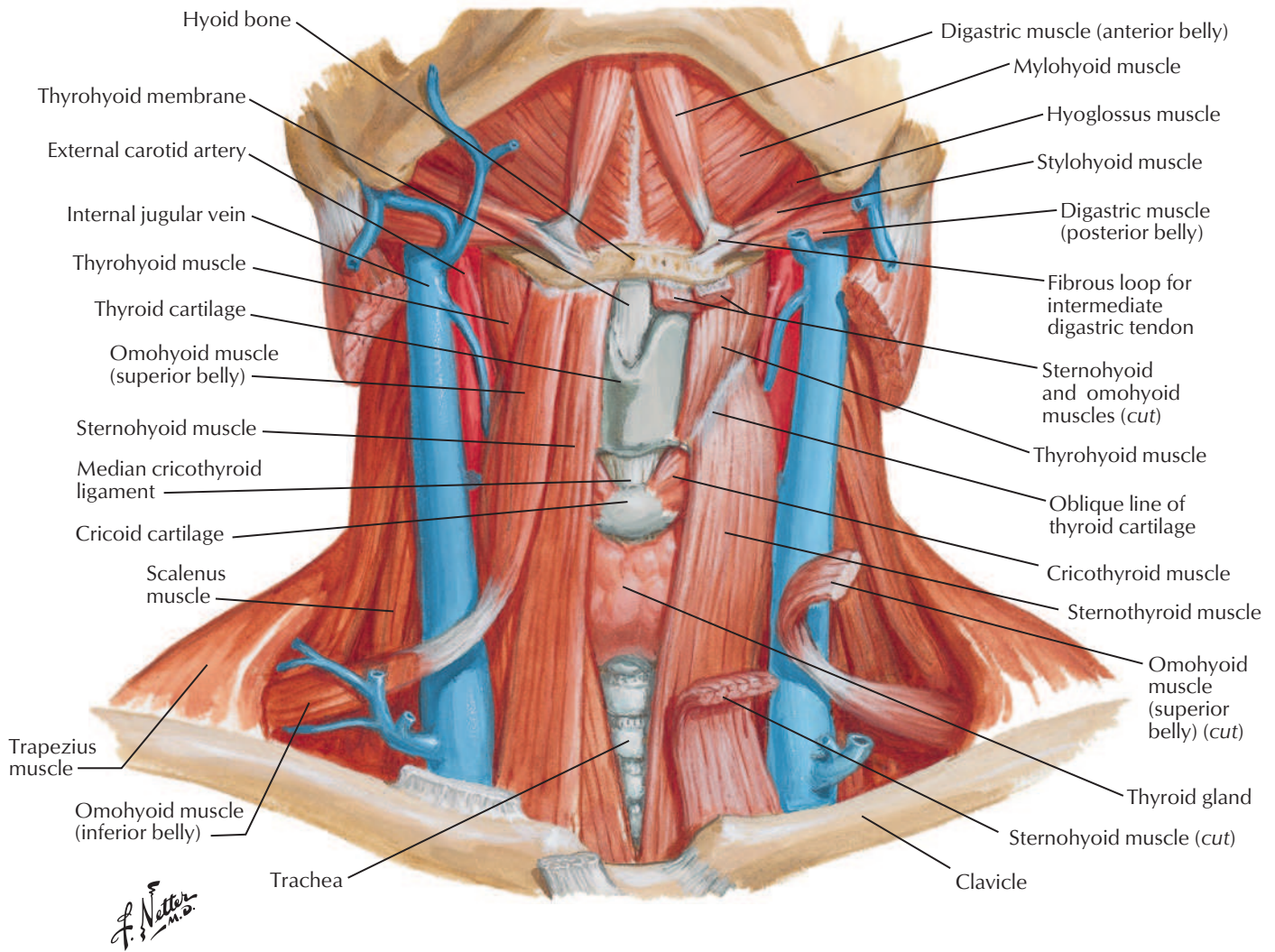
Midsagittal section

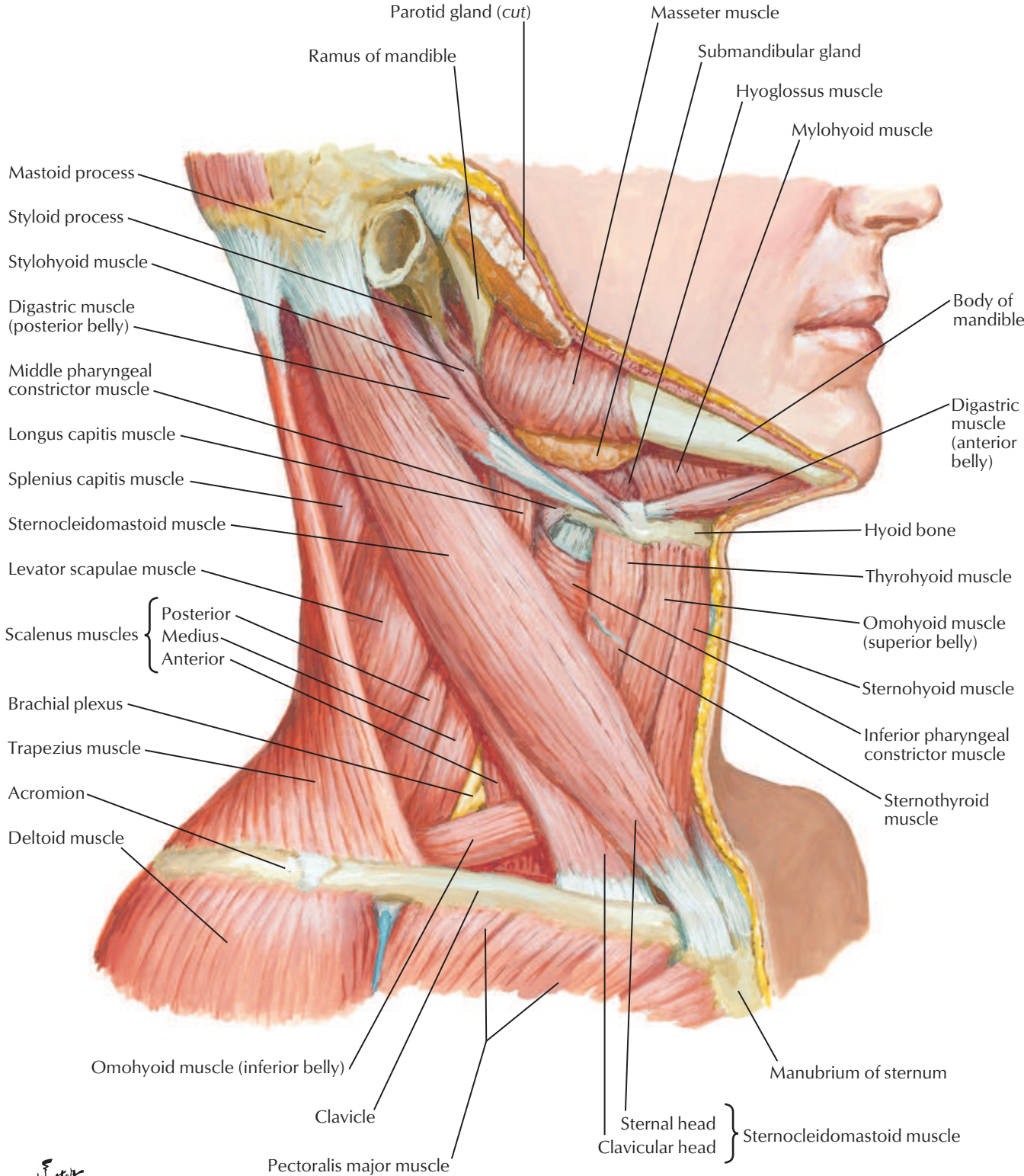


- Superficial layer of deep cervical fascia (SLDCF)
- Pretracheal fascia over intrathyroid muscles
- Pretracheal fascia
- Buccopharyngeal fascia
- Carotid sheath
- Prevertebral fascia



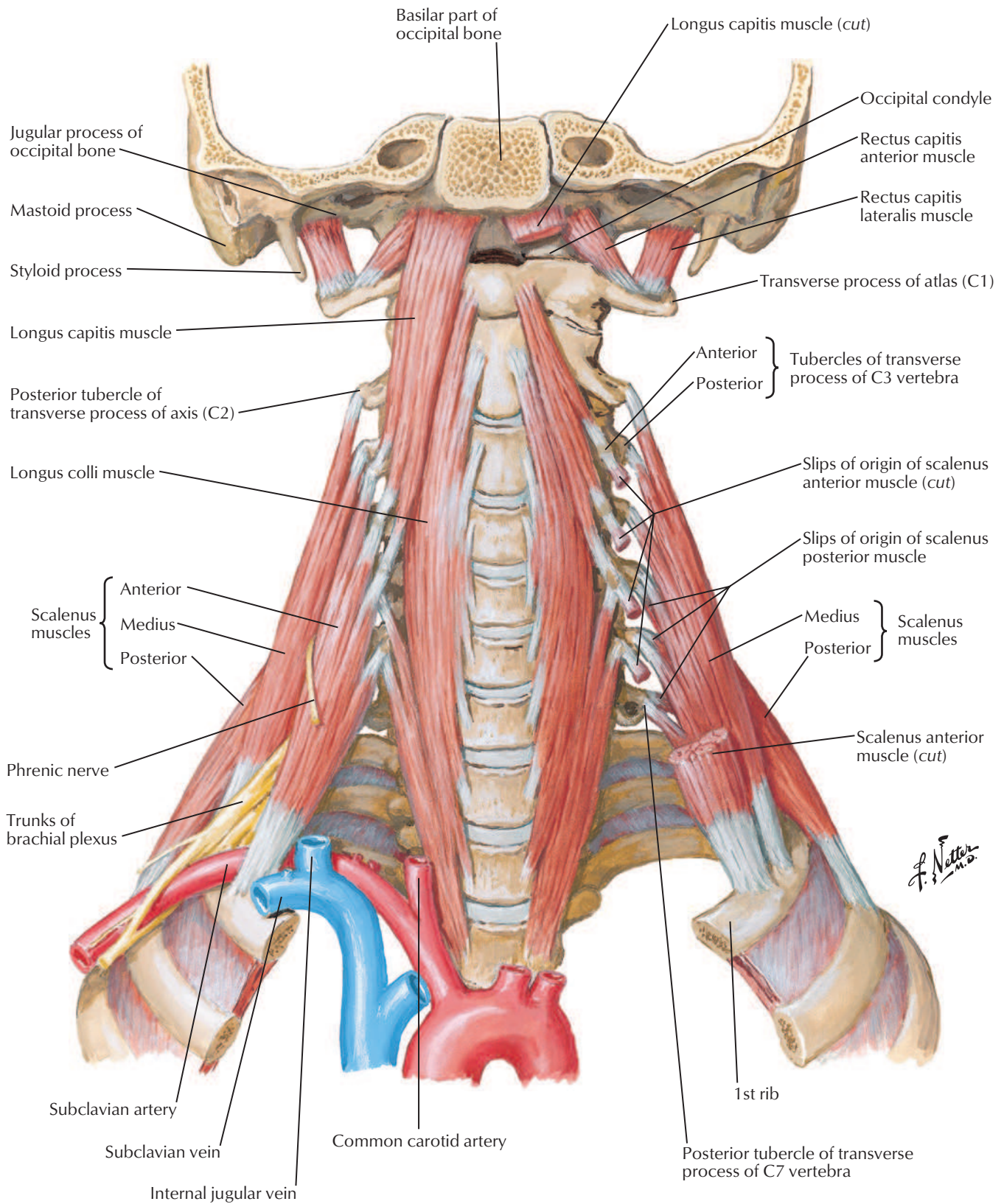
SLDCF: Superficial layer of deep cervical fascia



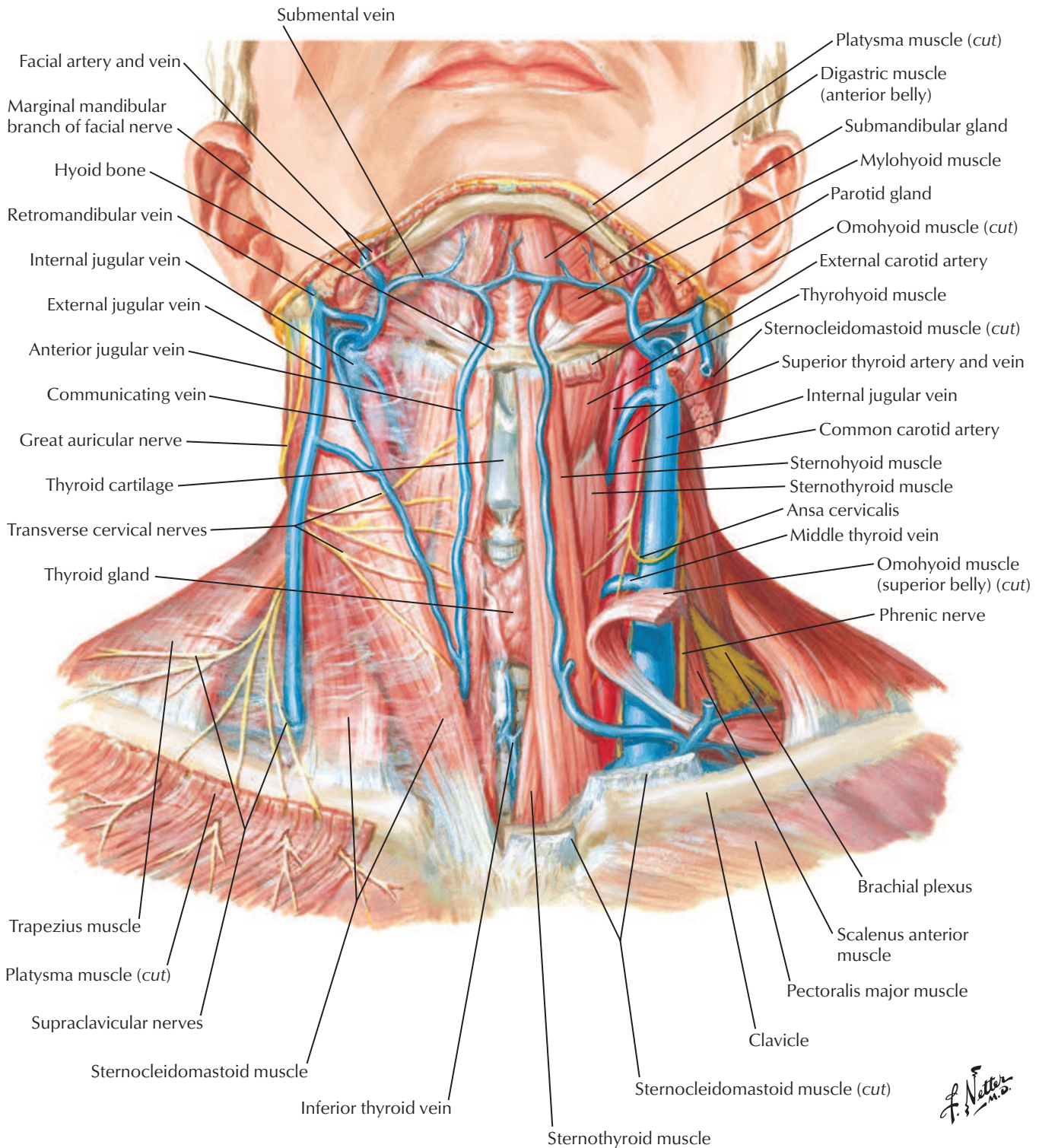


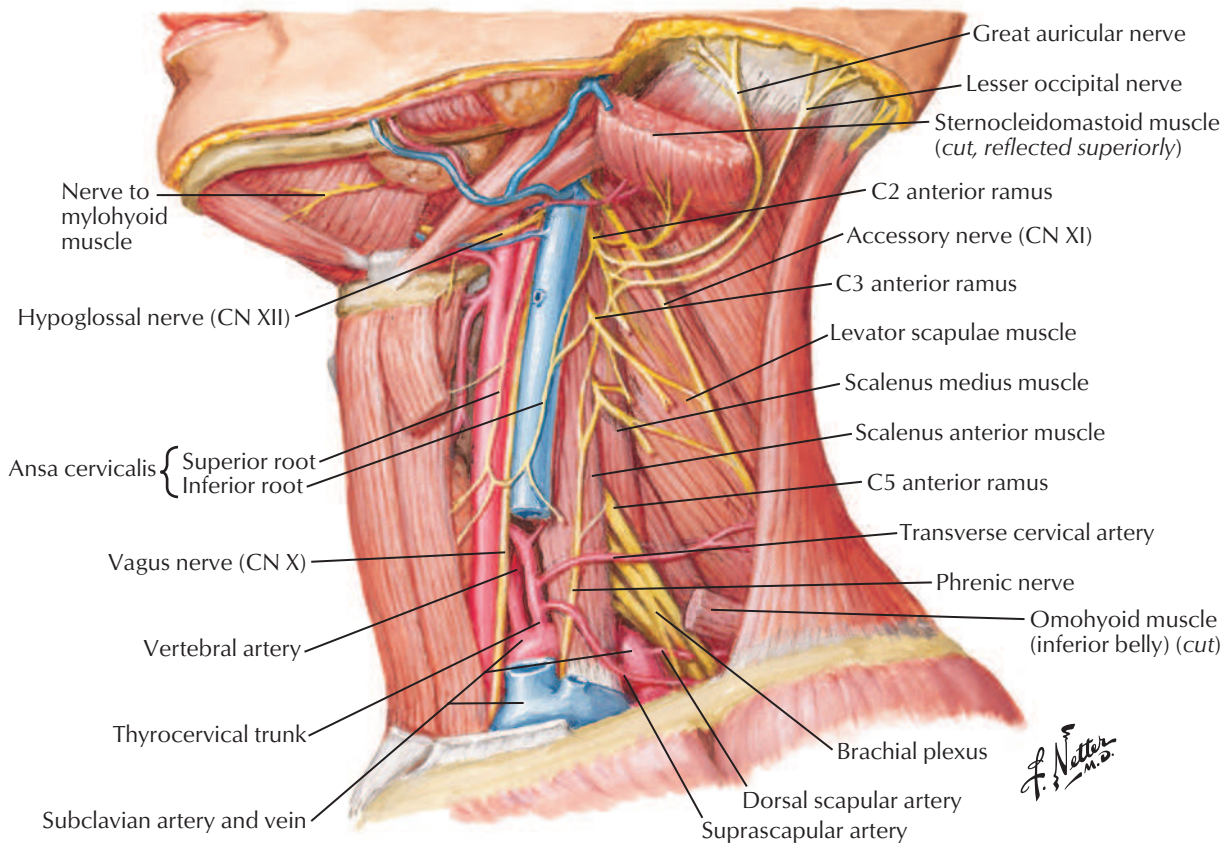
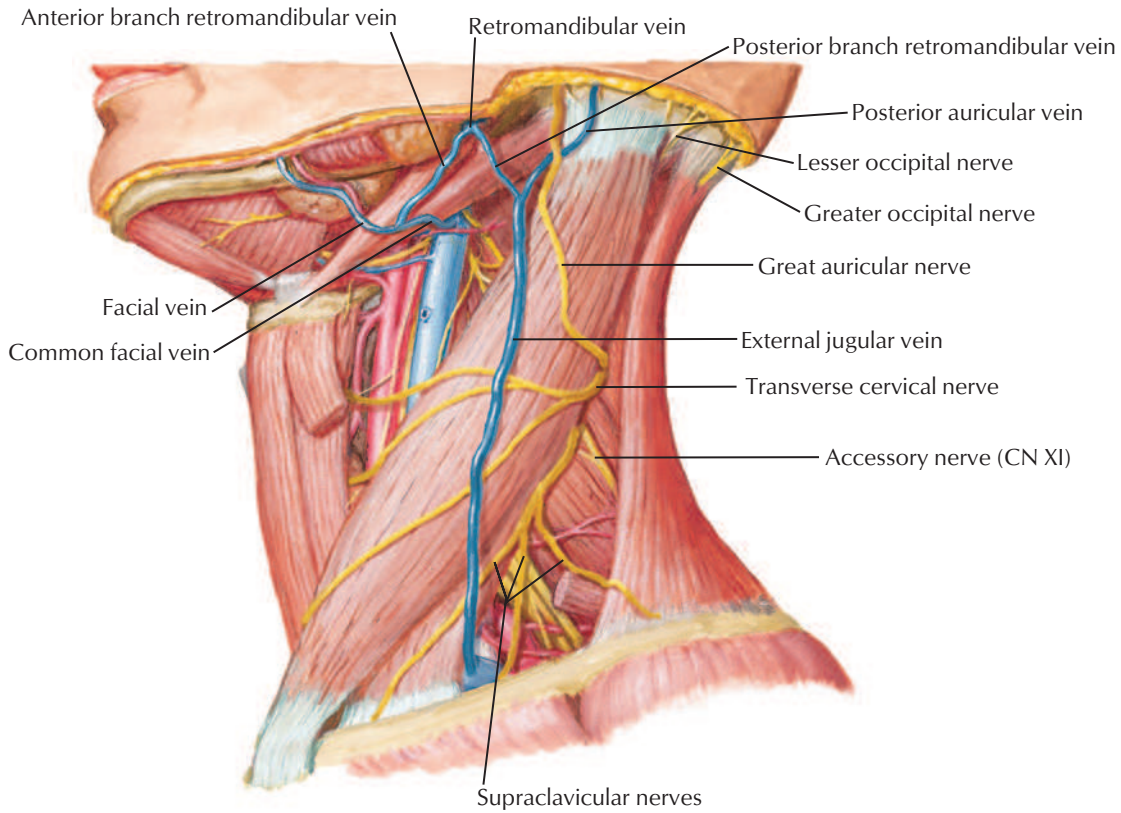
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Anterior and Lateral Cervical Muscles



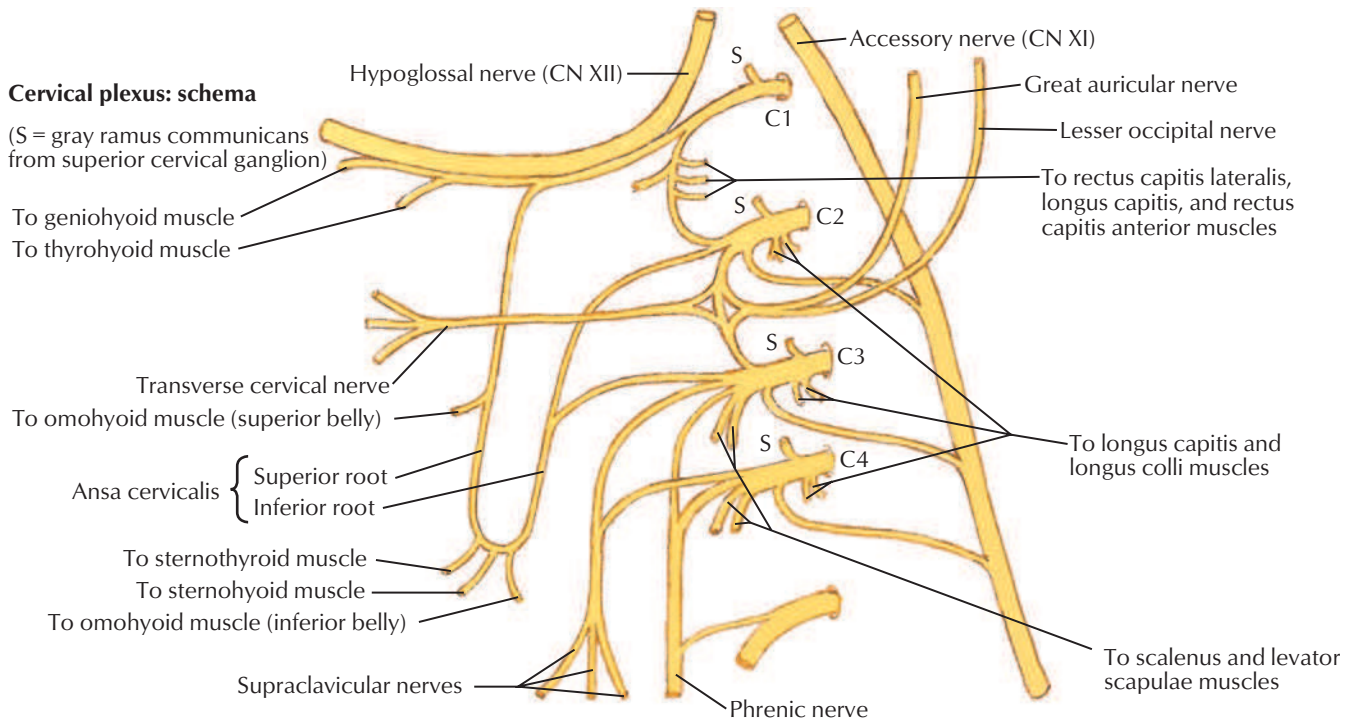
F. Netter M.D.



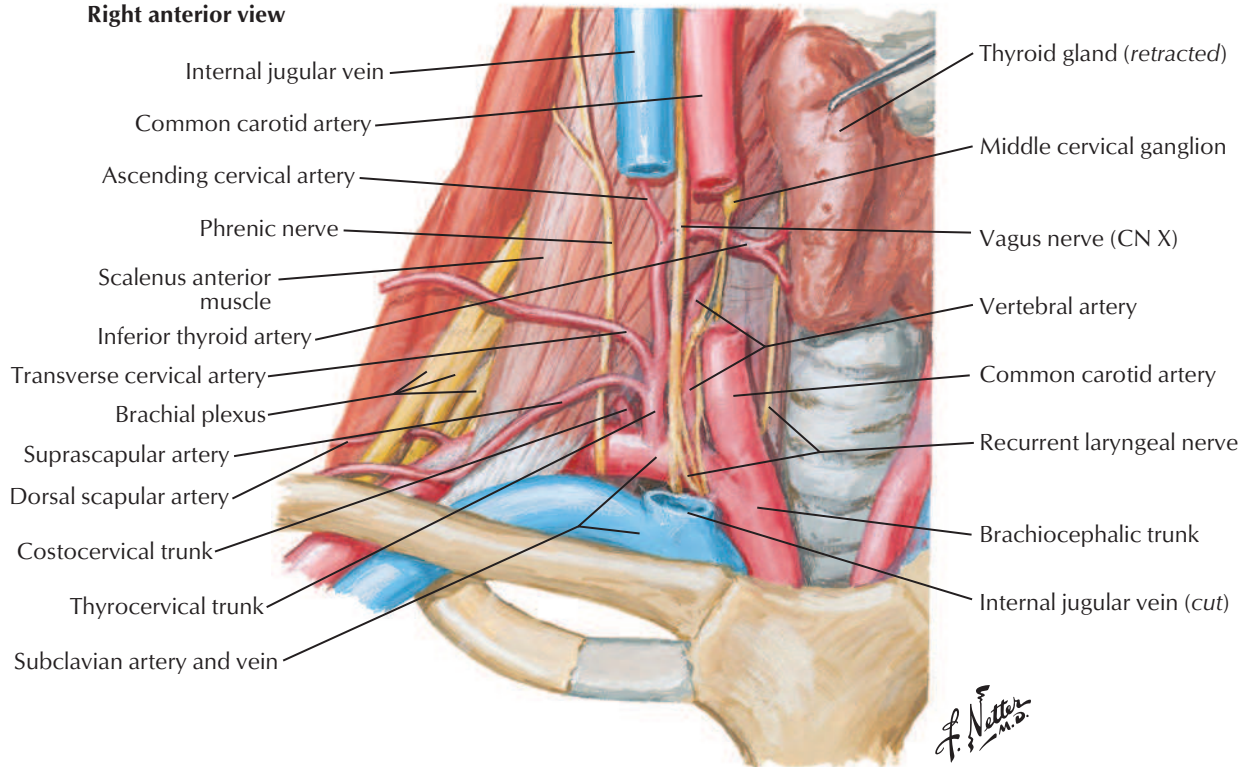


Cervical plexus: schema

(S = gray ramus communicans from superior cervical ganglion)

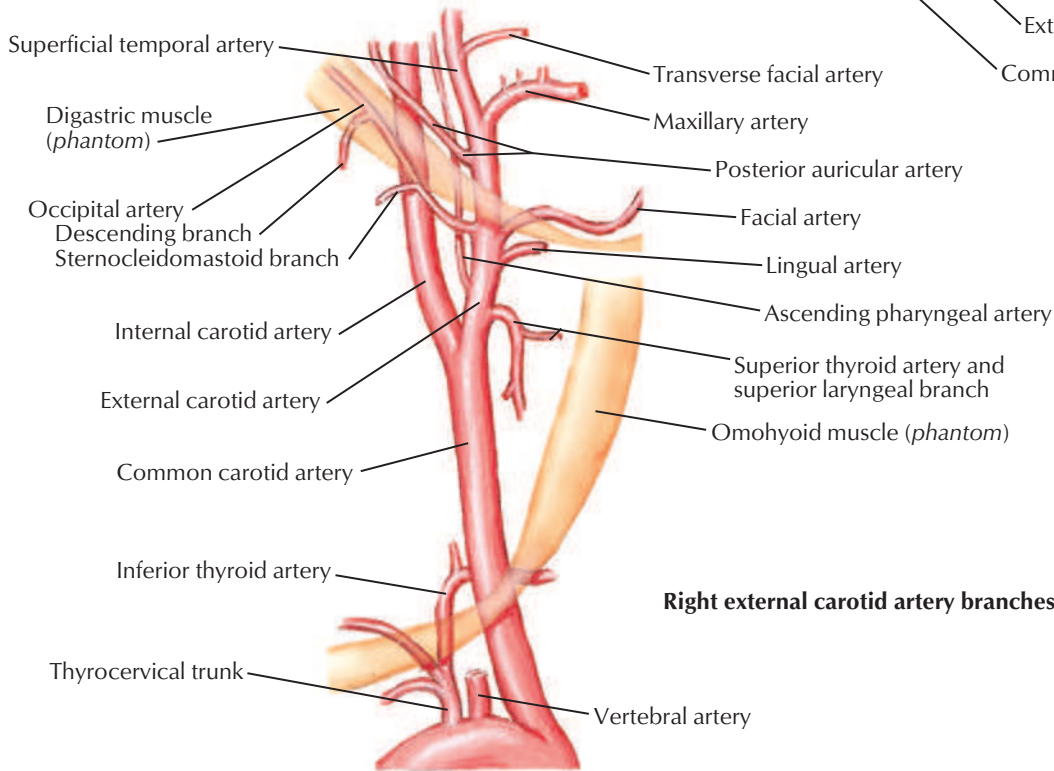
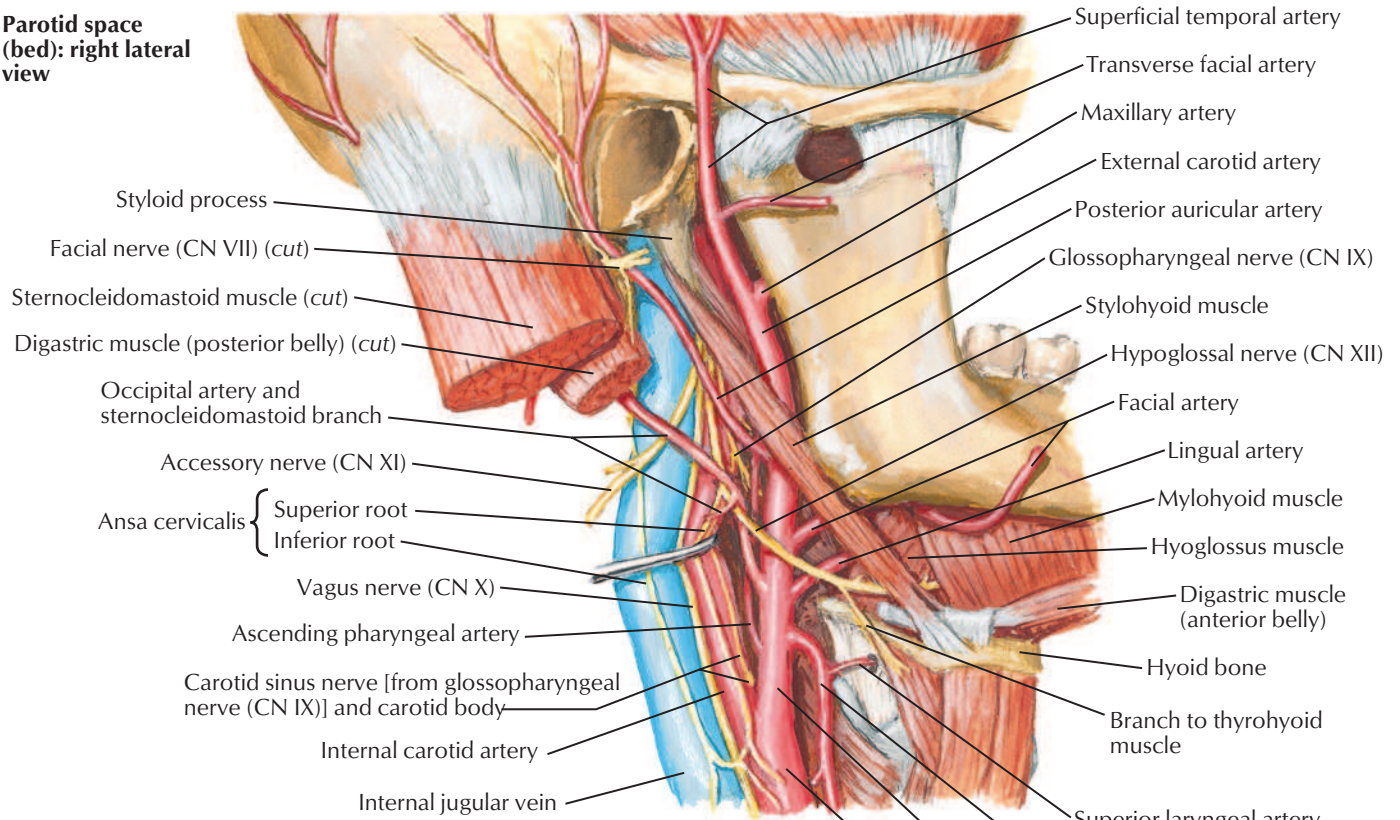


Right anterior view



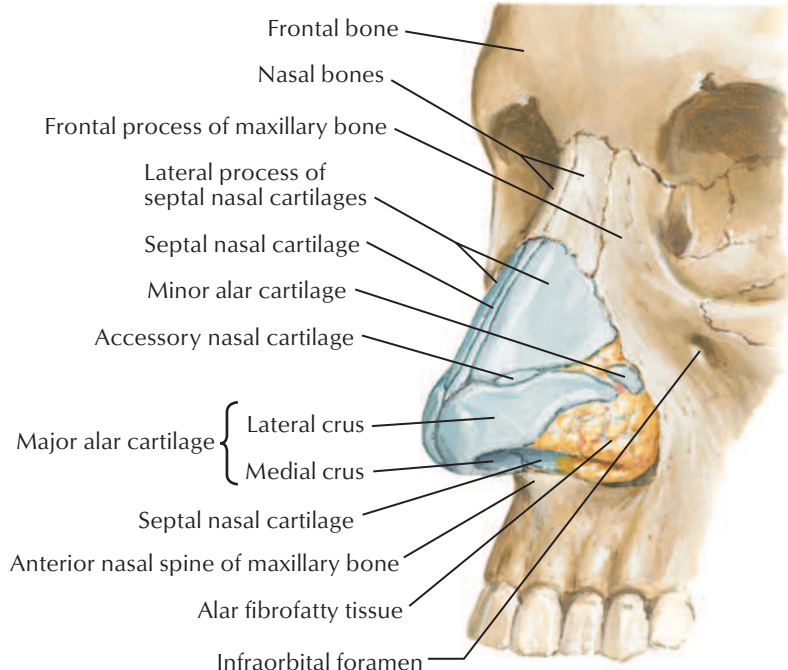
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Parotid space (bed): right lateral view

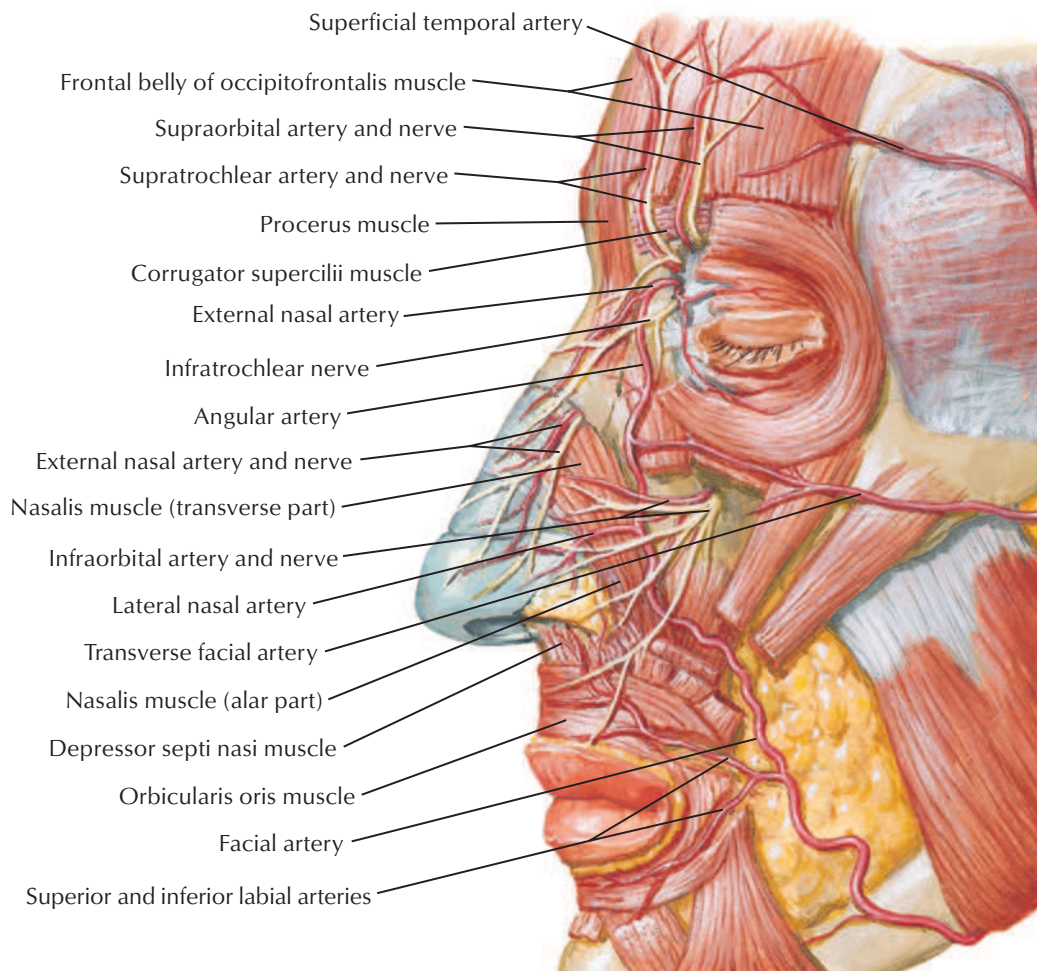
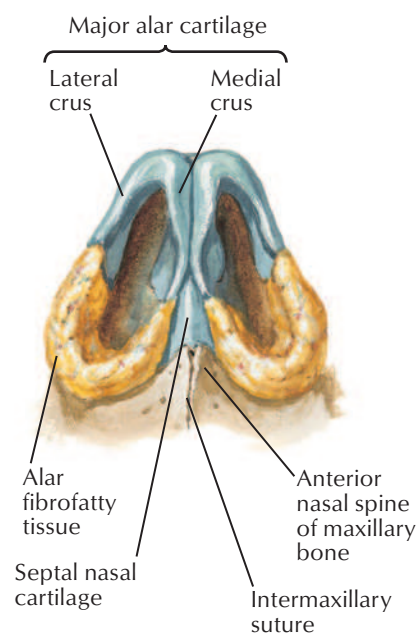


Right external carotid artery branches: schema

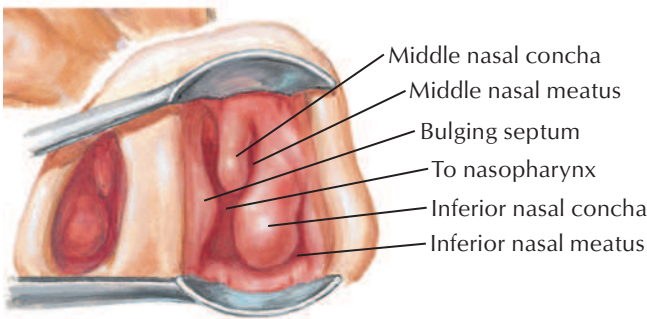
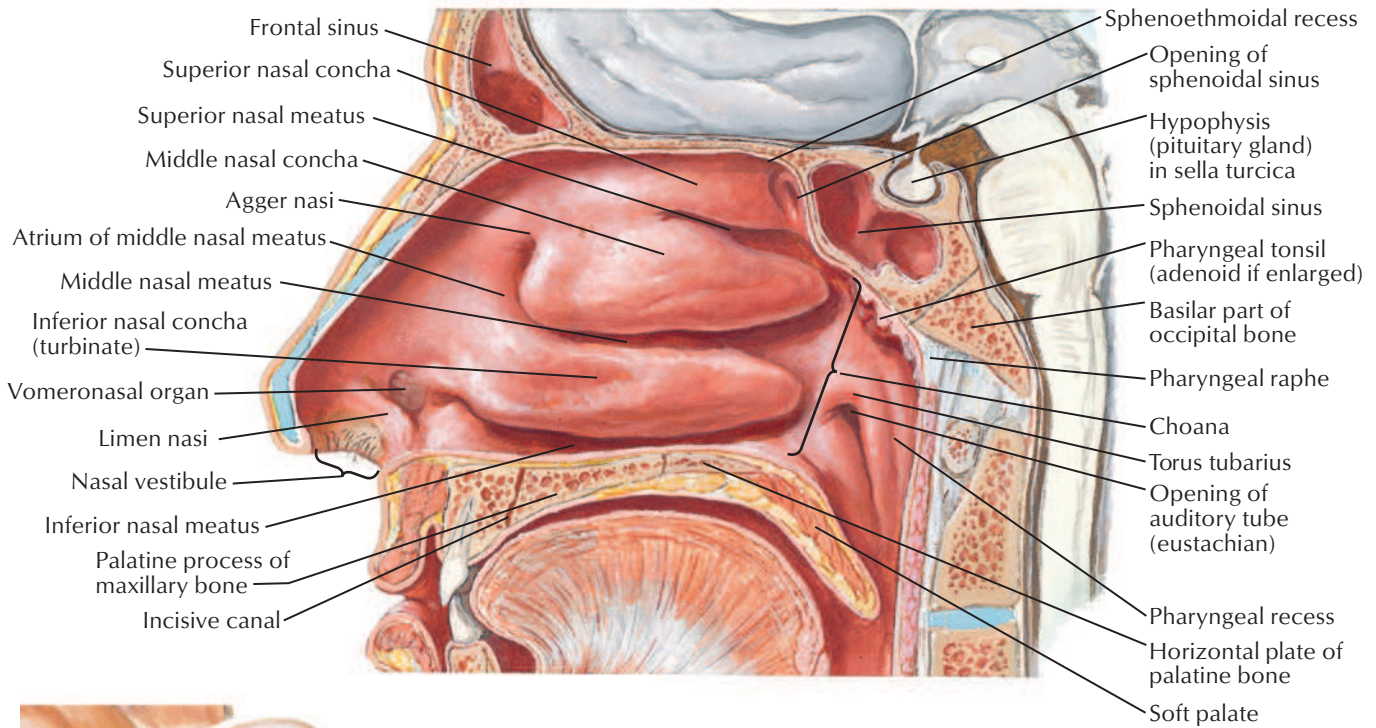
Anterolateral view



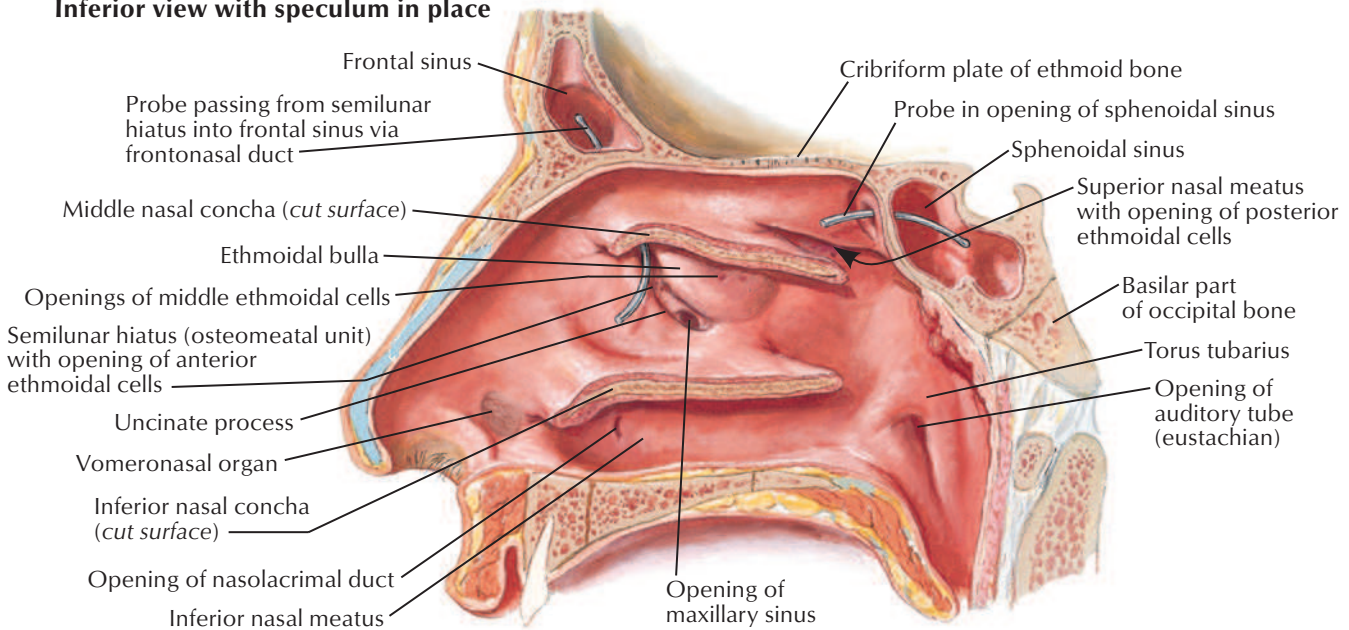
Inferior view

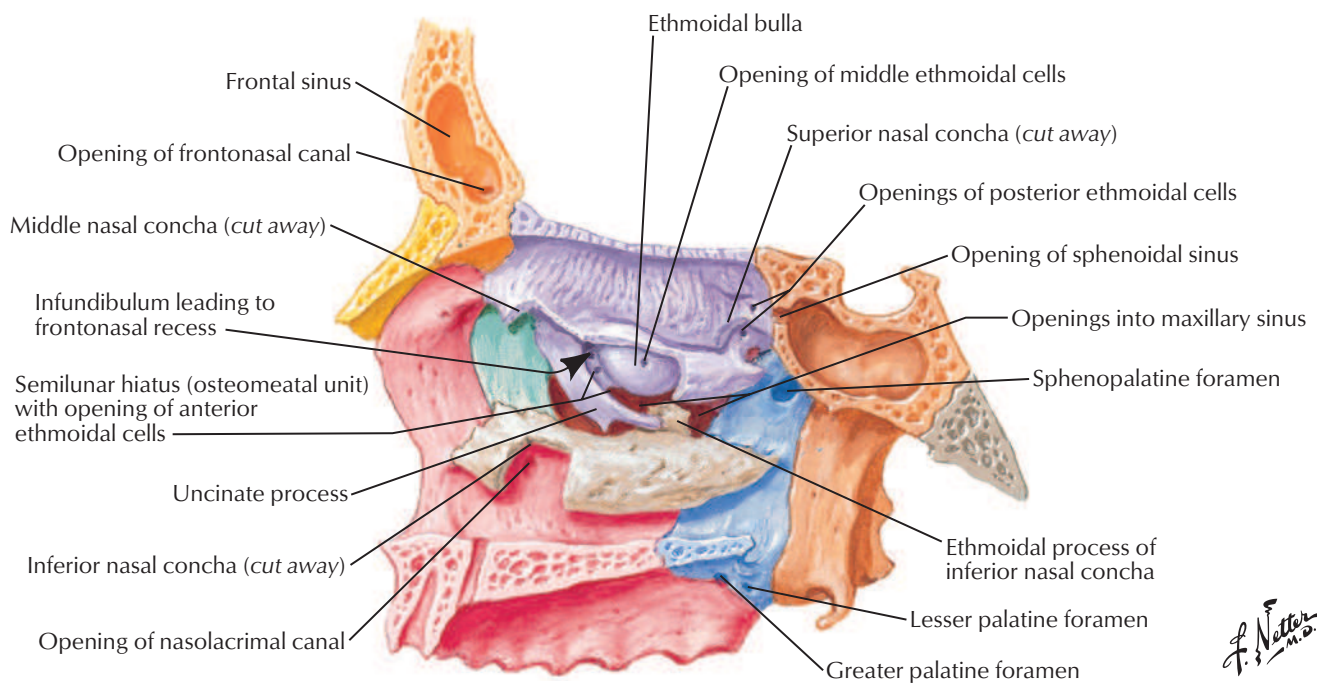
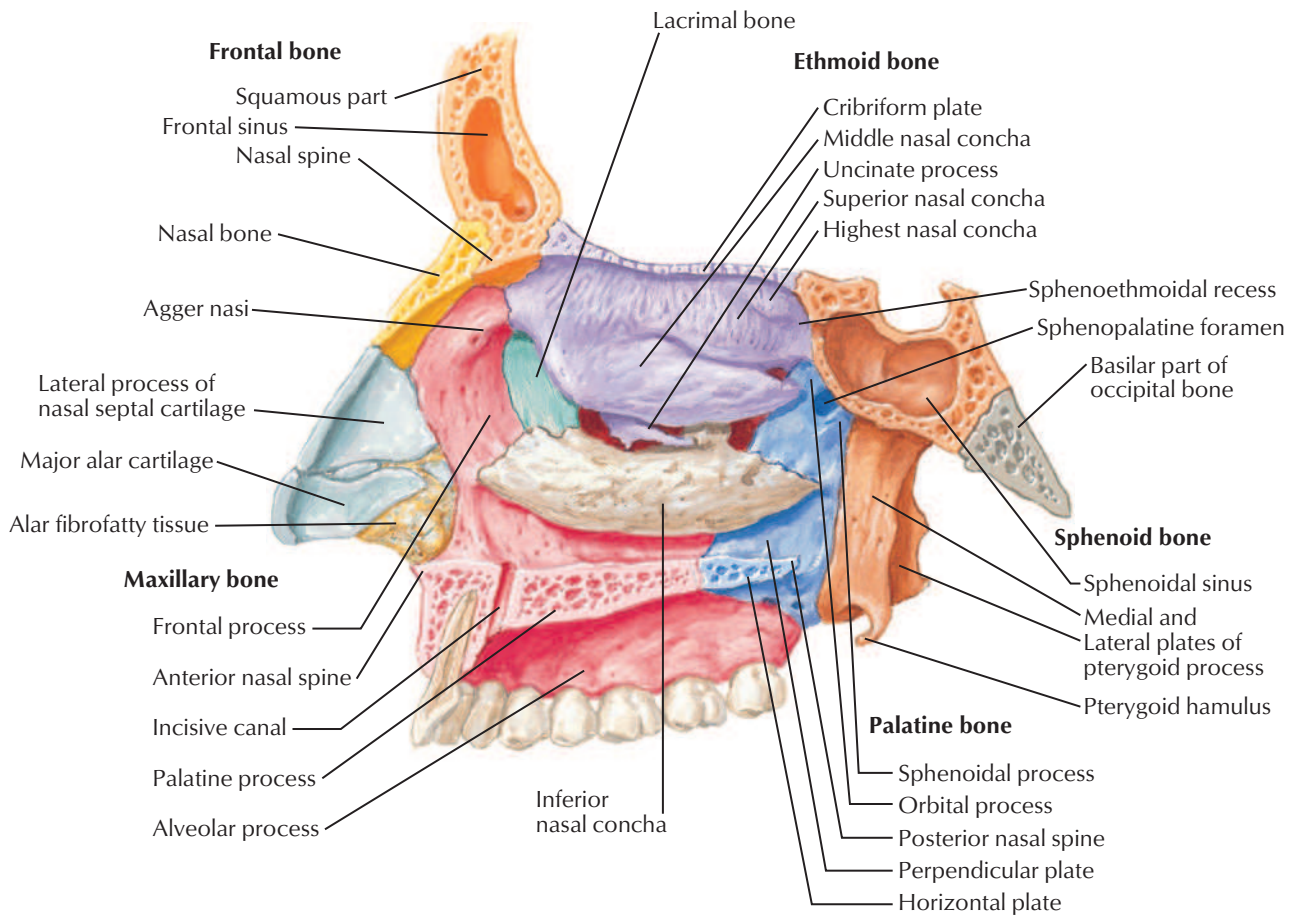


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Inferior view with speculum in place

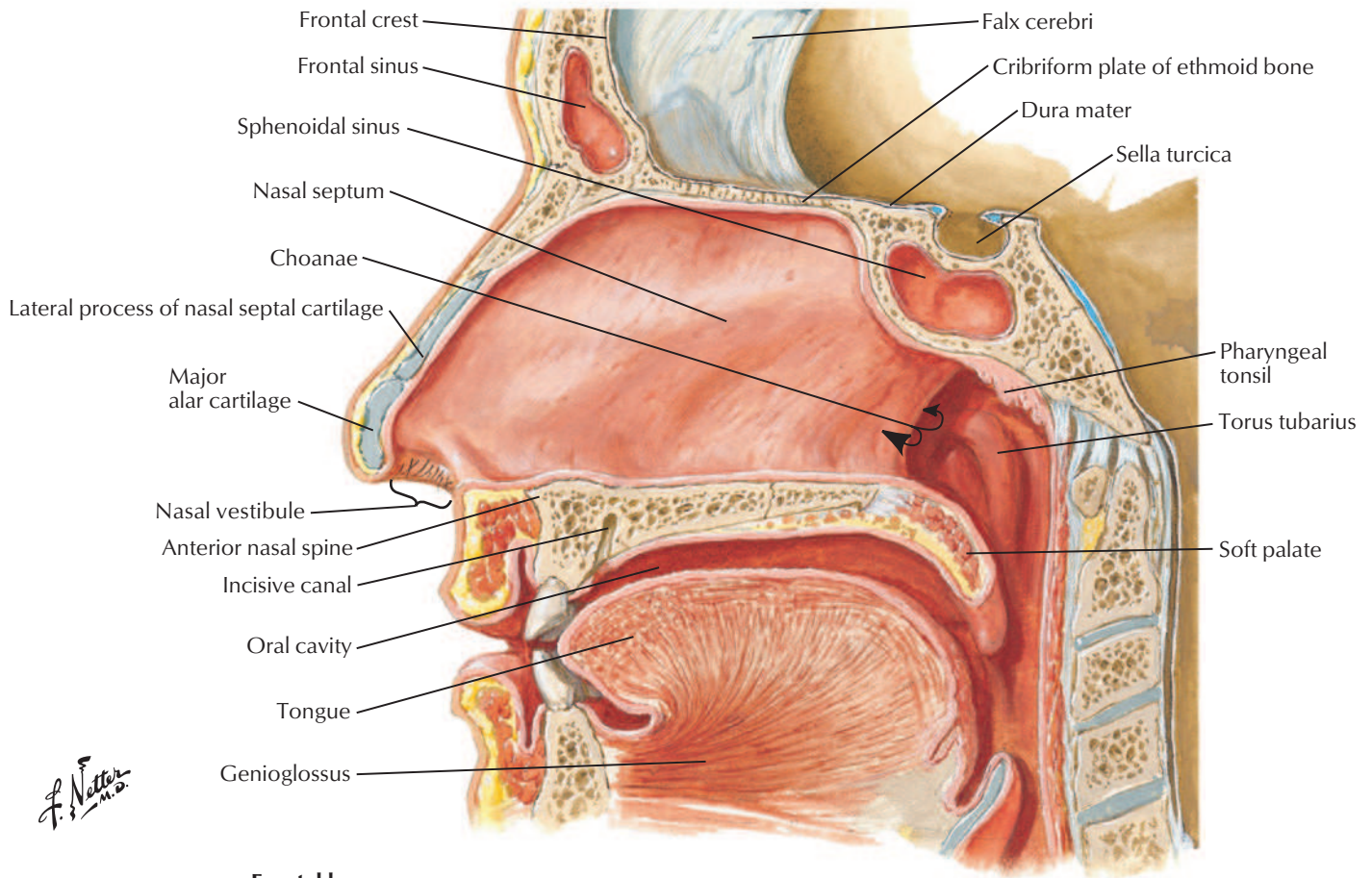




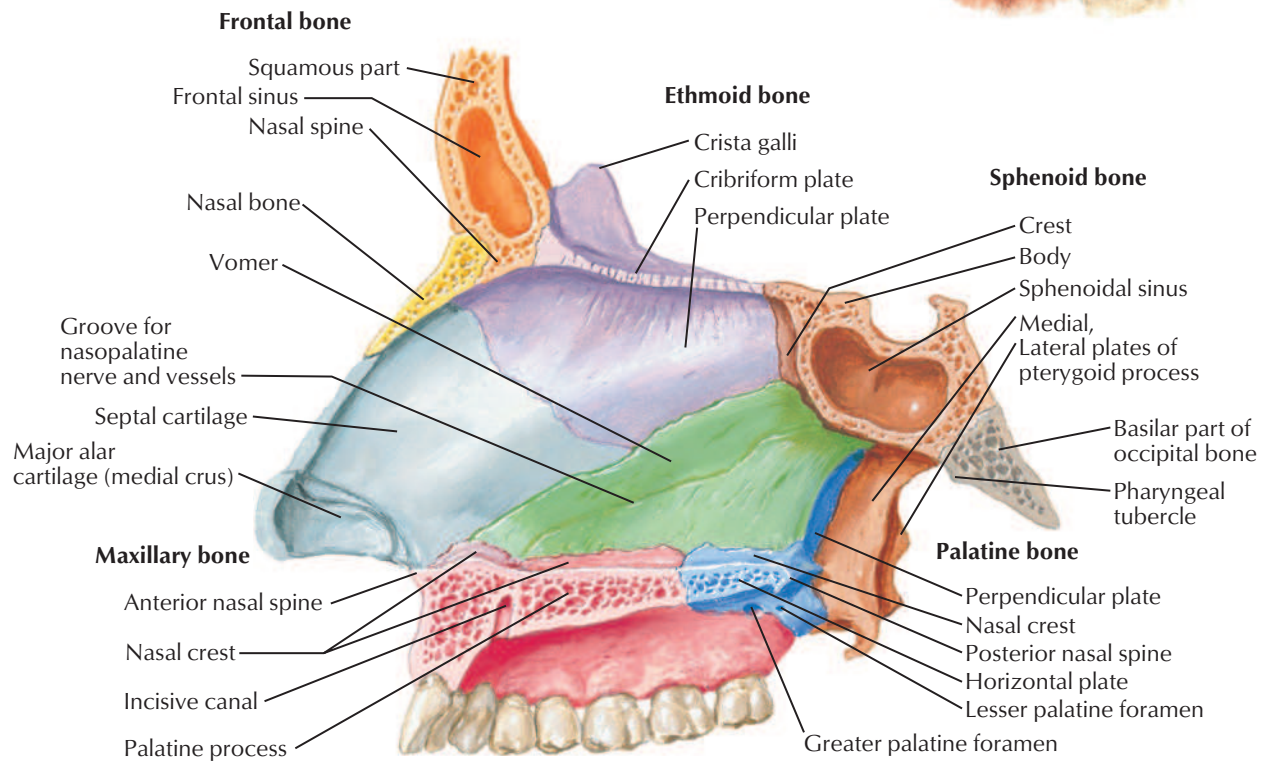
F. Netter M.D.

Medial Wall of Nasal Cavity (Nasal Septum)

See also [Plate 15](#)

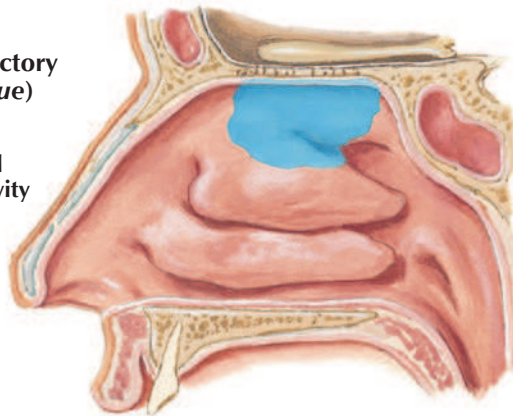


F. Netter M.D.

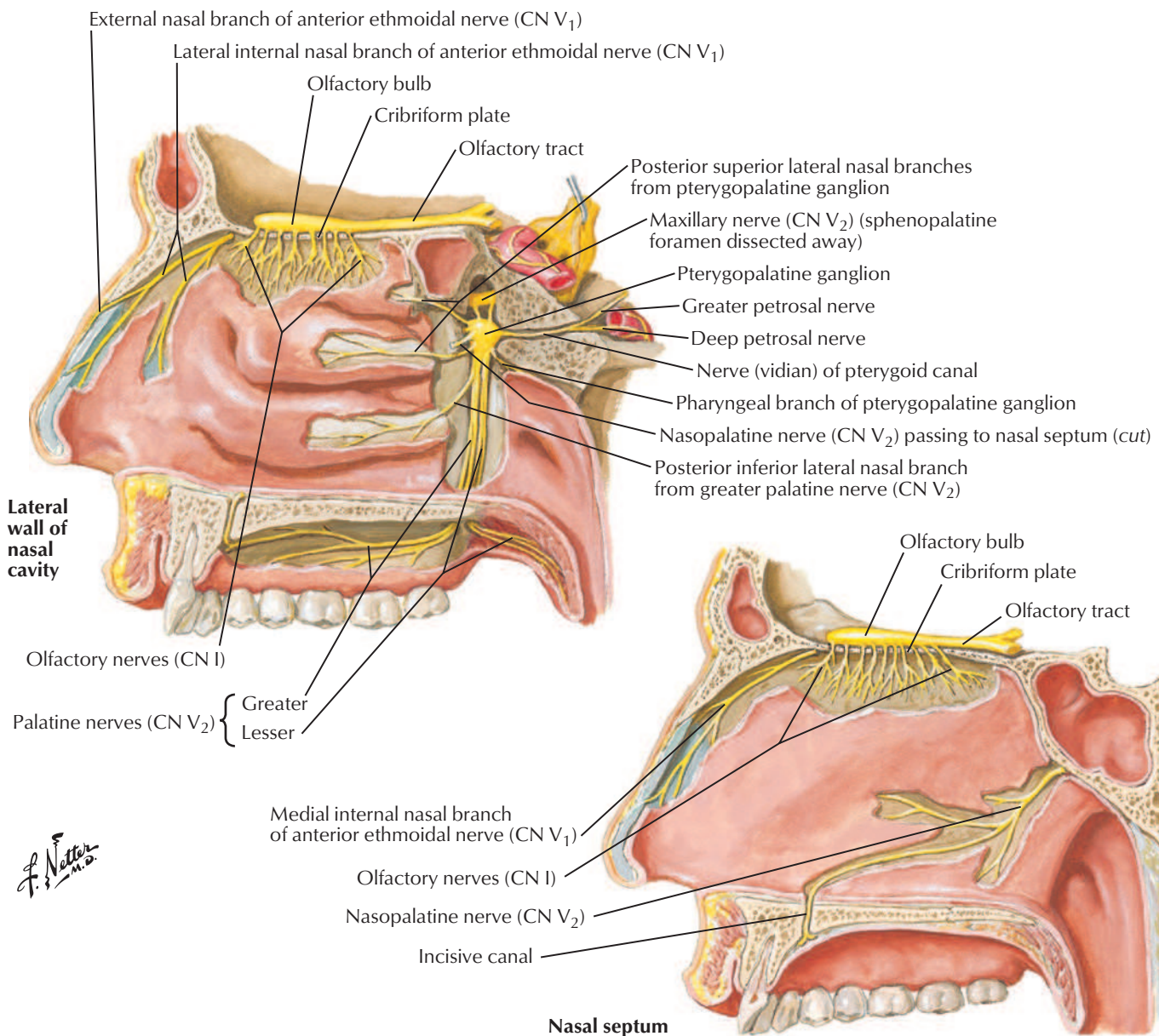
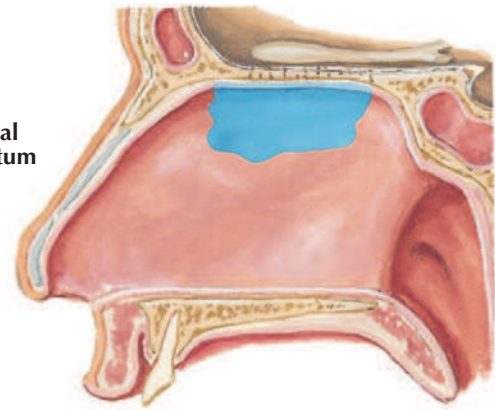


Distribution of olfactory mucosa (shaded blue)

Lateral wall of nasal cavity



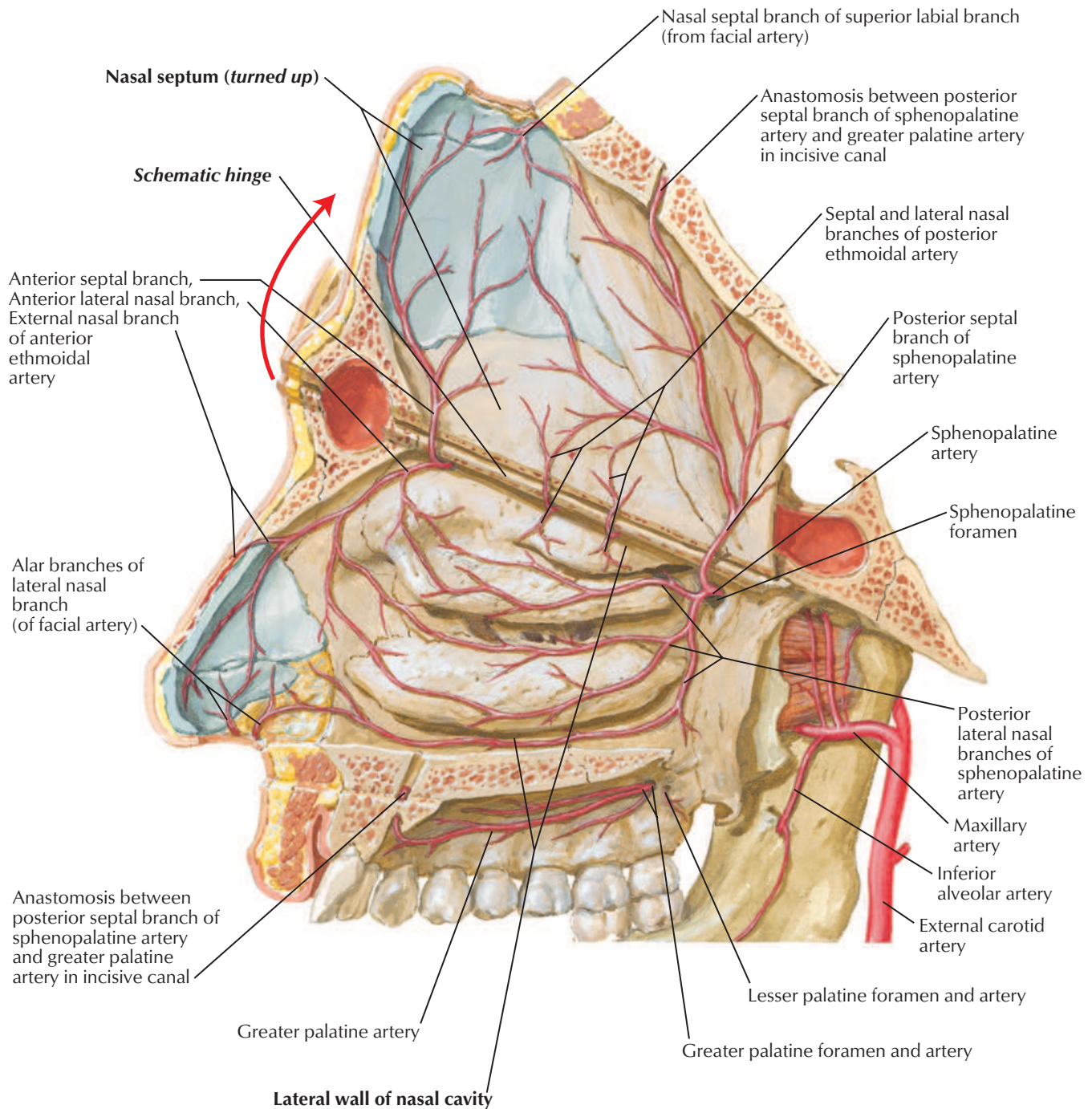
Nasal septum

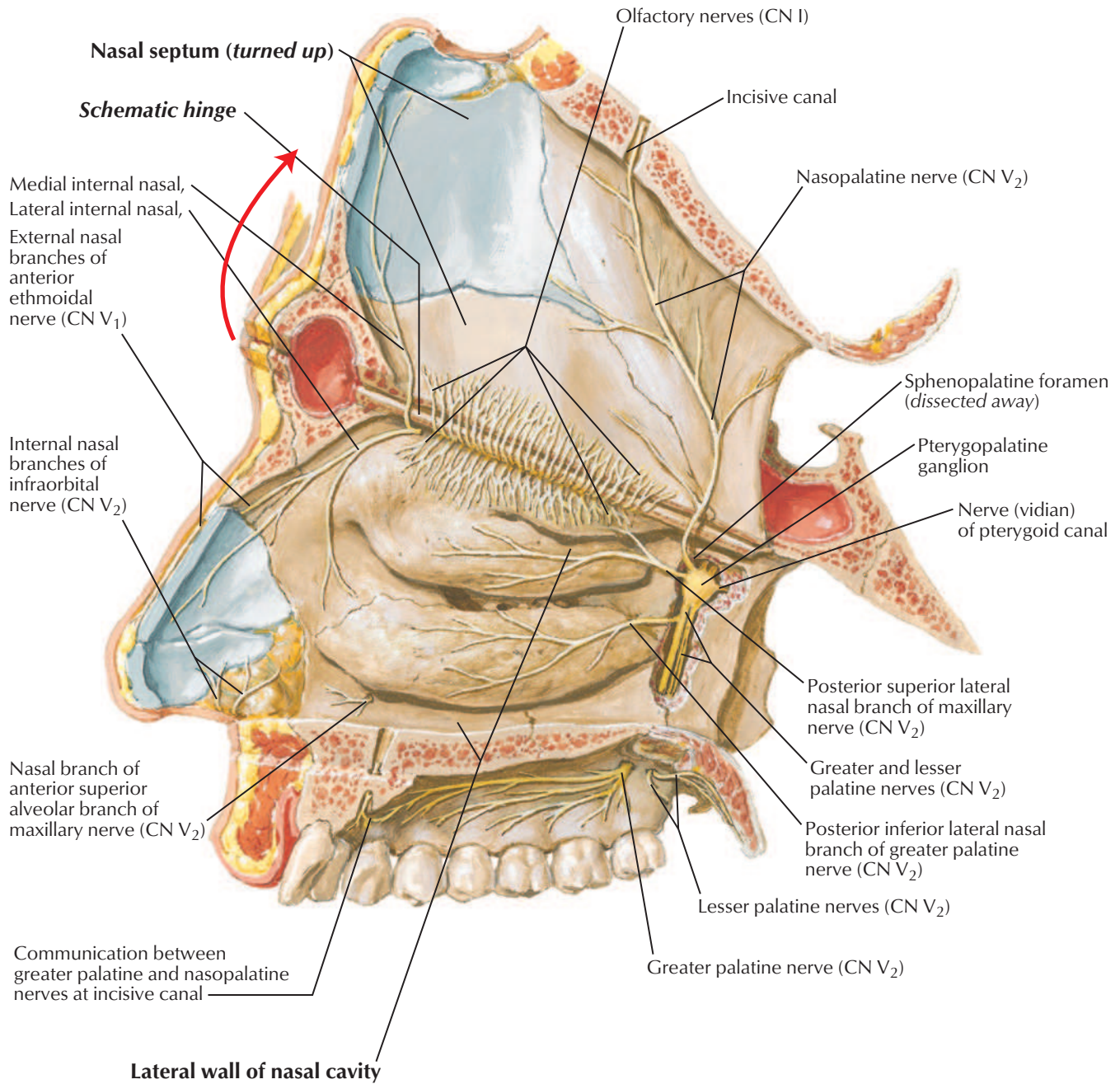


F. Netter M.D.

Arteries of Nasal Cavity: Bony Nasal Septum Turned Up

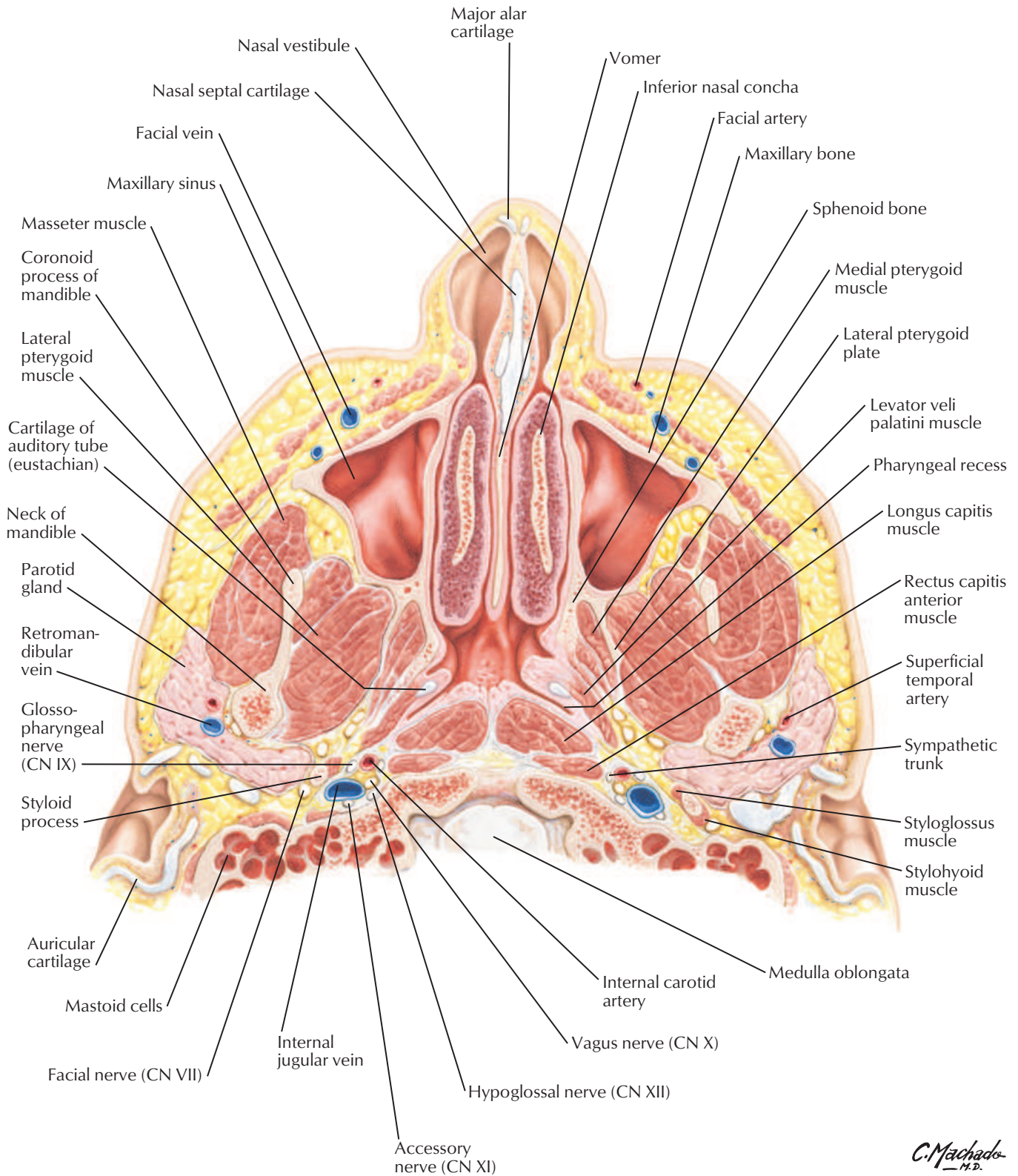
See also [Plates 57, 63](#)



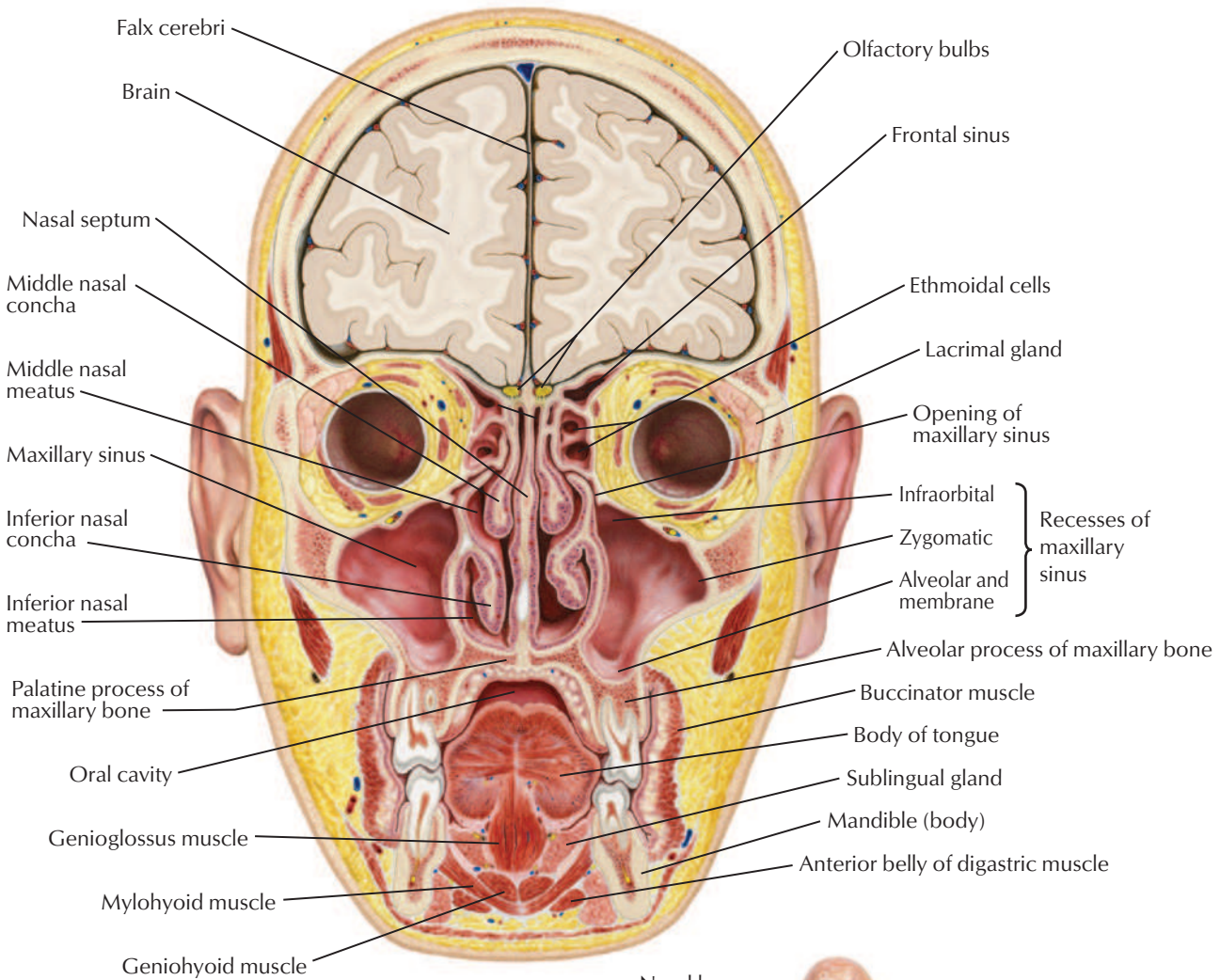


F. Netter M.D.

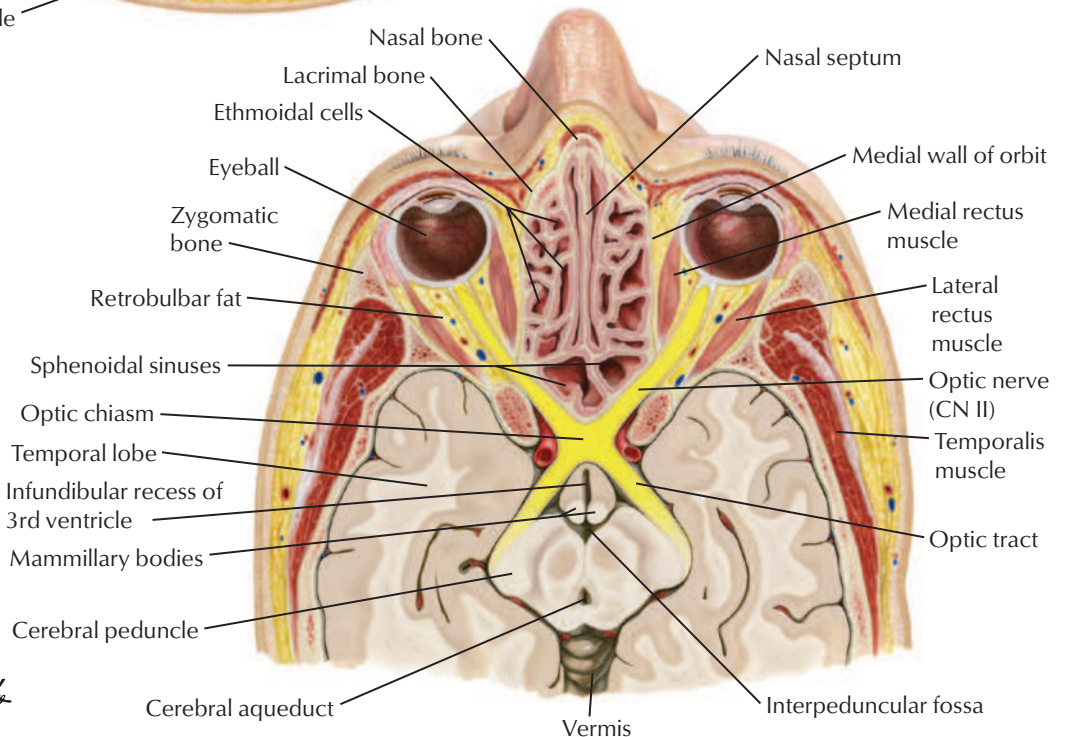
Nose and Maxillary Sinus: Transverse Section



Coronal section



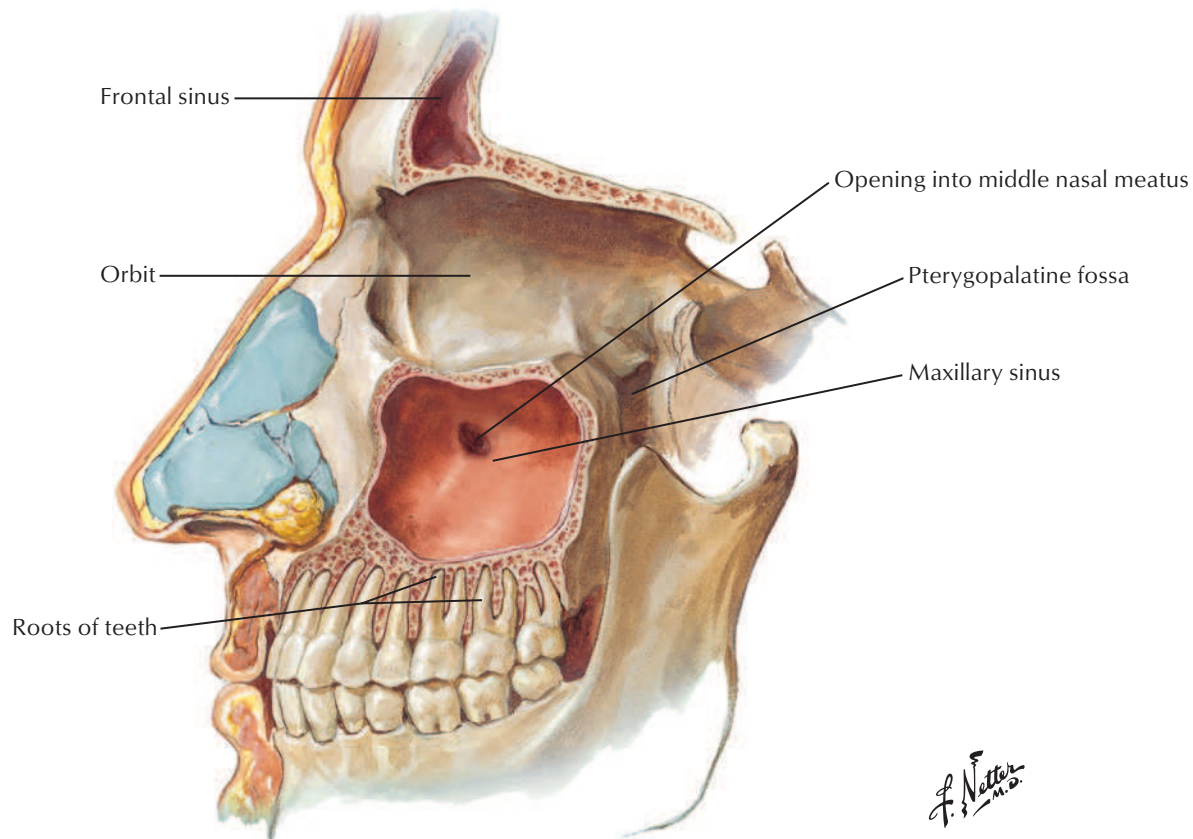
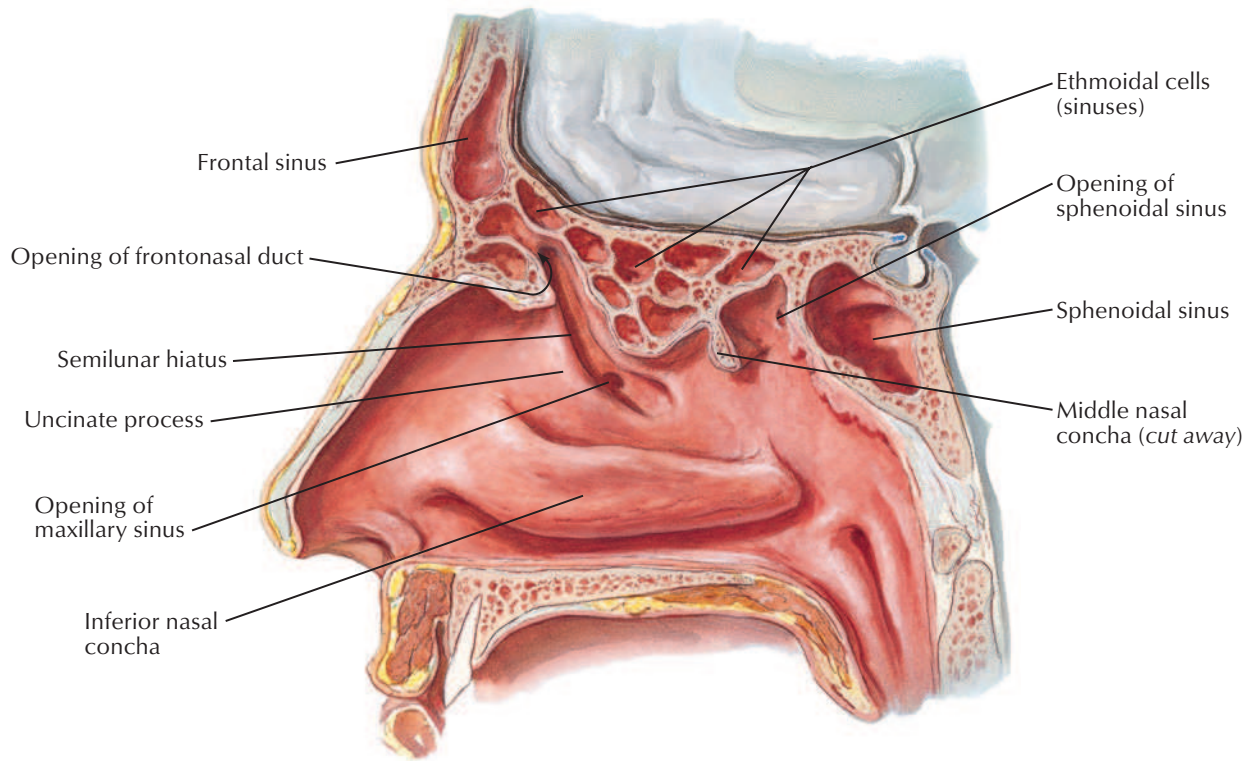
Transverse section



C. Machado
M.D.

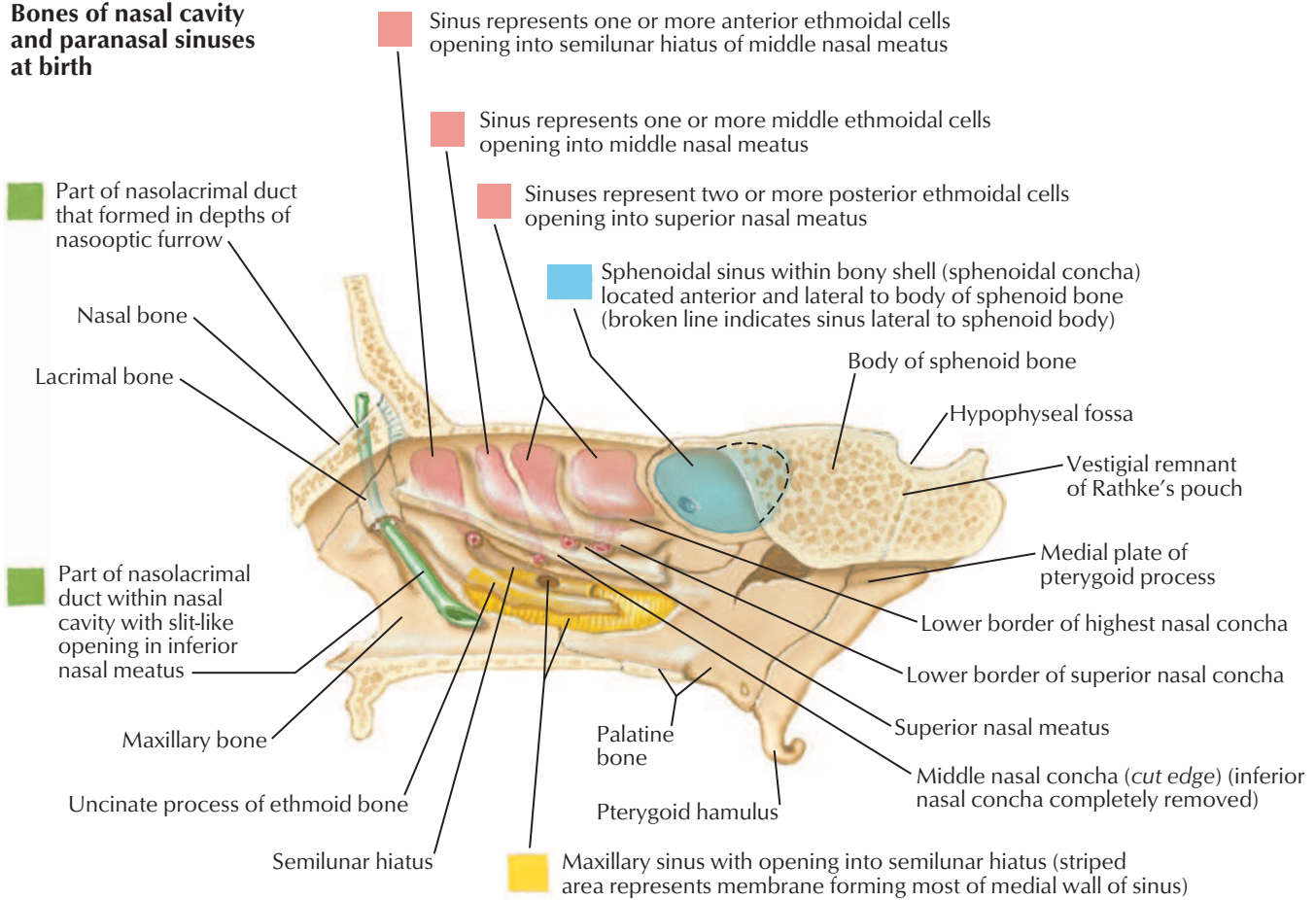
Paranasal Sinuses: Parasagittal Views

See also [Plate 43](#)

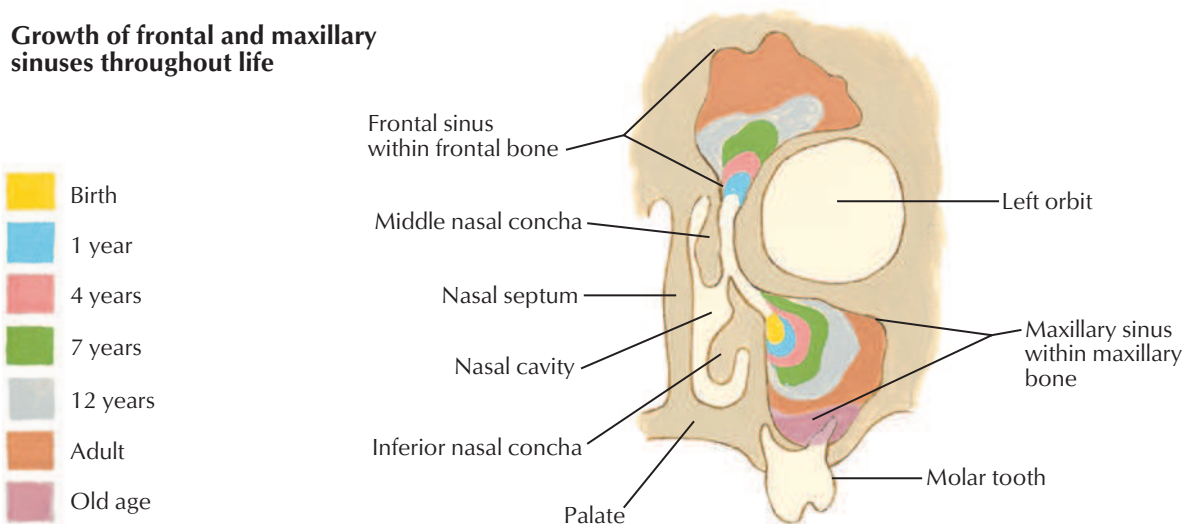


F. Netter M.D.

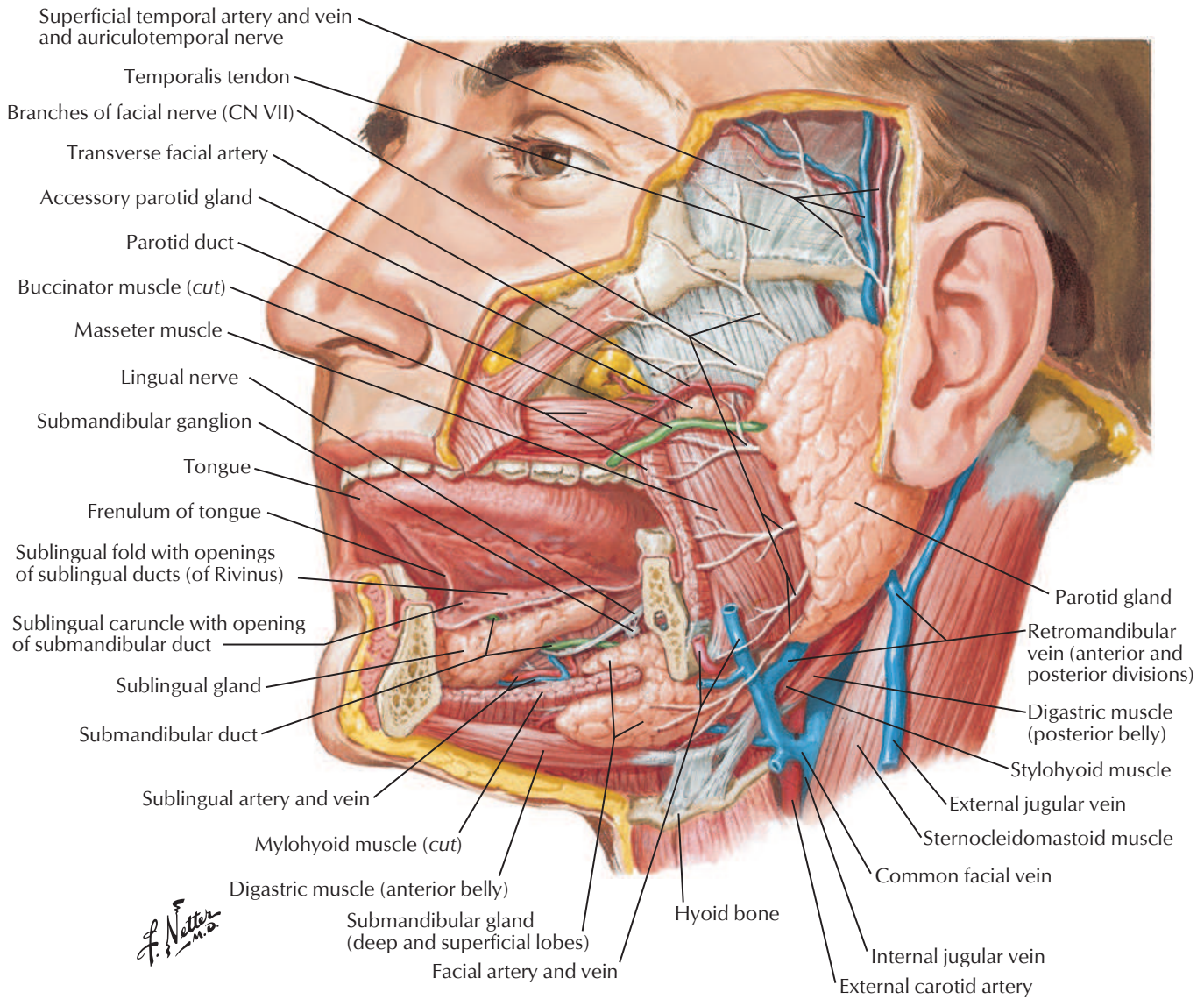
Bones of nasal cavity and paranasal sinuses at birth

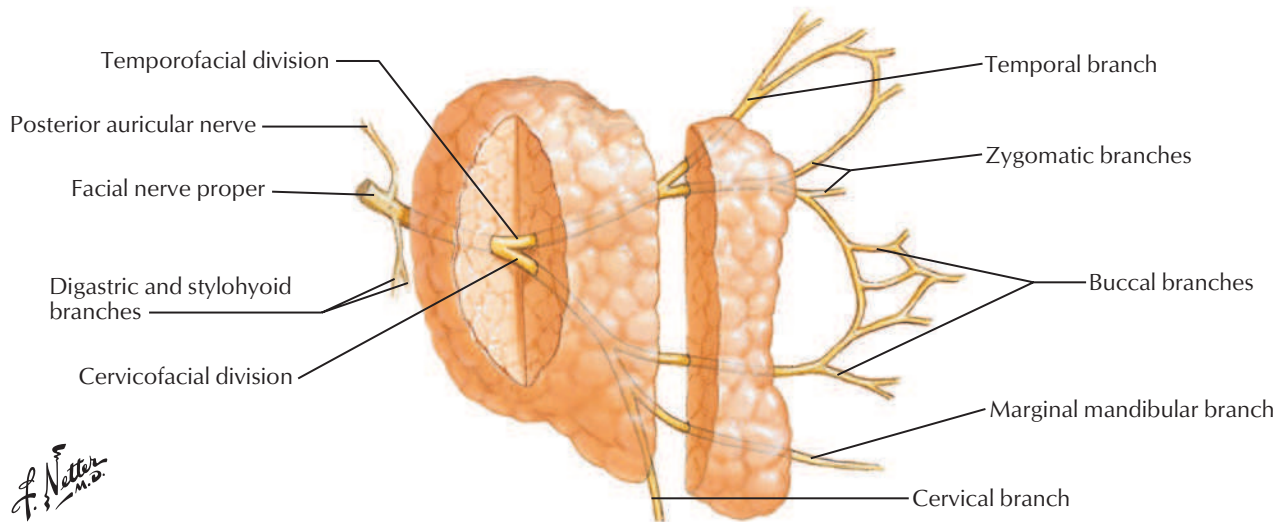
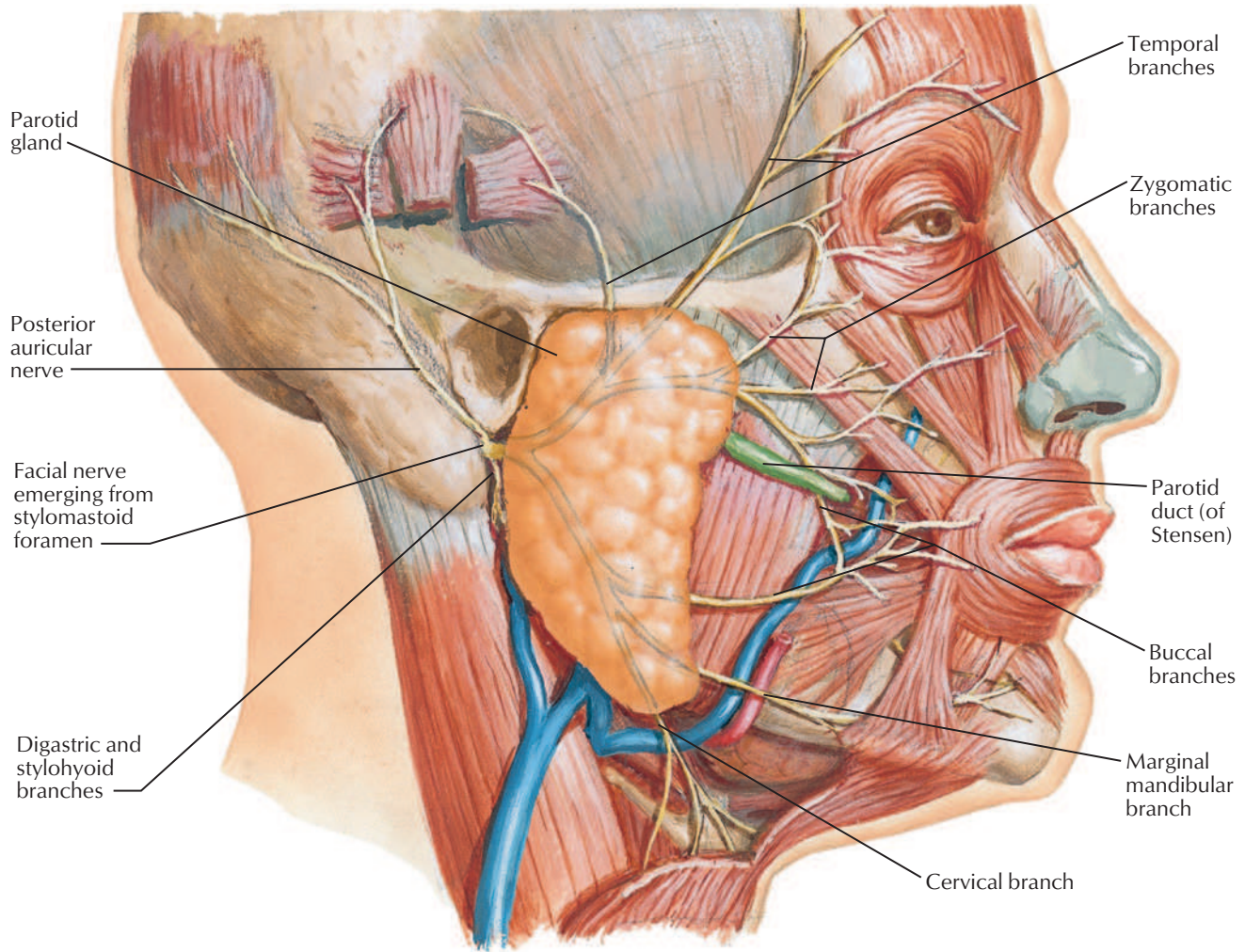


Growth of frontal and maxillary sinuses throughout life



F. Netter M.D.

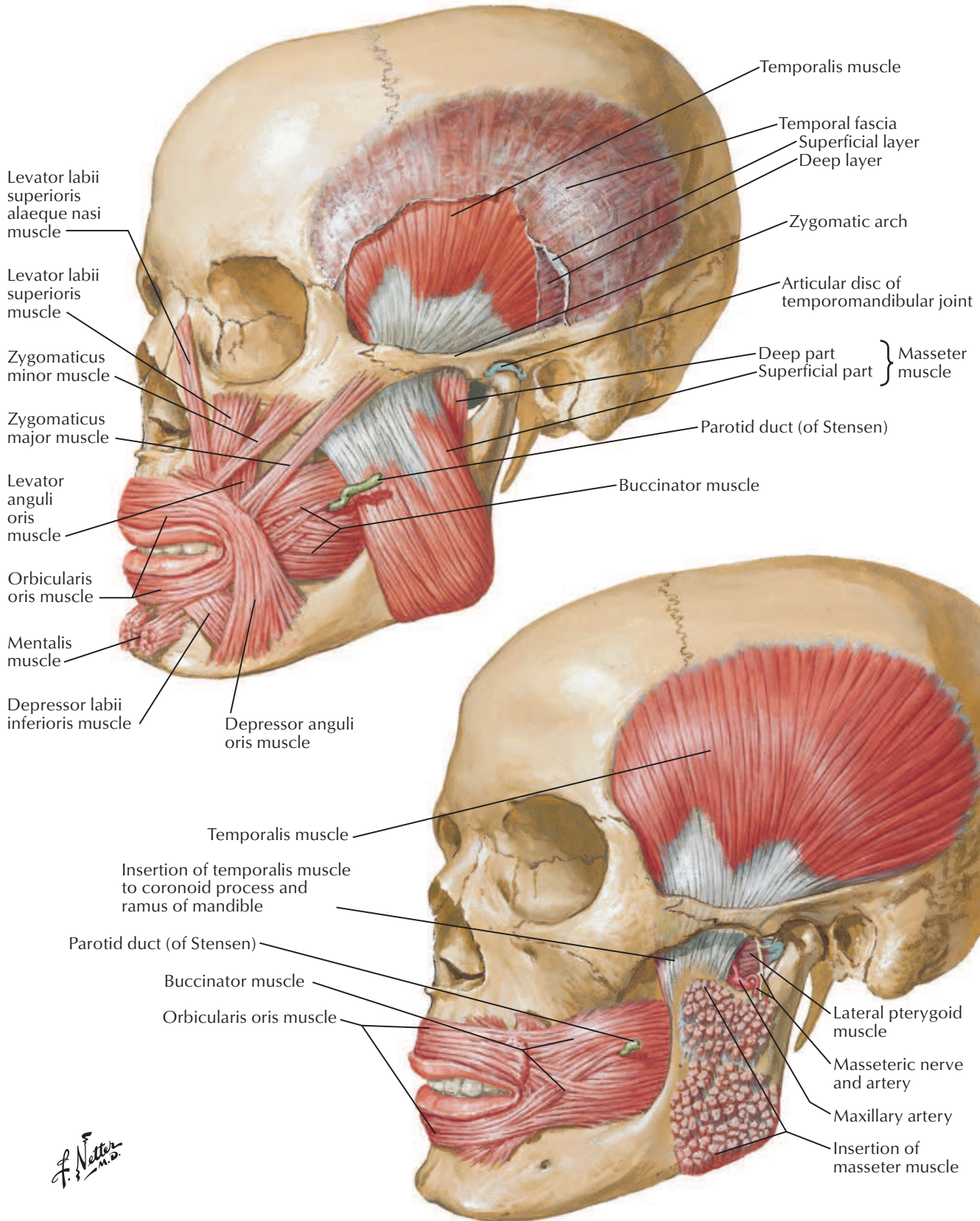




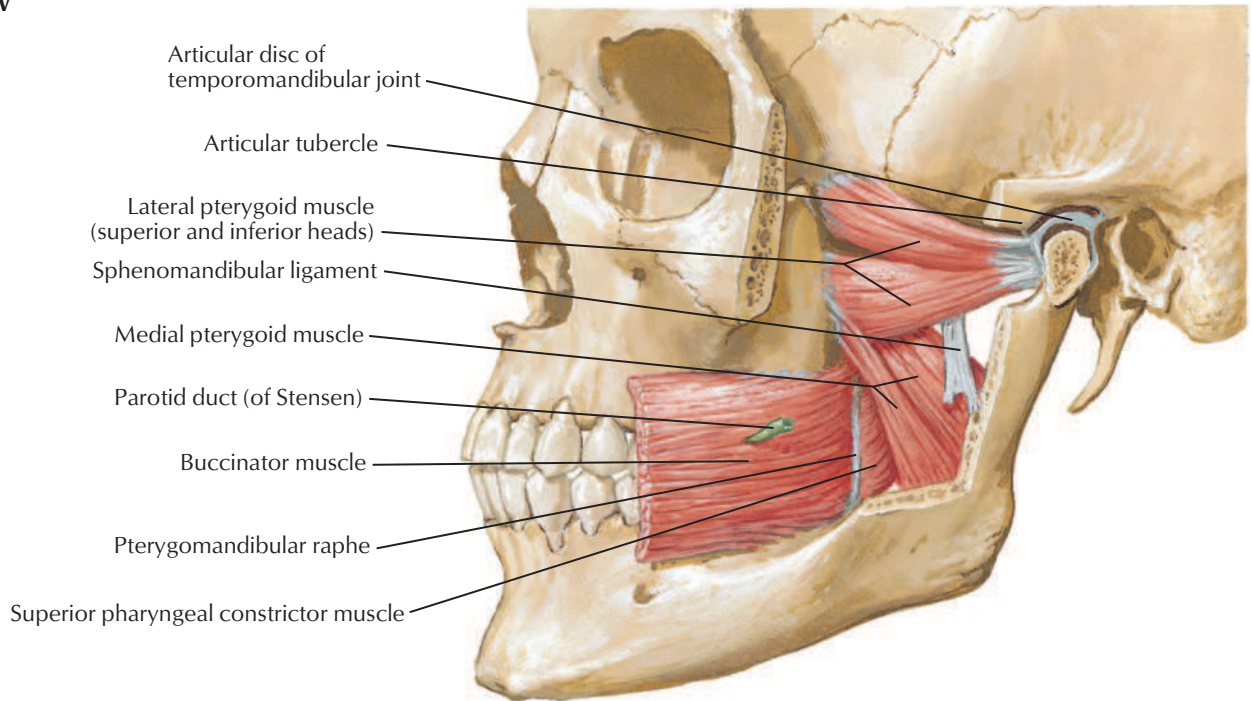
F. Netter M.D.

Muscles Involved in Mastication

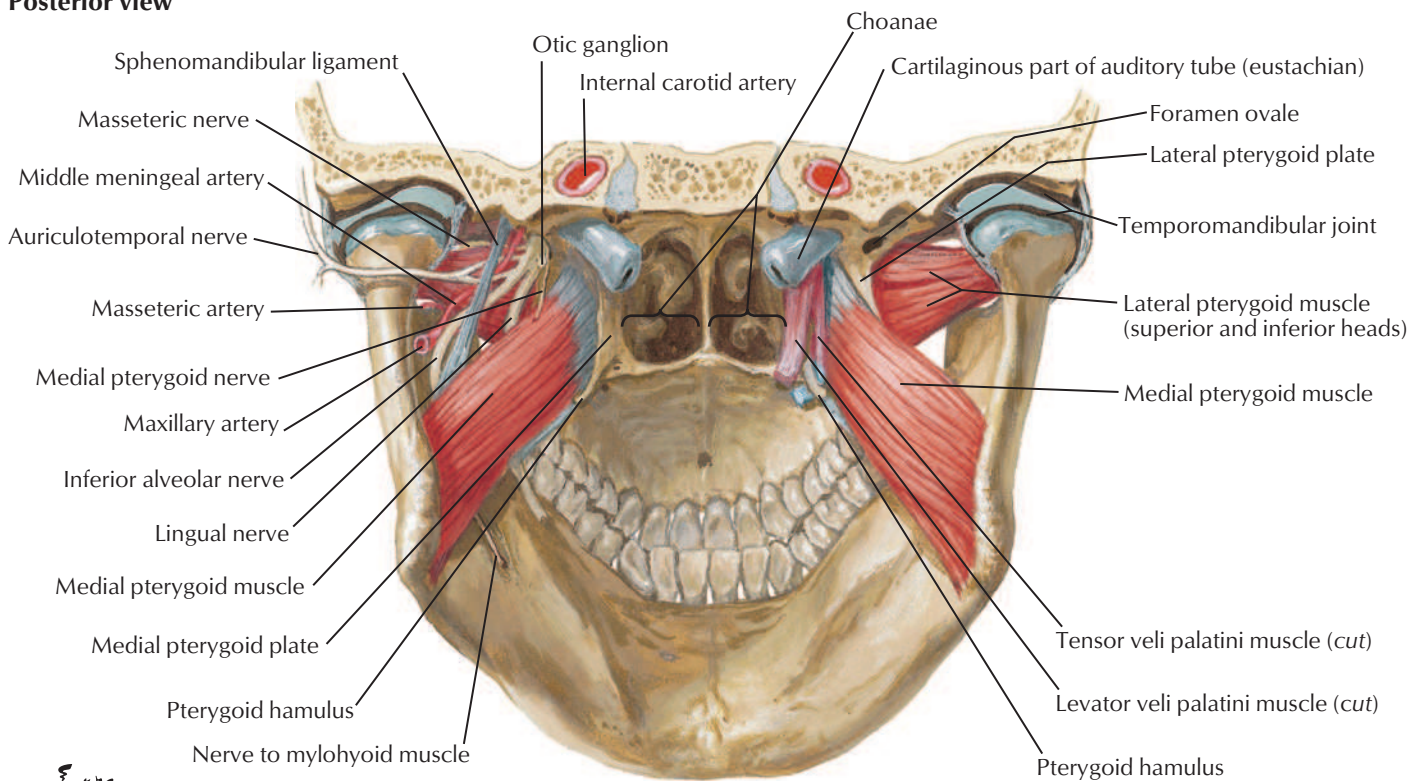
For facial muscles see [Plate 31](#)



Lateral view



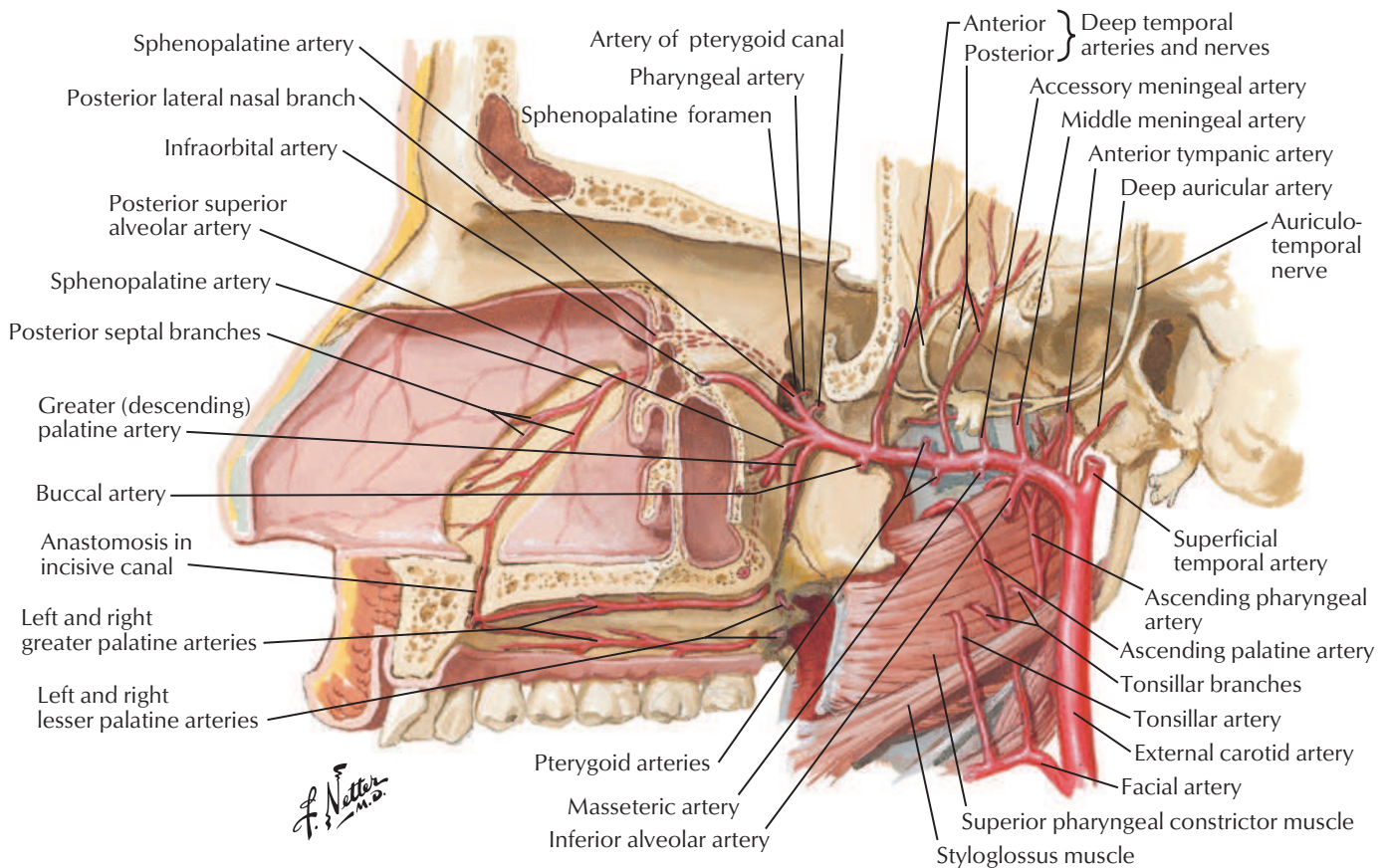
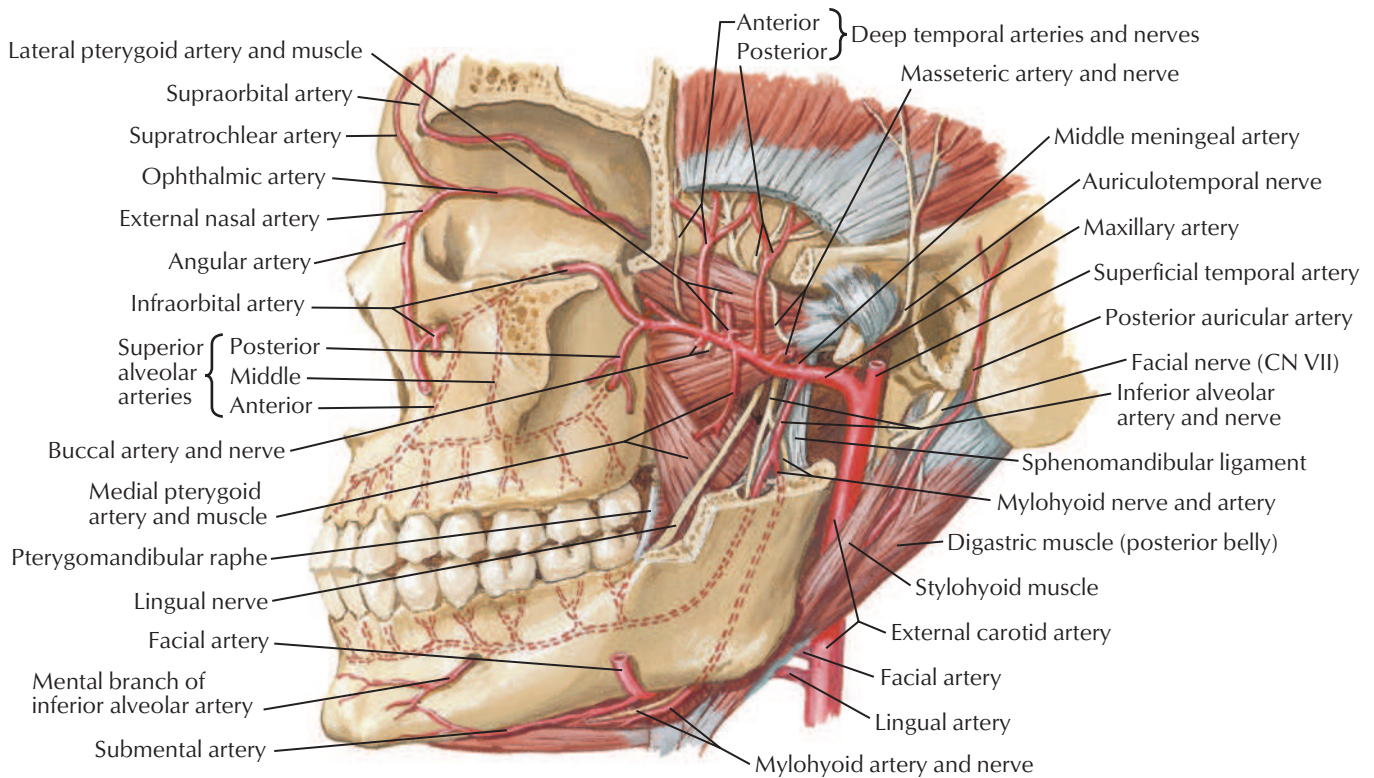
Posterior view



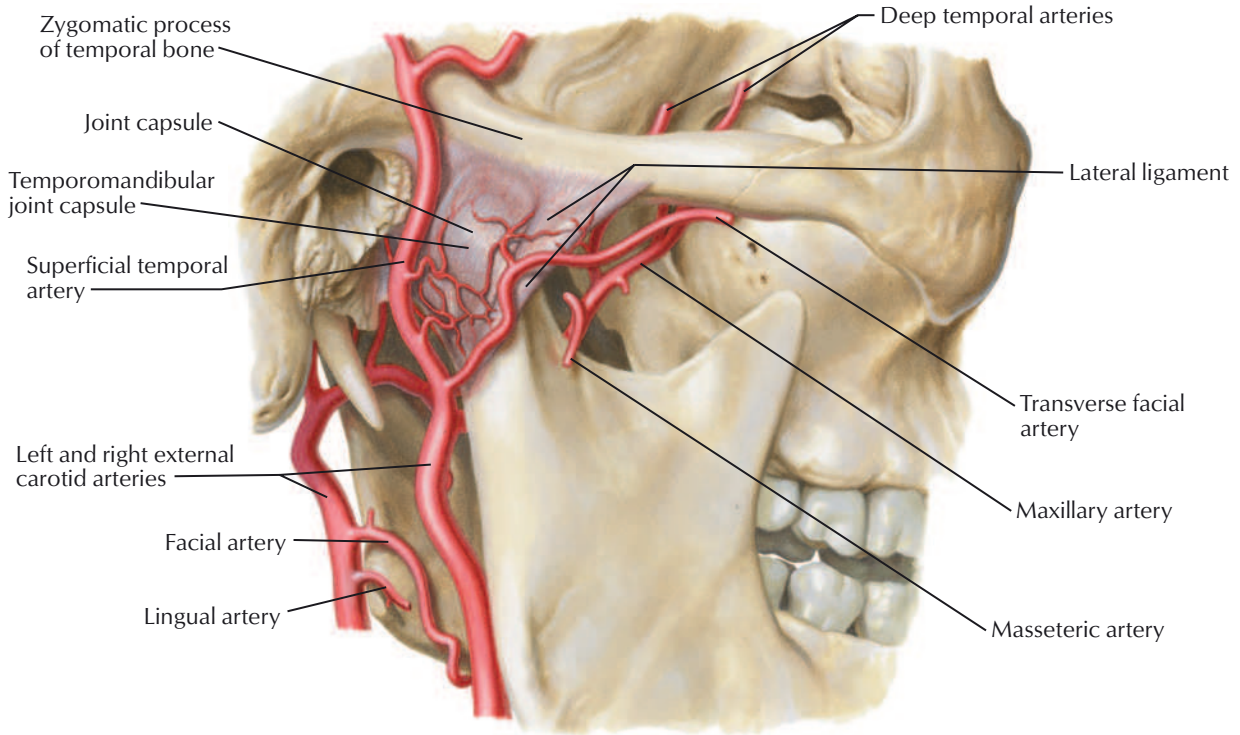
F. Netter M.D.

Maxillary Artery

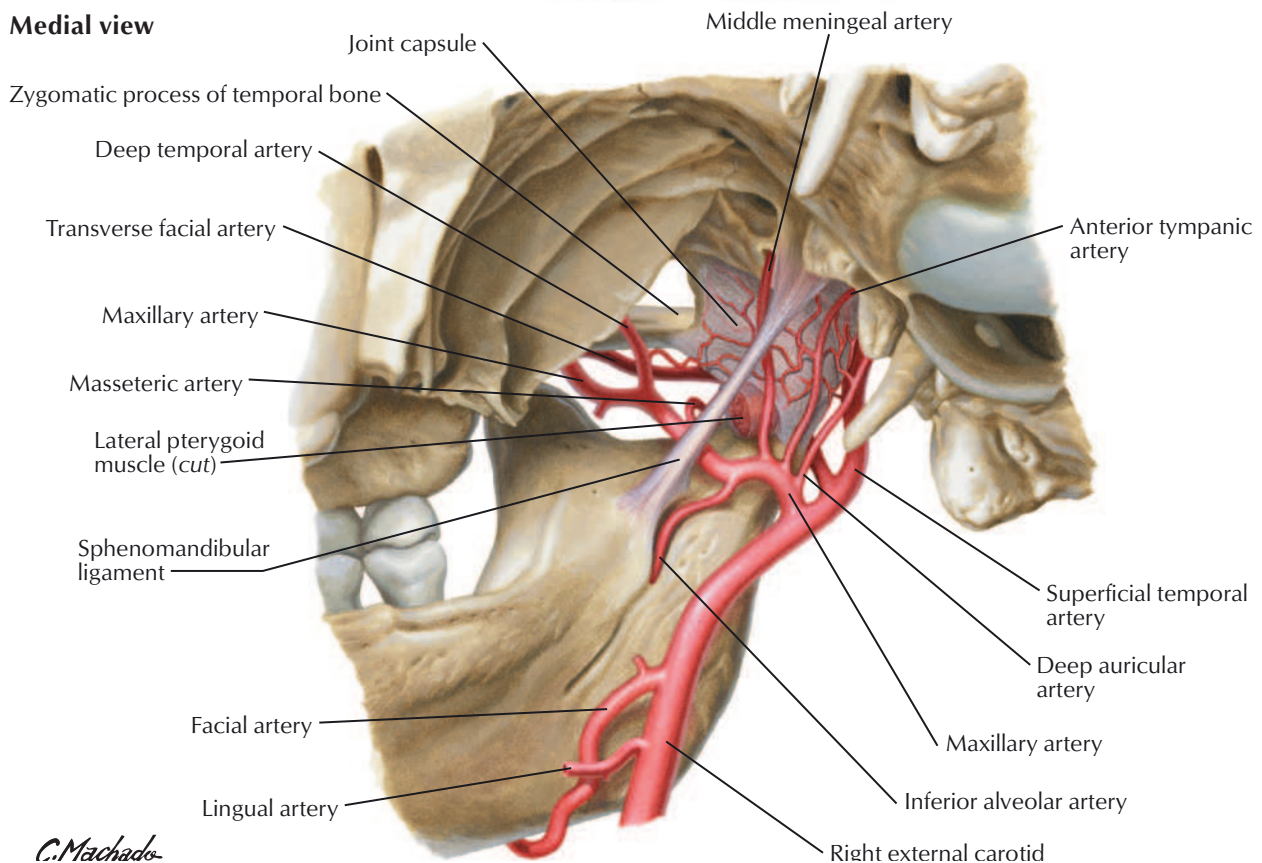
See also **Plates 63, 83**



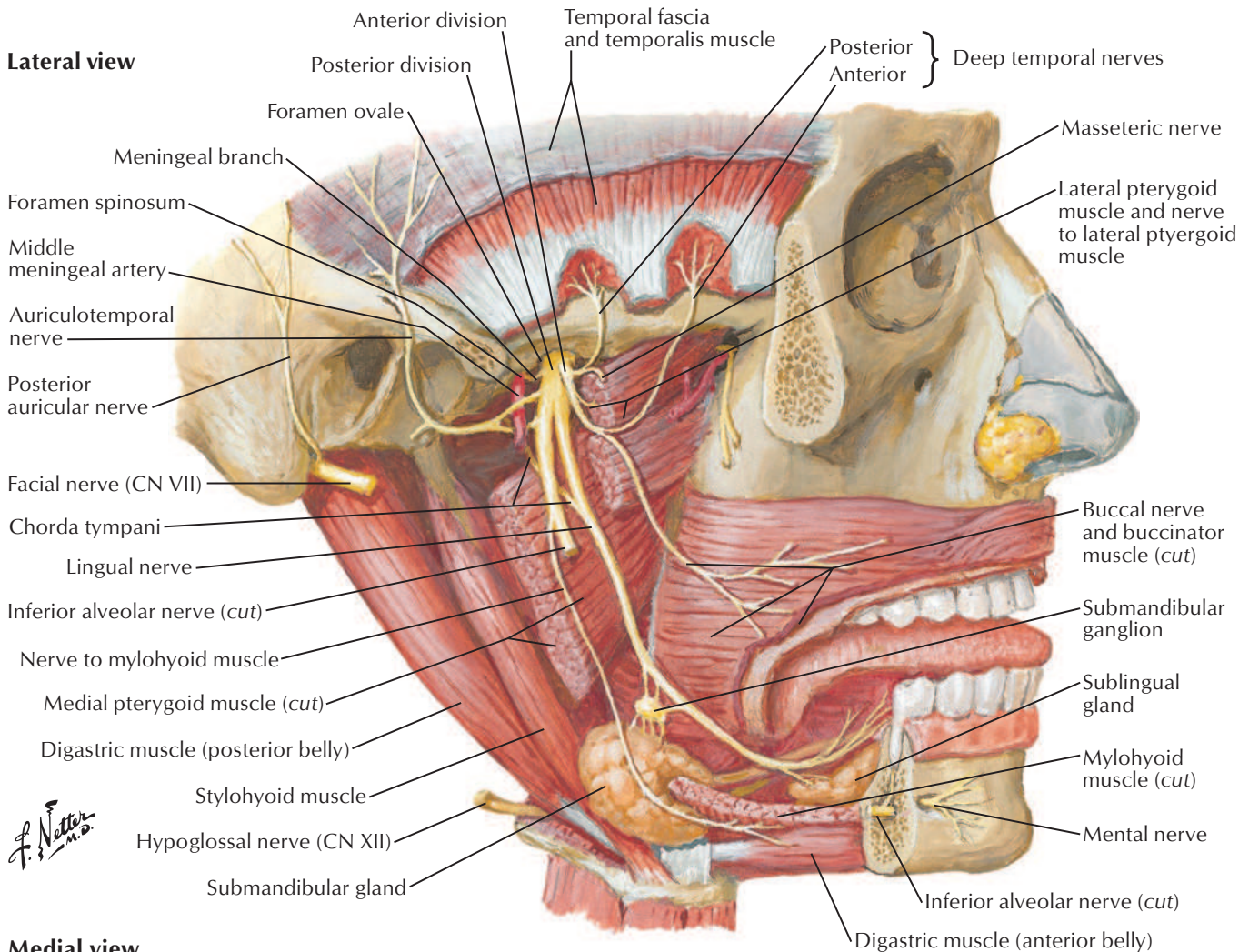
Lateral view



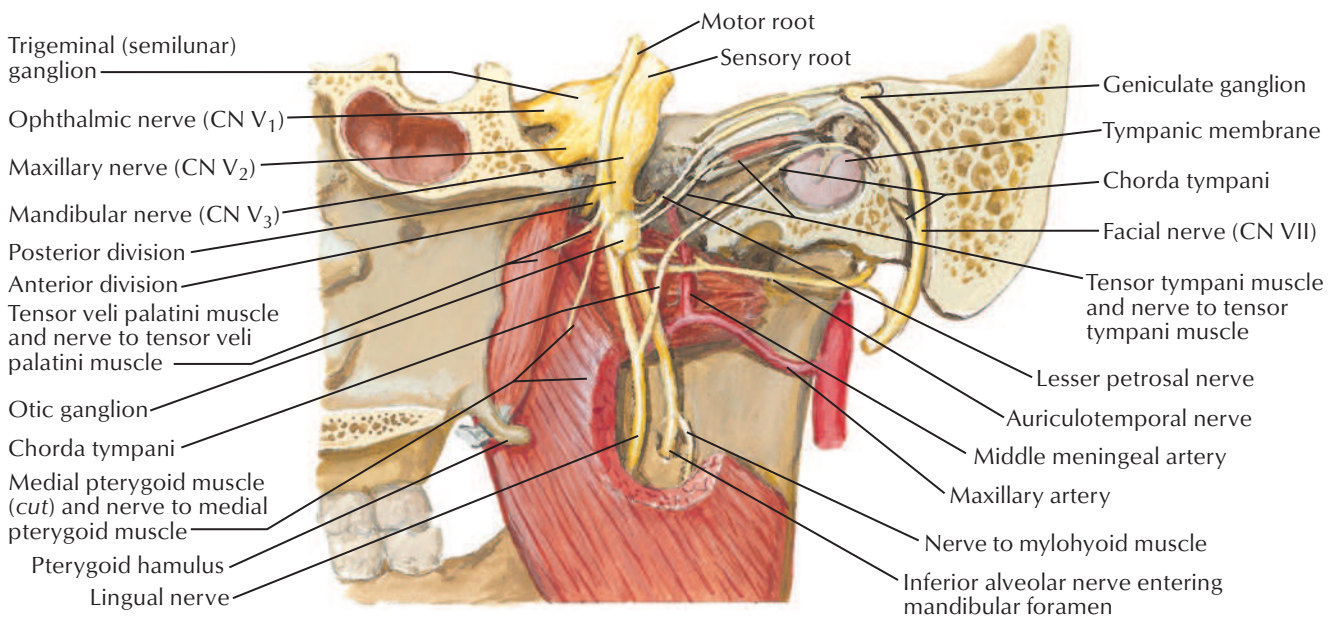
Medial view

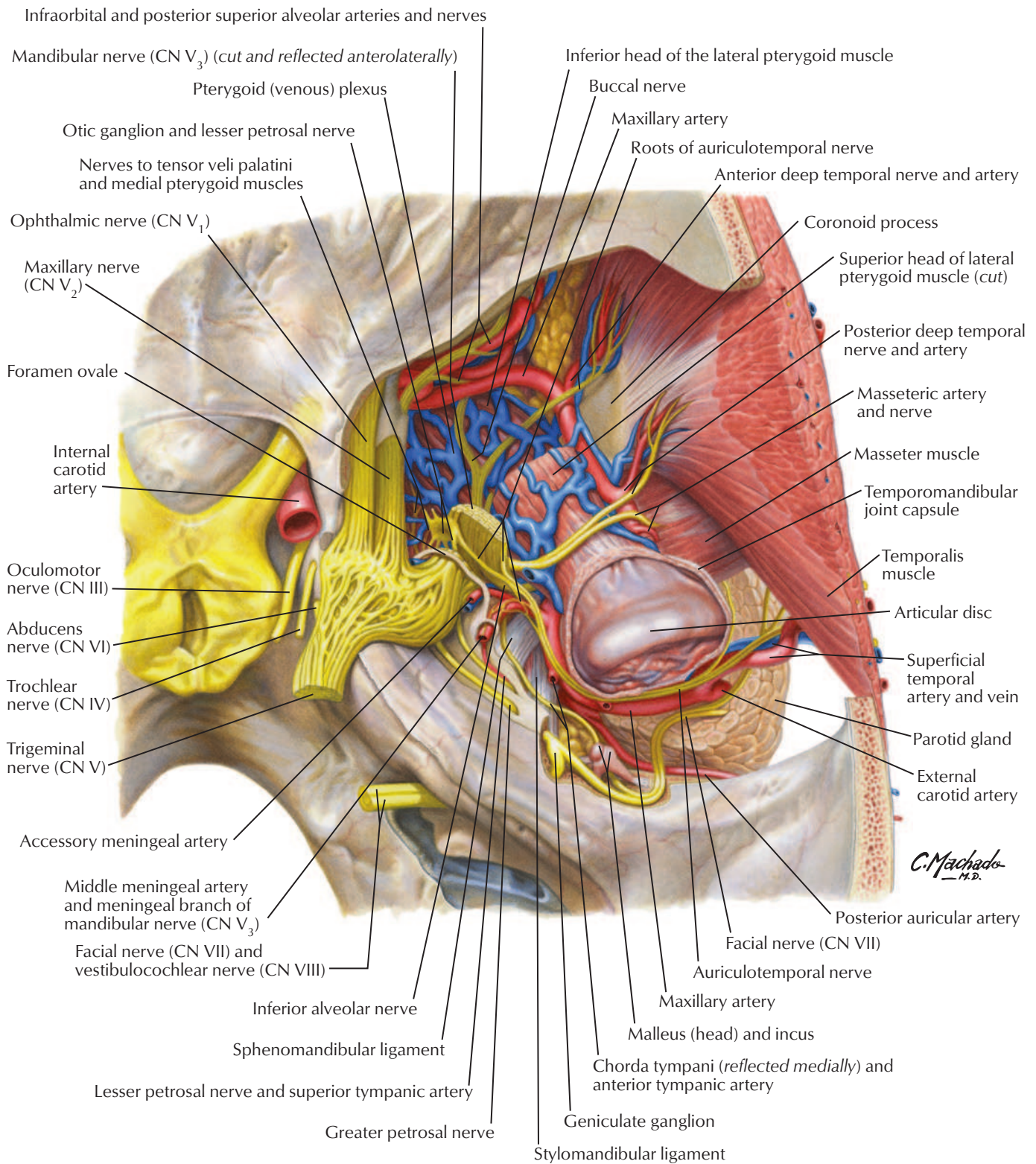


C. Machado



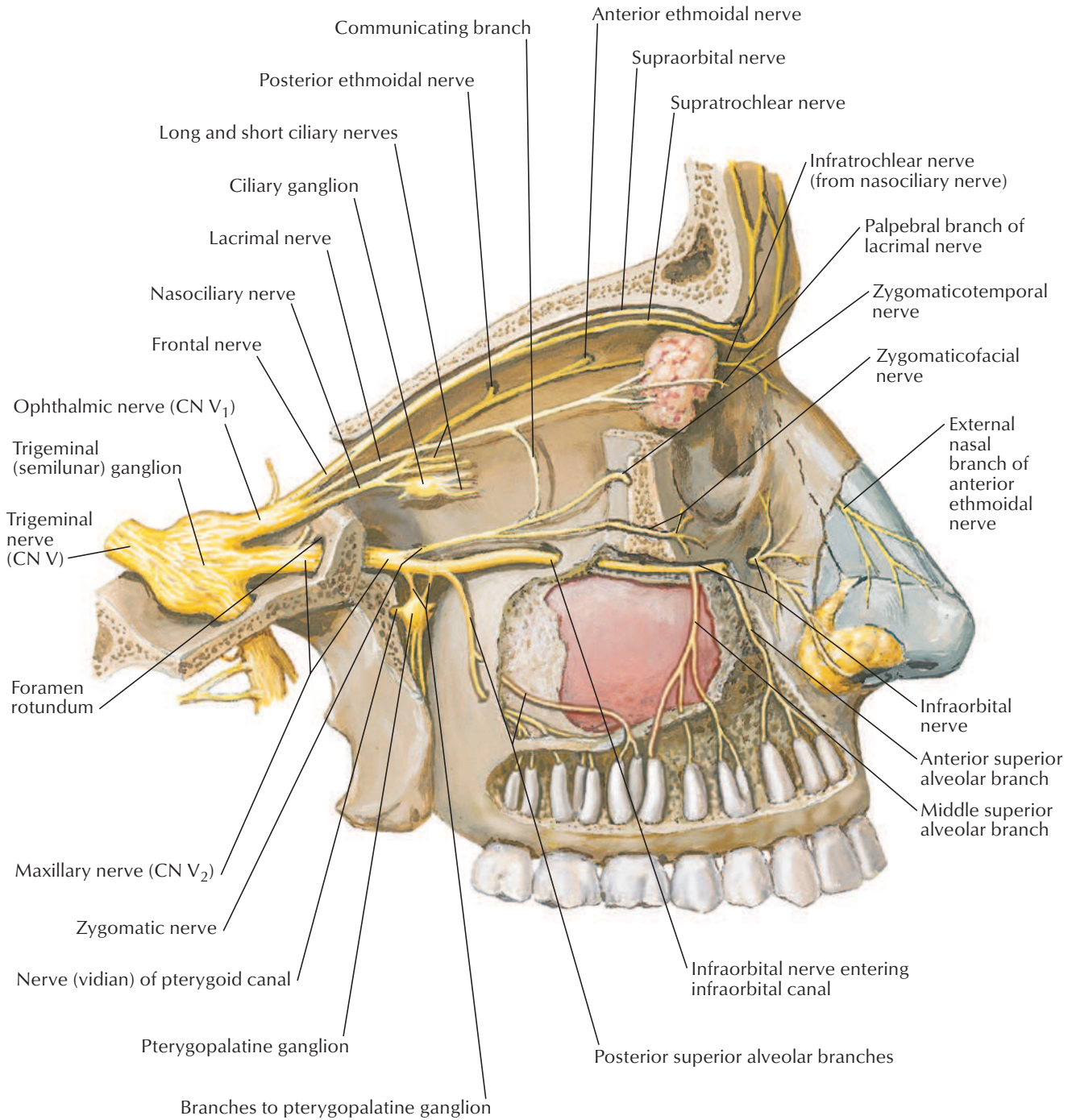
Medial view

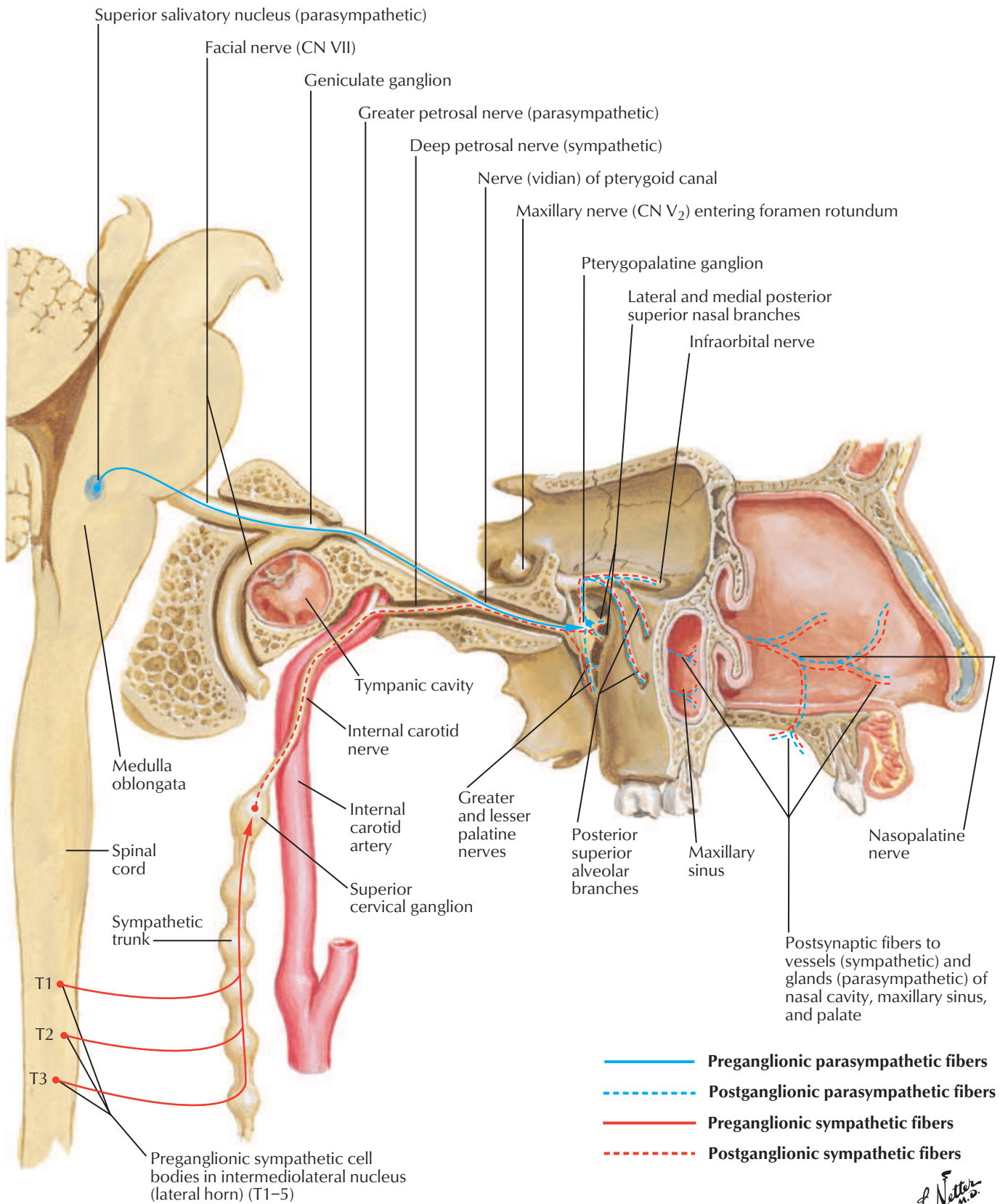


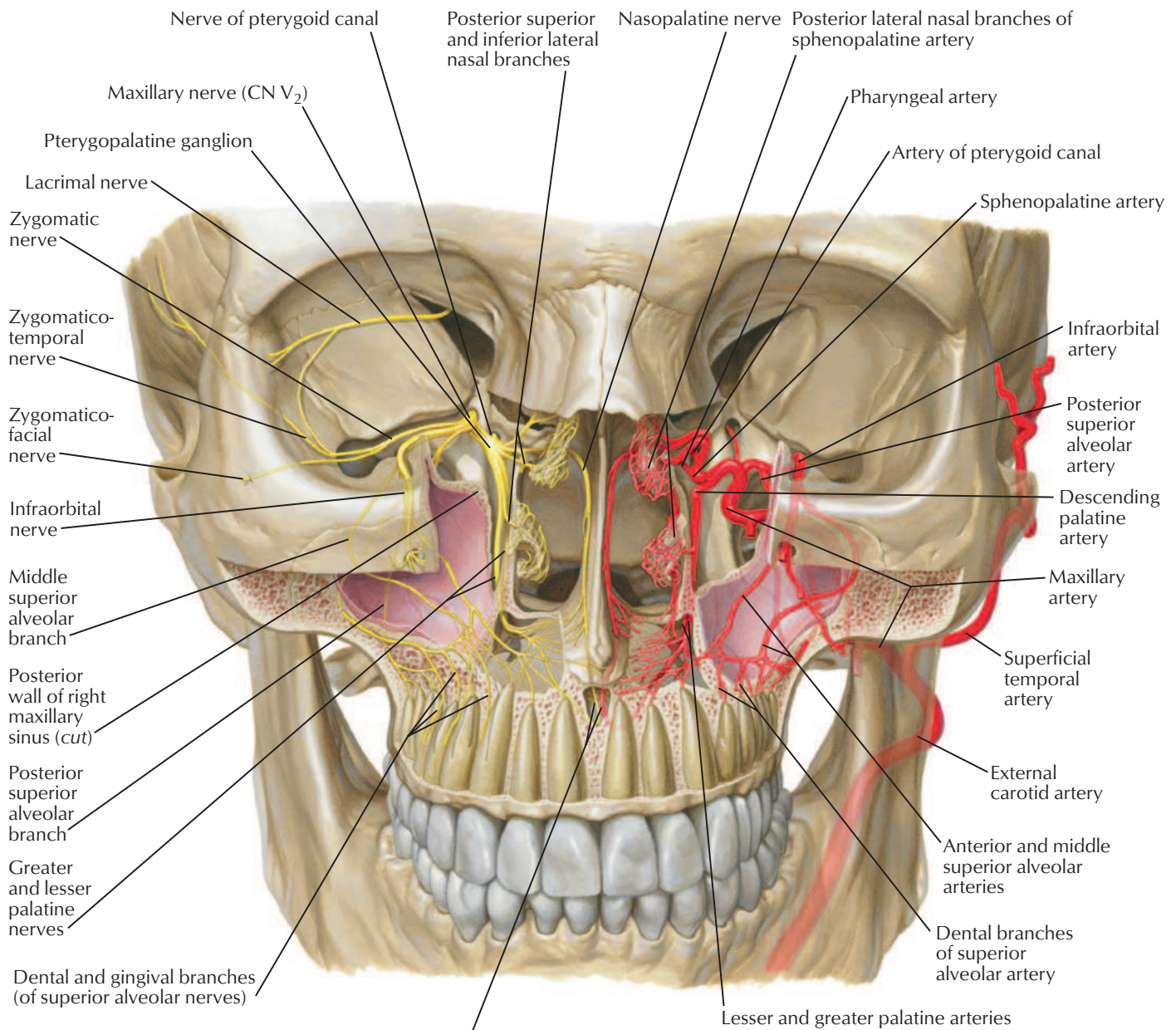


Ophthalmic (CN V₁) and Maxillary (CN V₂) Nerves

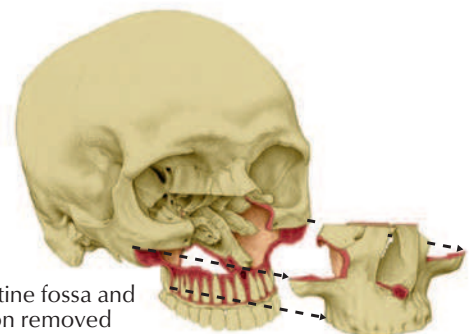
See also [Plates 63, 66](#)





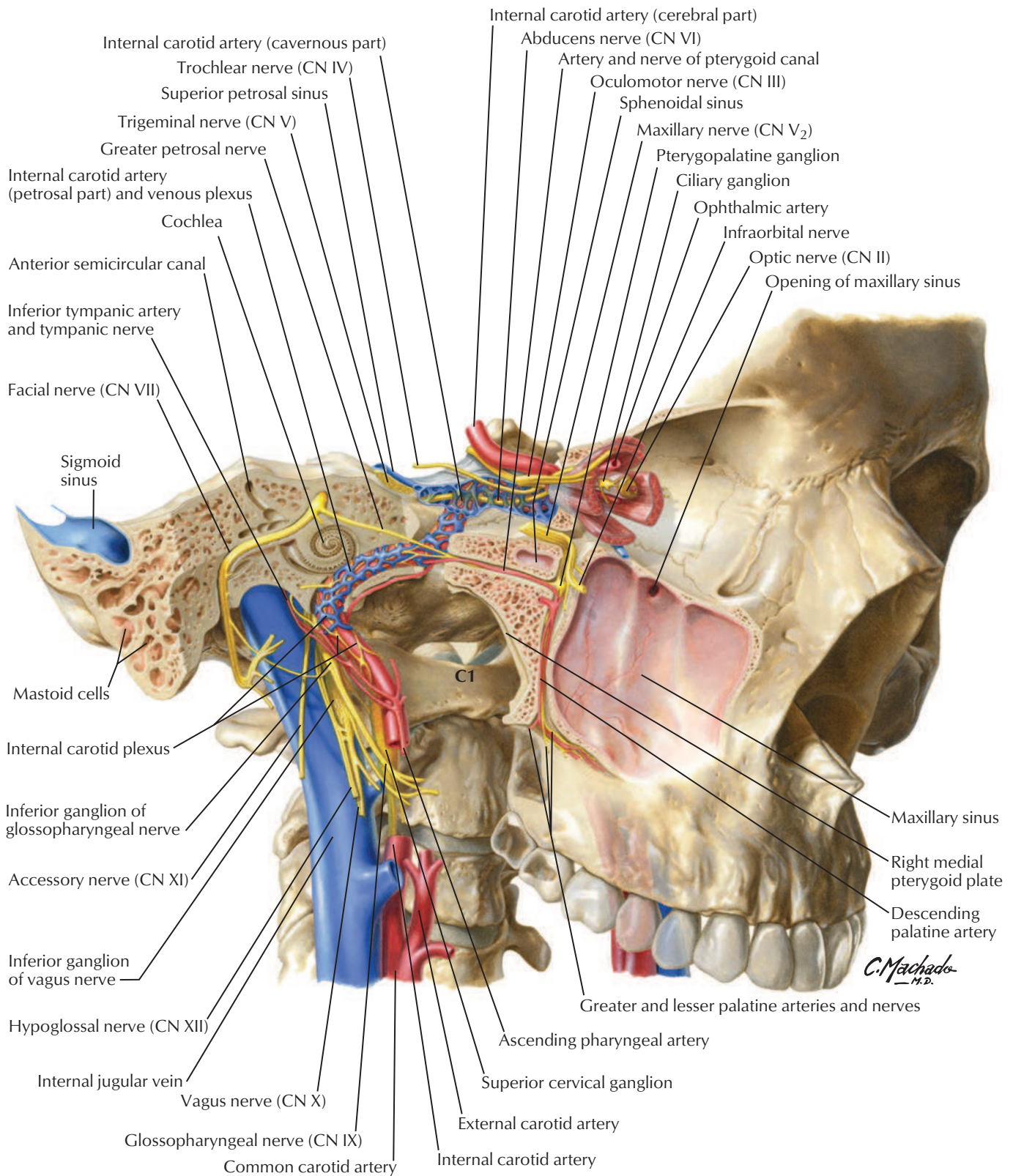


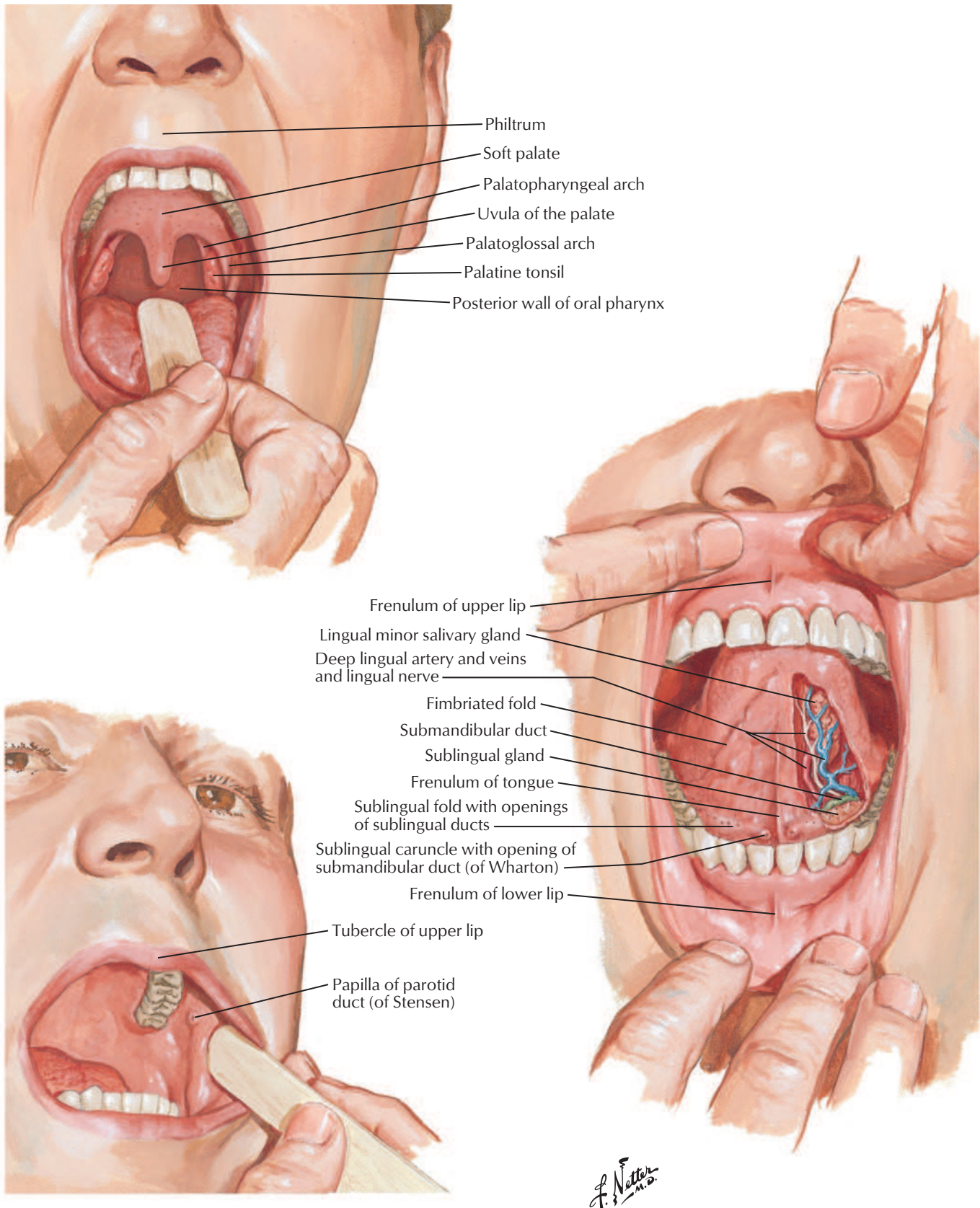
Communication between greater palatine and nasopalatine nerves, and anastomosis between posterior septal branch of sphenopalatine artery and greater palatine artery in incisive canal

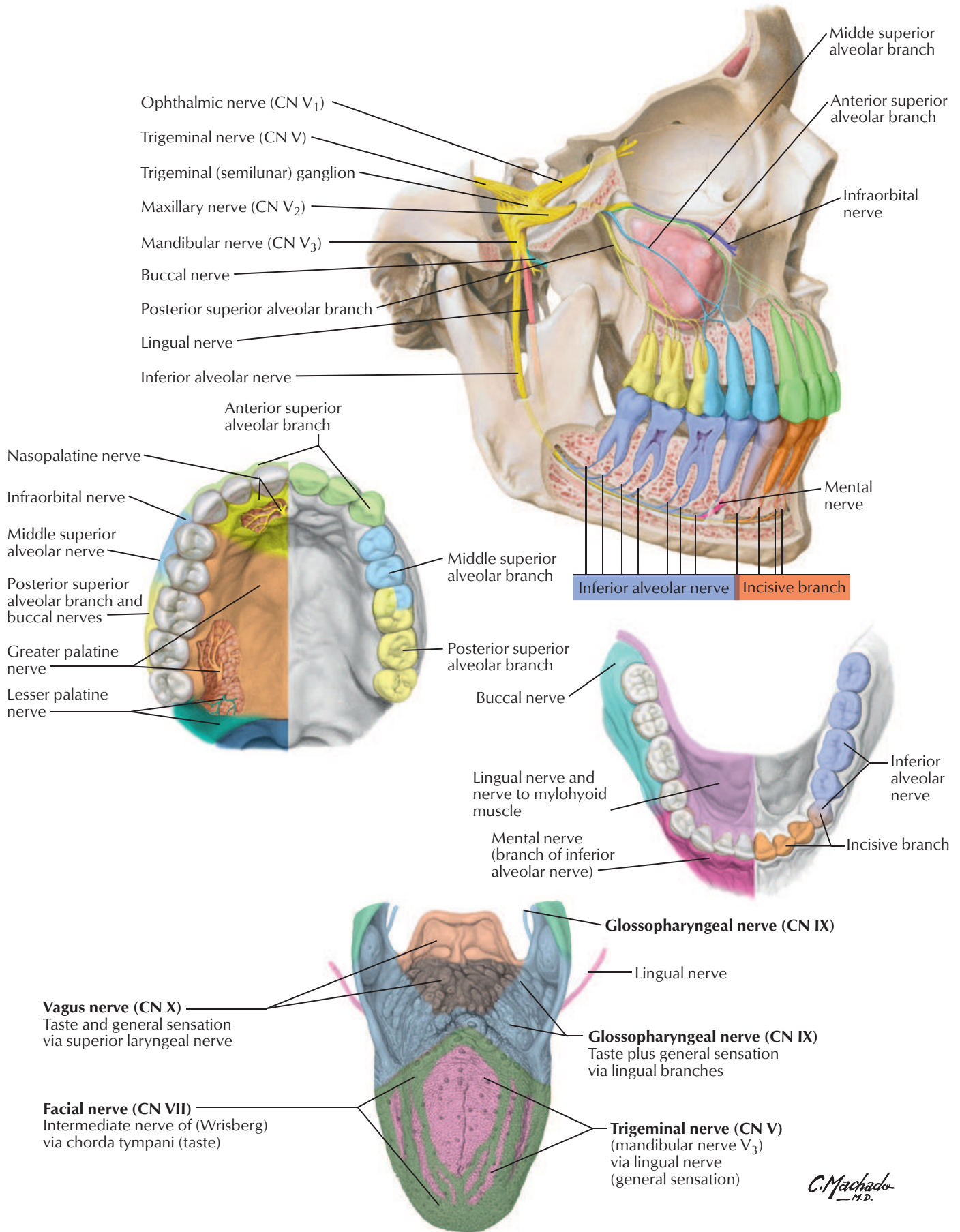


Anterior perspective of pterygopalatine fossa and nasal cavity with lower facial skeleton removed

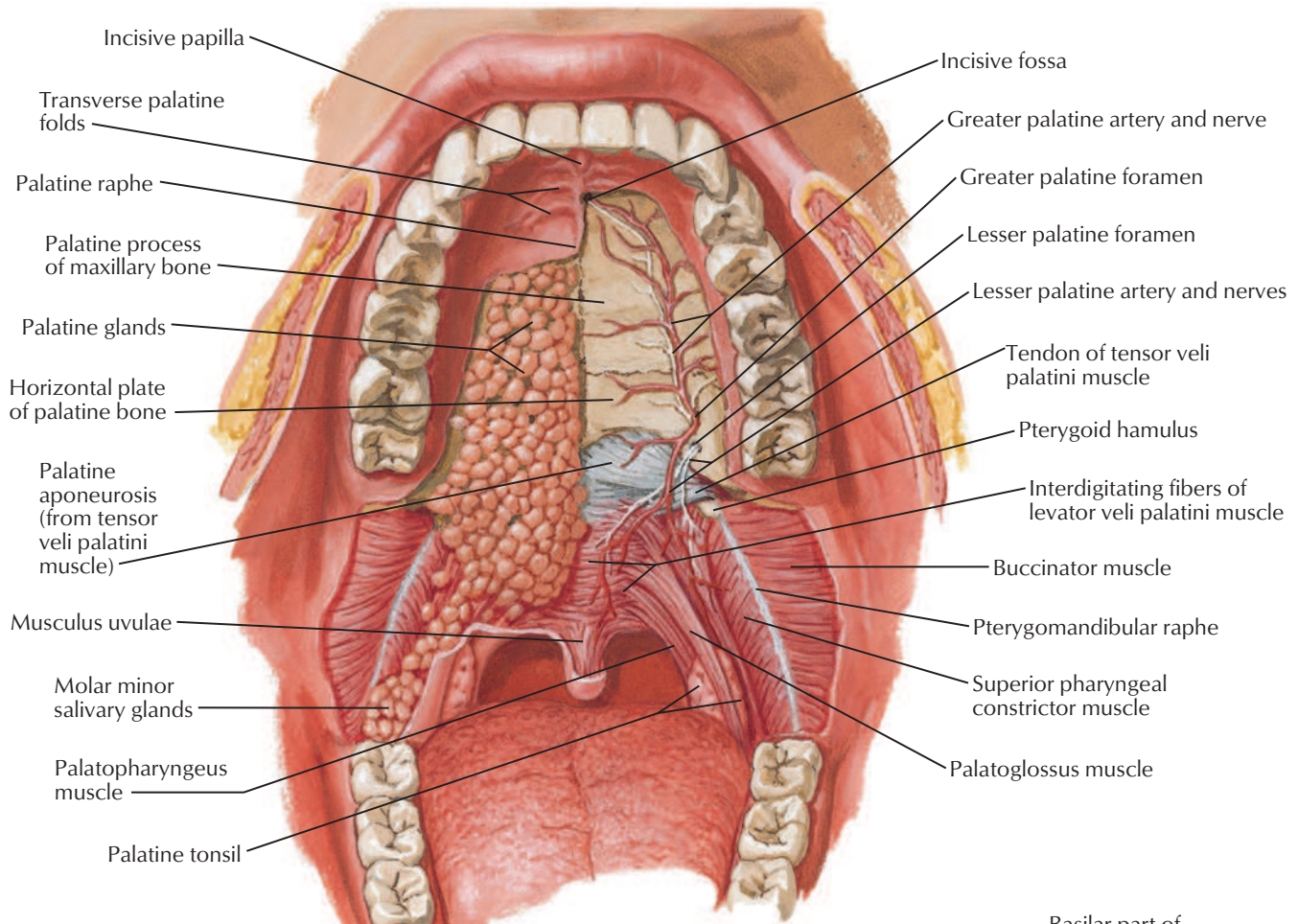
C. Machado
—M.D.



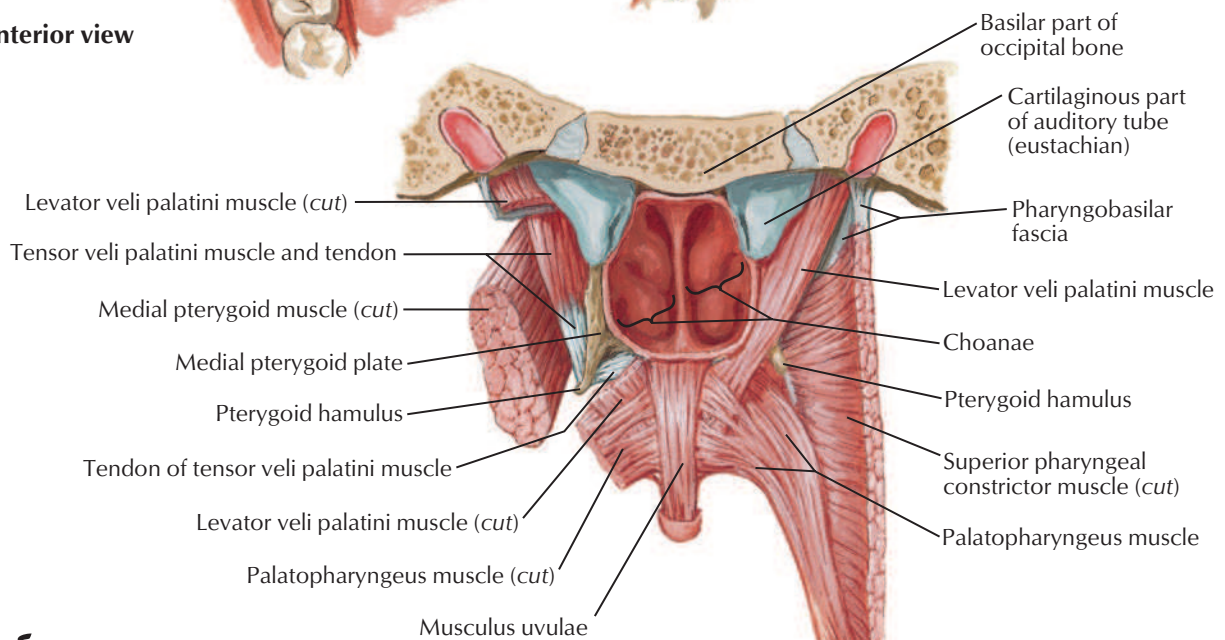




C. Machado
M.D.

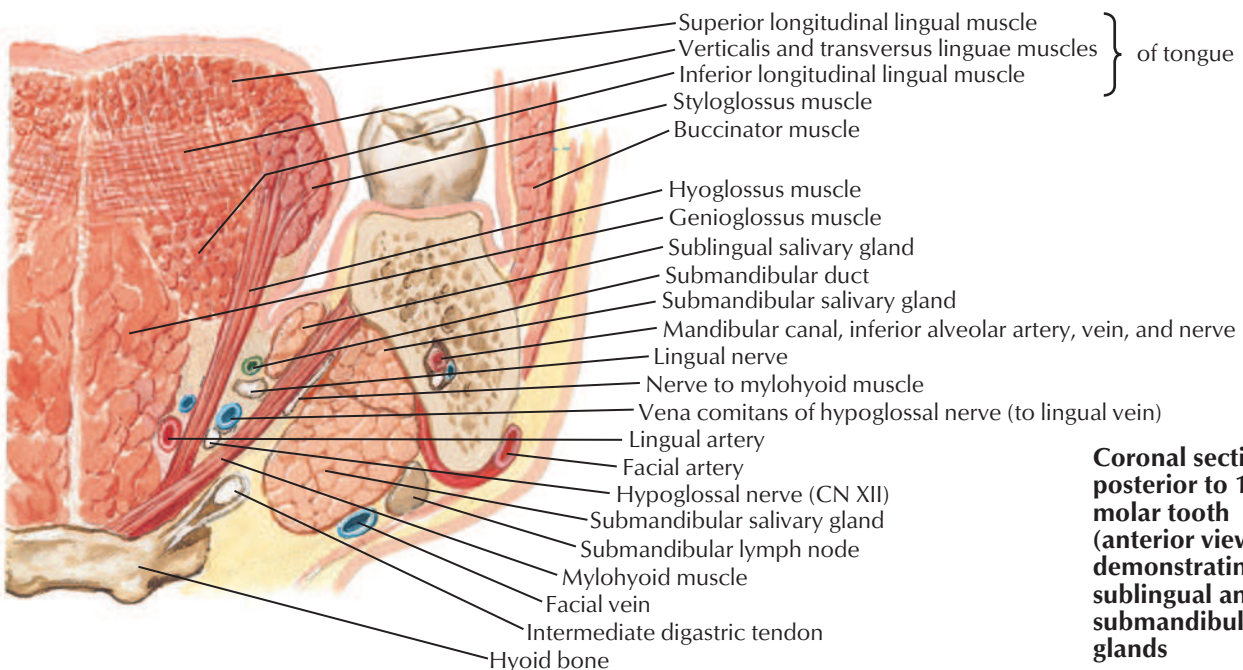
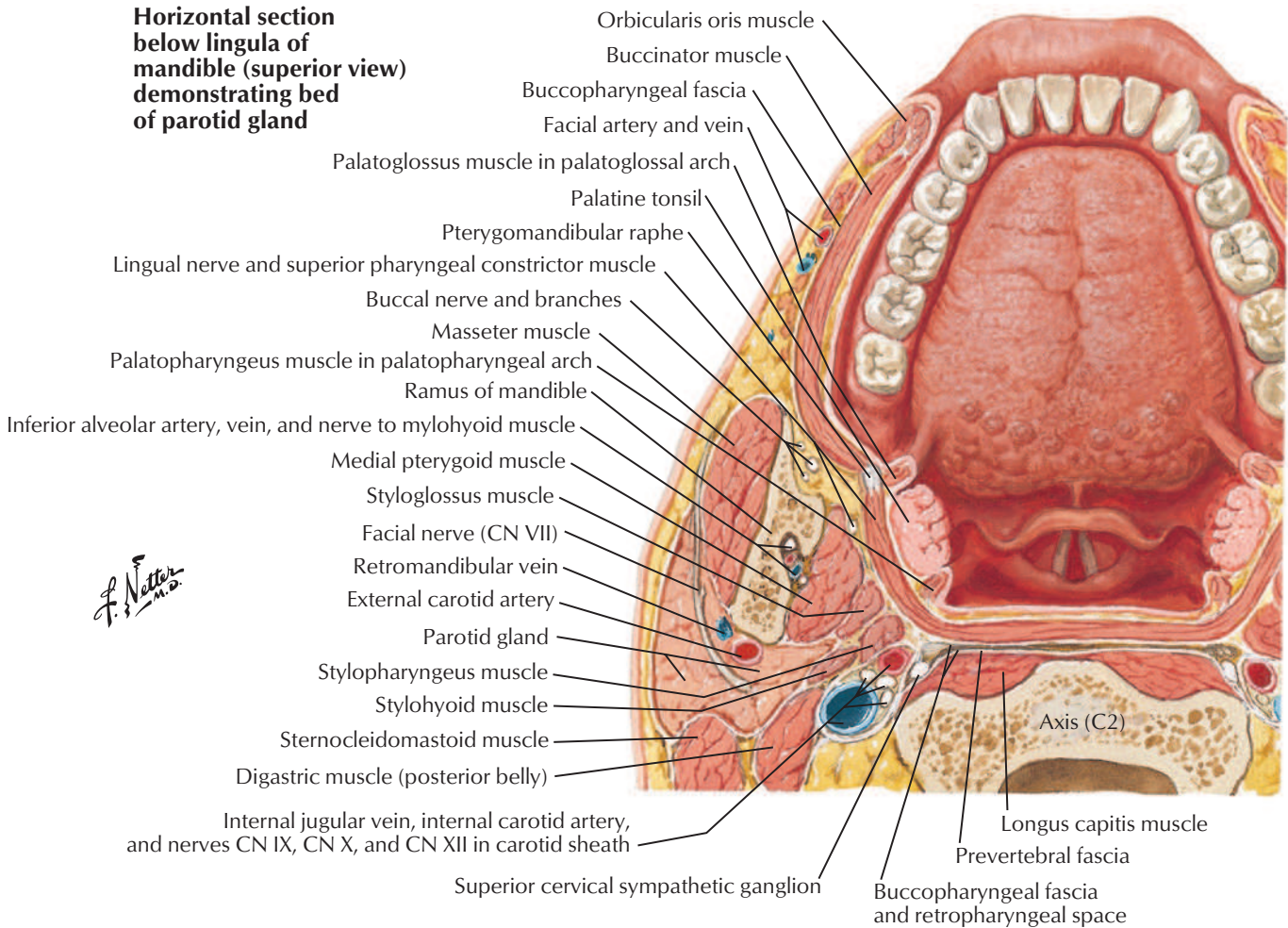


Anterior view



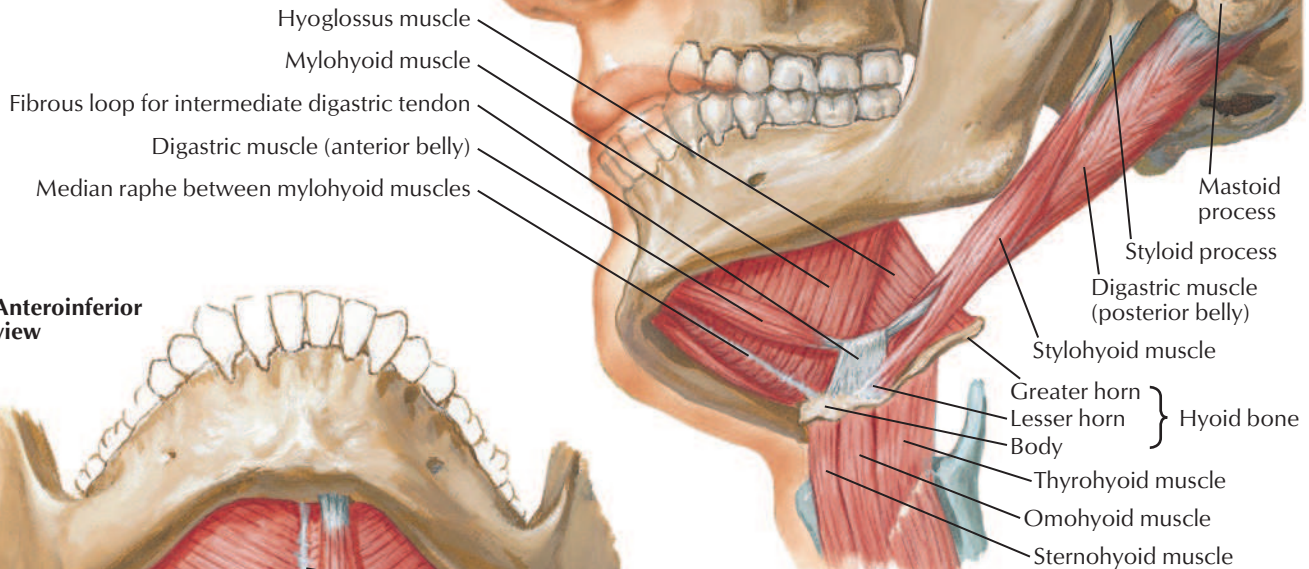
Posterior view

Horizontal section below lingula of mandible (superior view) demonstrating bed of parotid gland

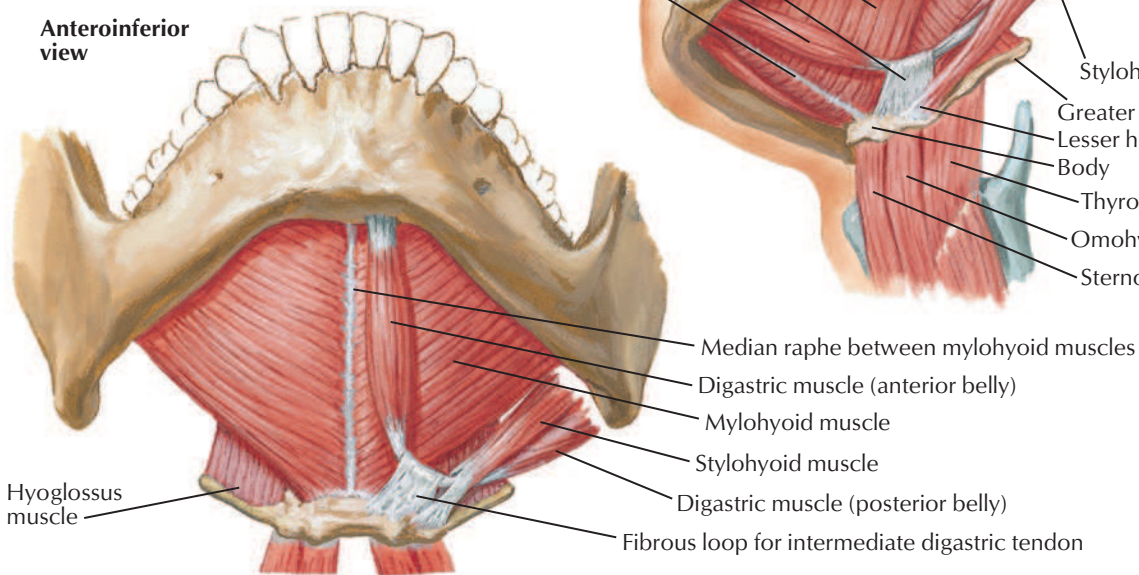


Coronal section posterior to 1st molar tooth (anterior view) demonstrating sublingual and submandibular glands

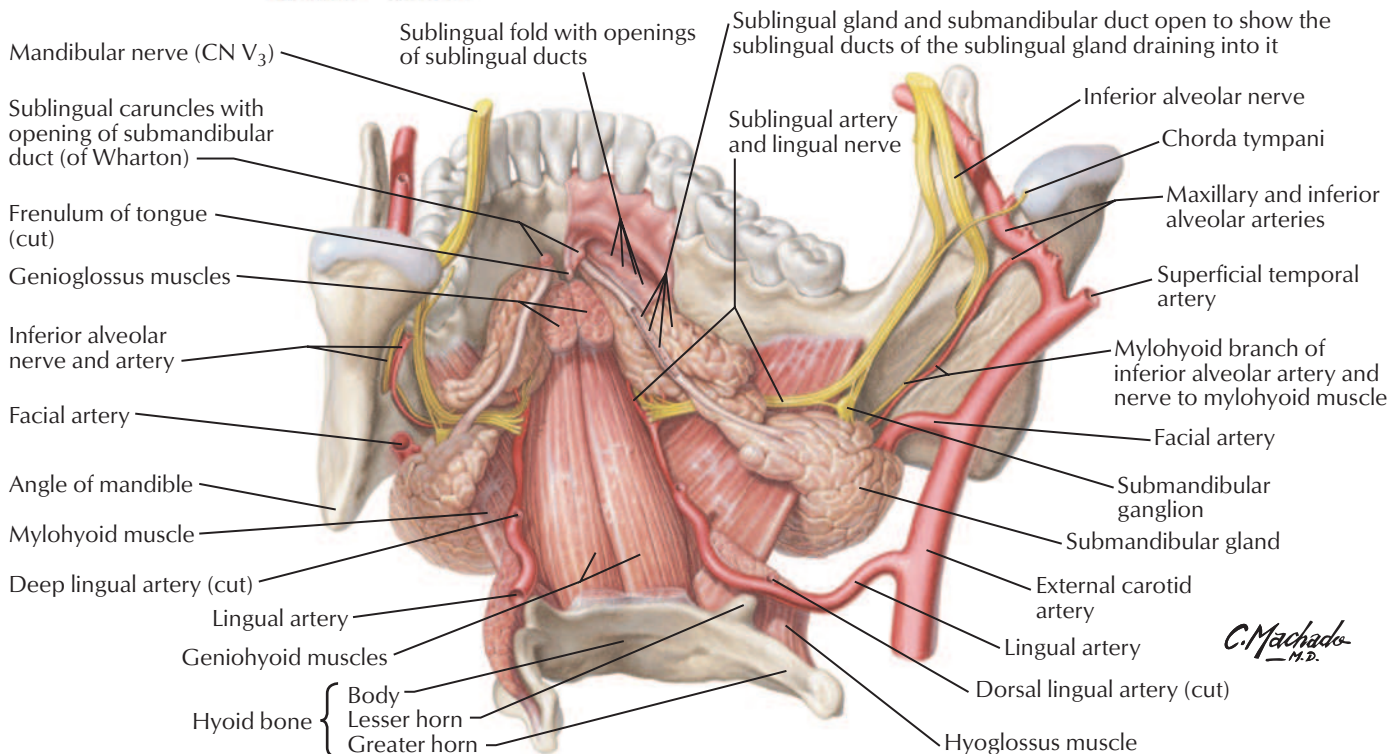
Lateral, slightly inferior view



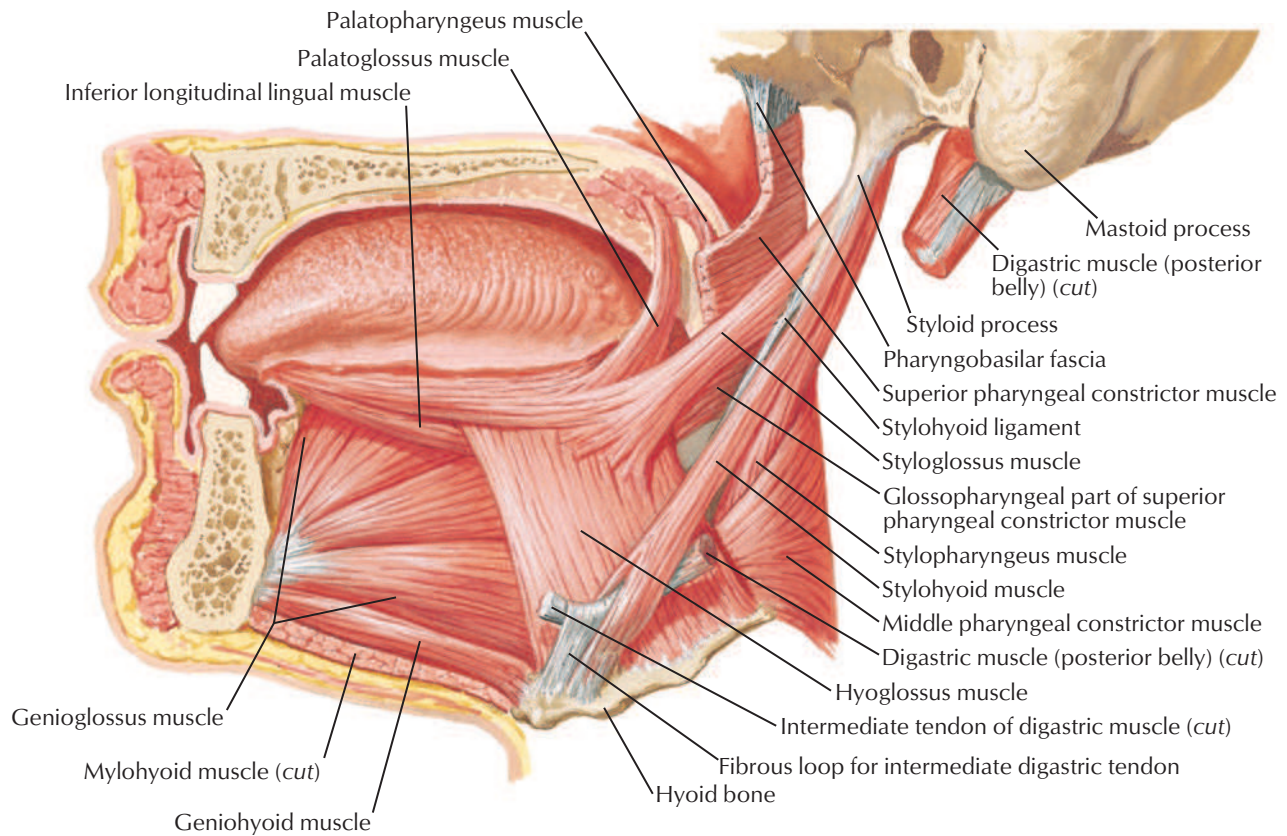
Anteroinferior view



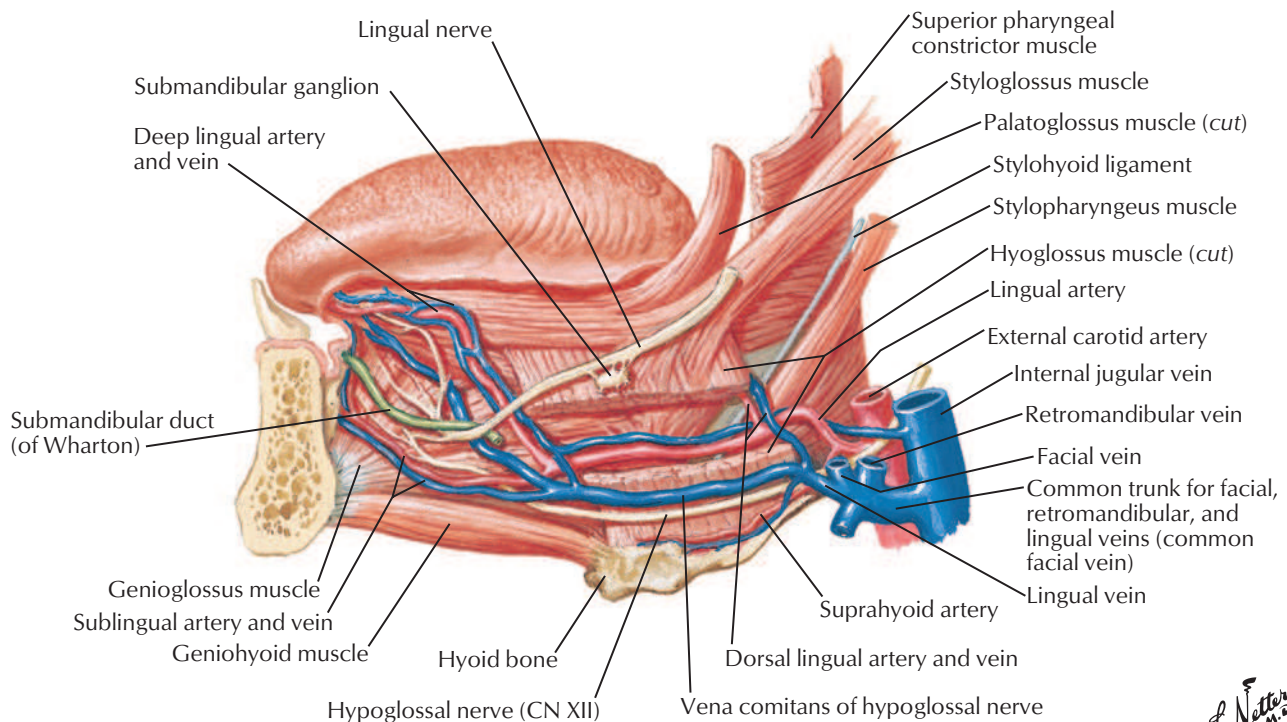
F. Netter M.D.



C. Machado M.D.

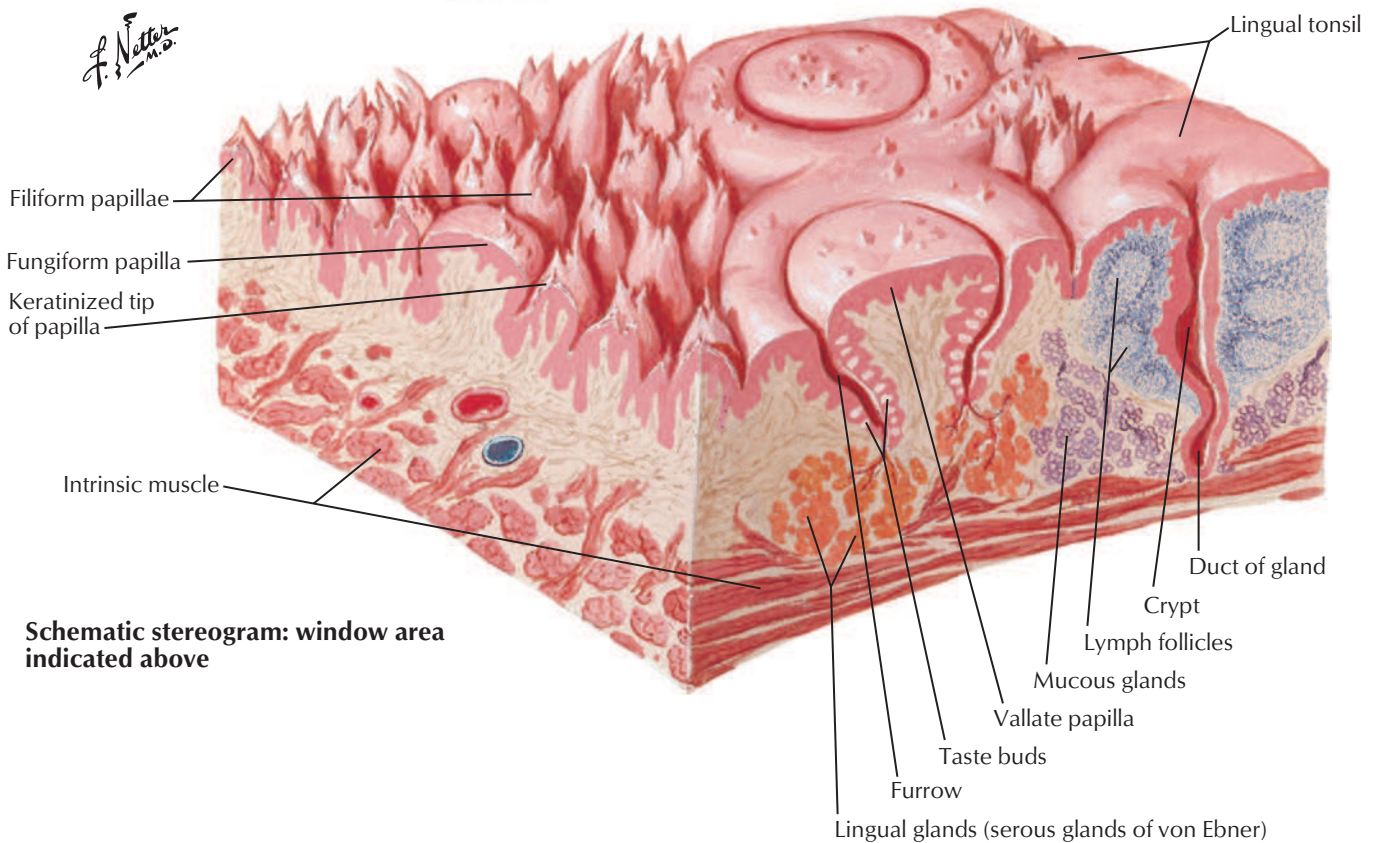
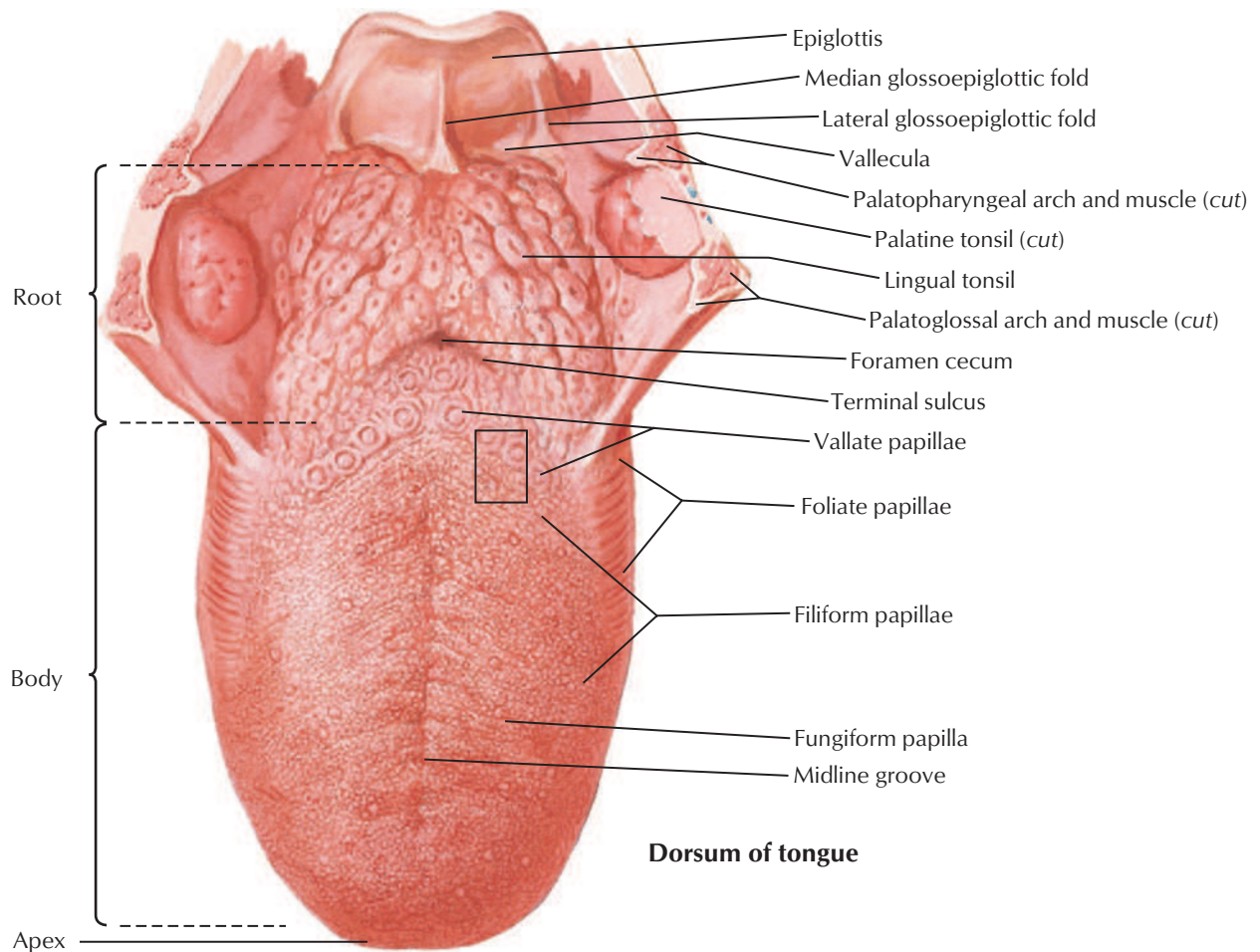


Lateral view (left side of mandible removed)

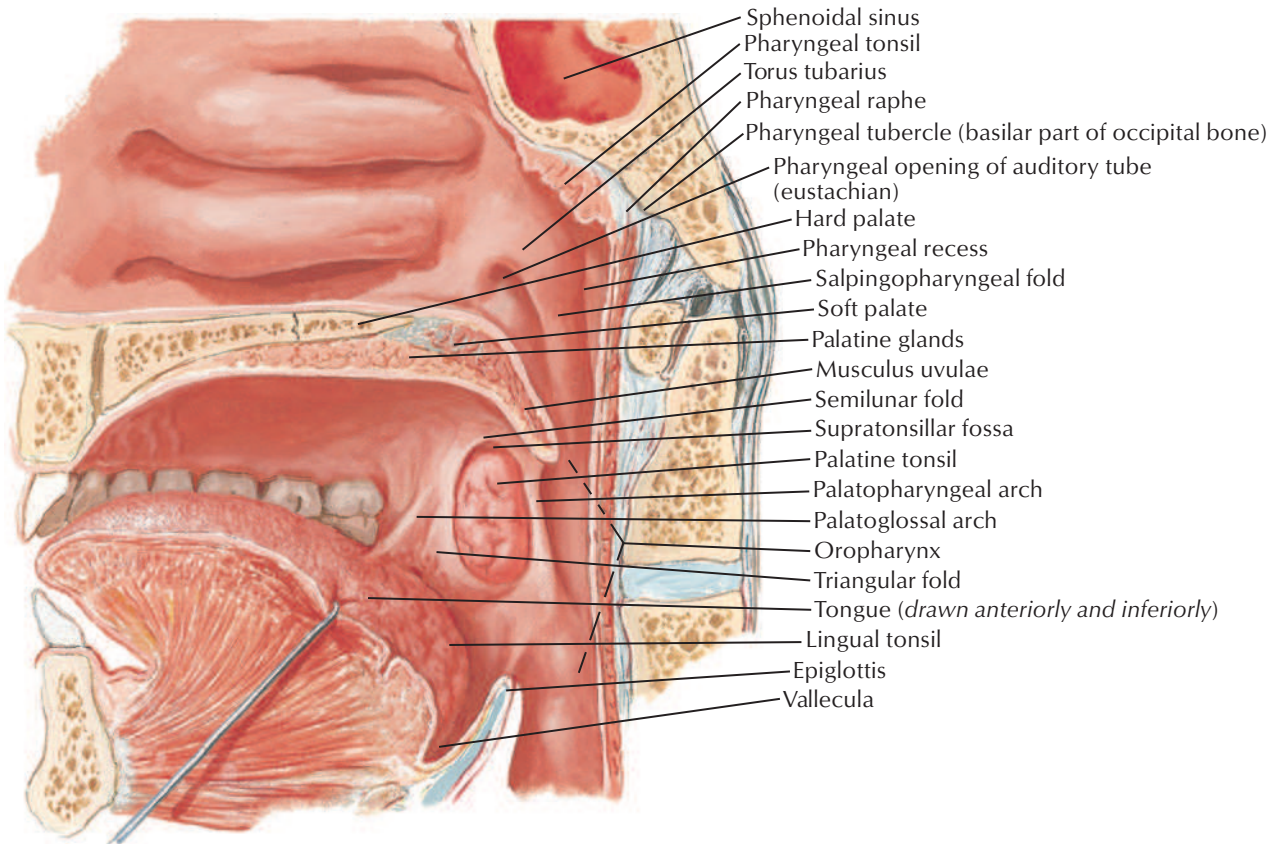


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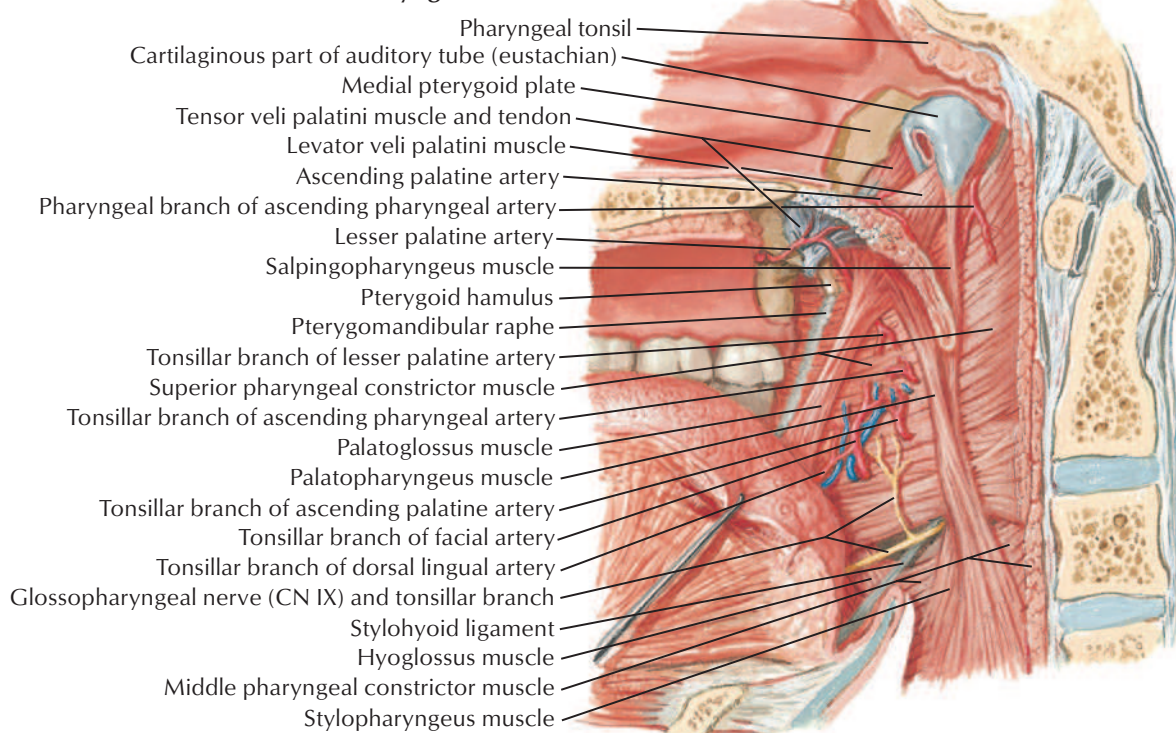
Tongue (continued)



**Medial view
sagittal section**



Pharyngeal mucosa removed



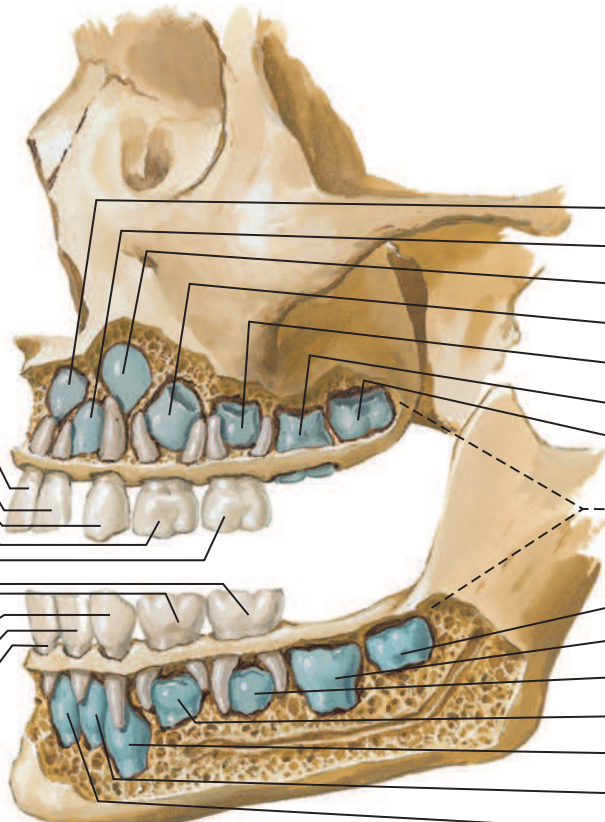
*F. Netter
M.D.*

**Deciduous
(primary)
Usual age of
eruption**

**Permanent
(colored blue)
Usual age of
eruption**

- Central incisor (8–10 months)
- Lateral incisor (8–10 months)
- Canine (cuspid) (16–20 months)
- 1st molar (15–21 months)
- 2nd molar (20–24 months)
- 2nd molar (20–24 months)
- 1st molar (15–21 months)
- Canine (cuspid) (16–20 months)
- Lateral incisor (15–21 months)
- Central incisor (6–9 months)

- Central incisor (7th year)
- Lateral incisor (8th year)
- Canine (cuspid) (11th–12th year)
- 1st premolar (9th year)
- 2nd premolar (10th year)
- 1st molar (6th year)
- 2nd molar (12th–13th year)
- 3rd molars (17th–25th year)
- 2nd molar (12th–13th year)
- 1st molar (6th year)
- 2nd premolar (10th year)
- 1st premolar (9th year)
- Canine (cuspid) (11th–12th year)
- Lateral incisor (8th year)
- Central incisor (7th year)

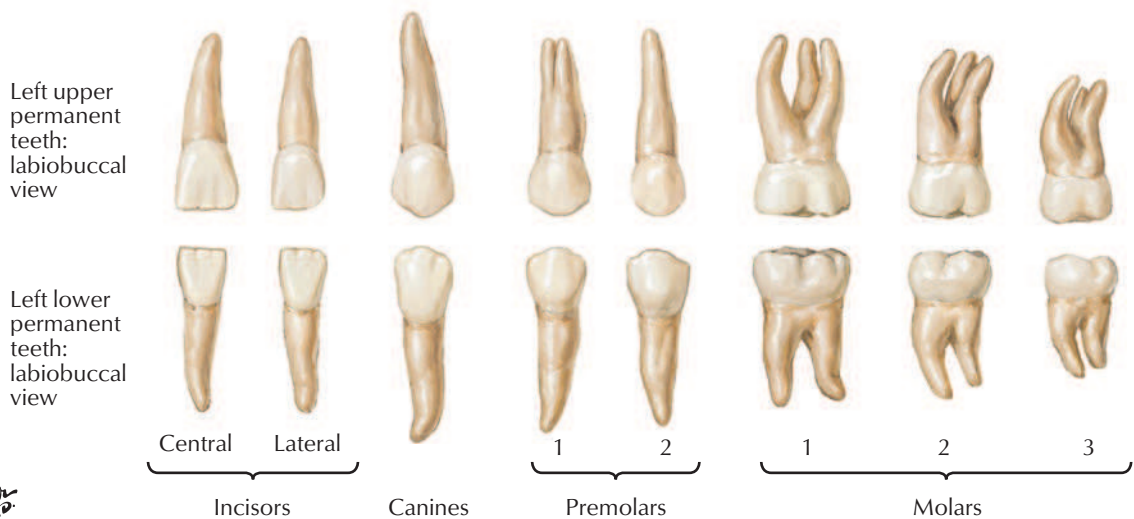
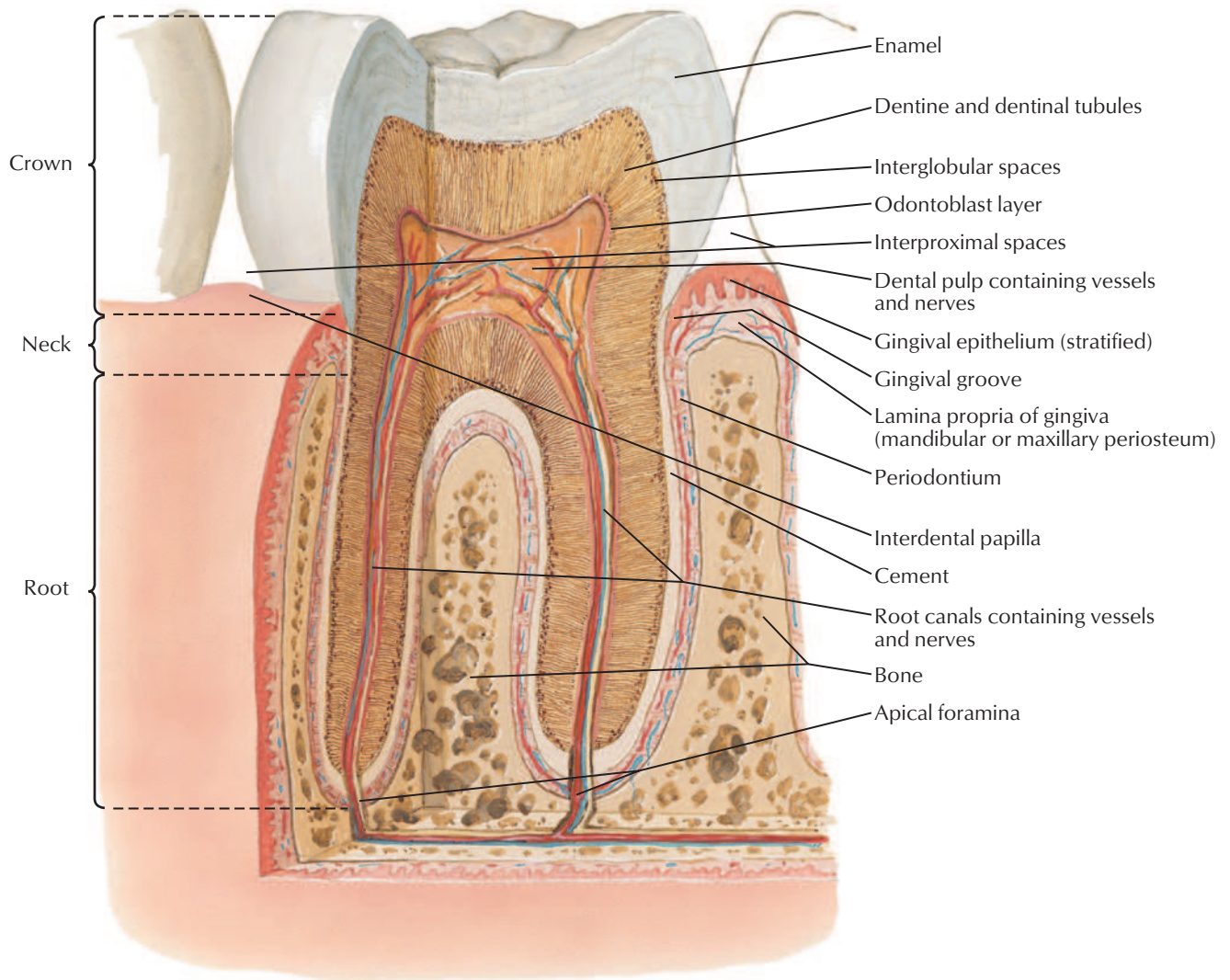


- Incisive fossa
- Palatine process of maxillary bone
- Horizontal plate of palatine bone

- Central incisors
- Lateral incisors
- Canines
- 1st premolars
- 2nd premolars
- 1st molars
- 2nd molars
- 3rd molars
- Greater and lesser palatine foramina

Upper permanent teeth

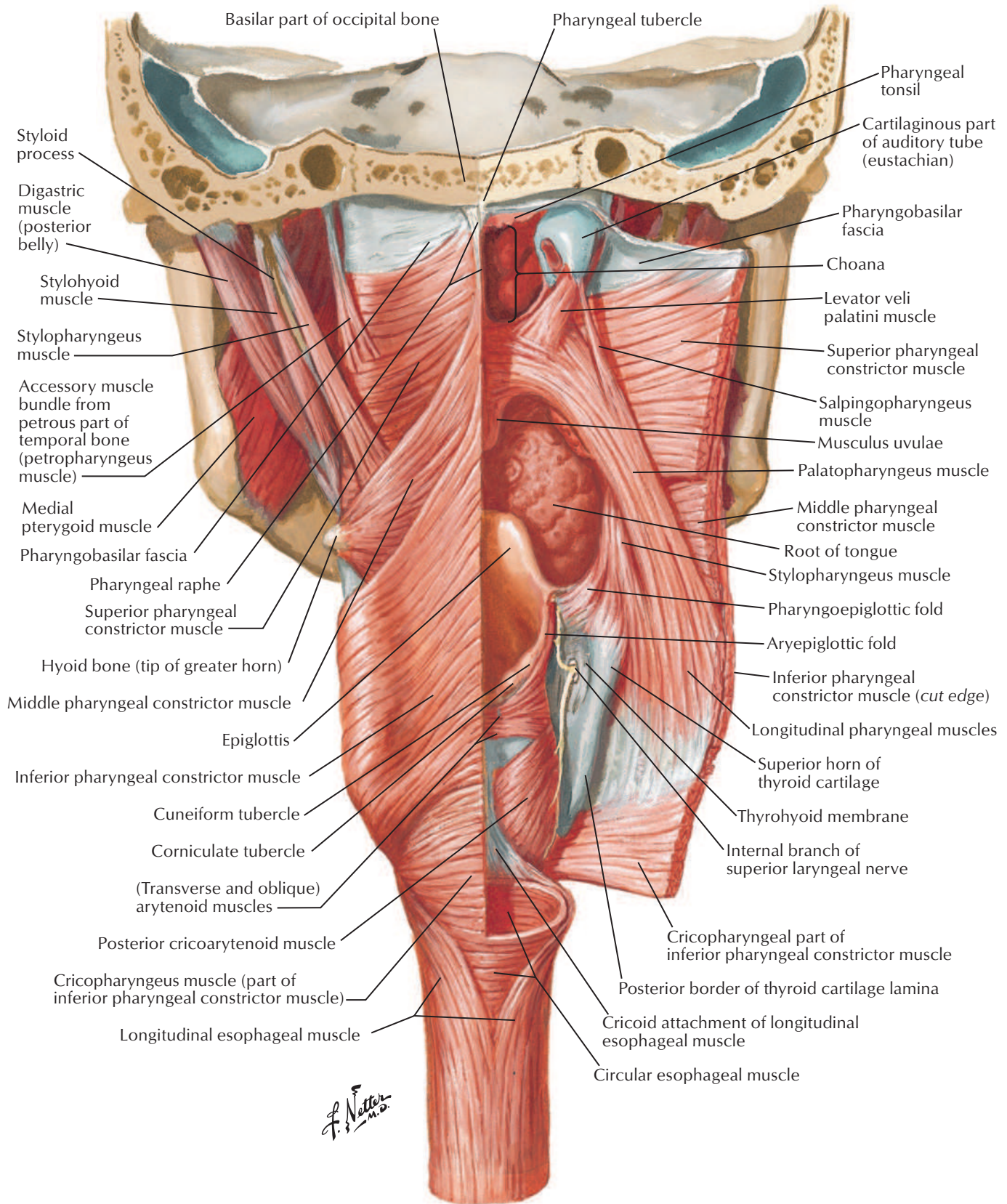
Lower permanent teeth

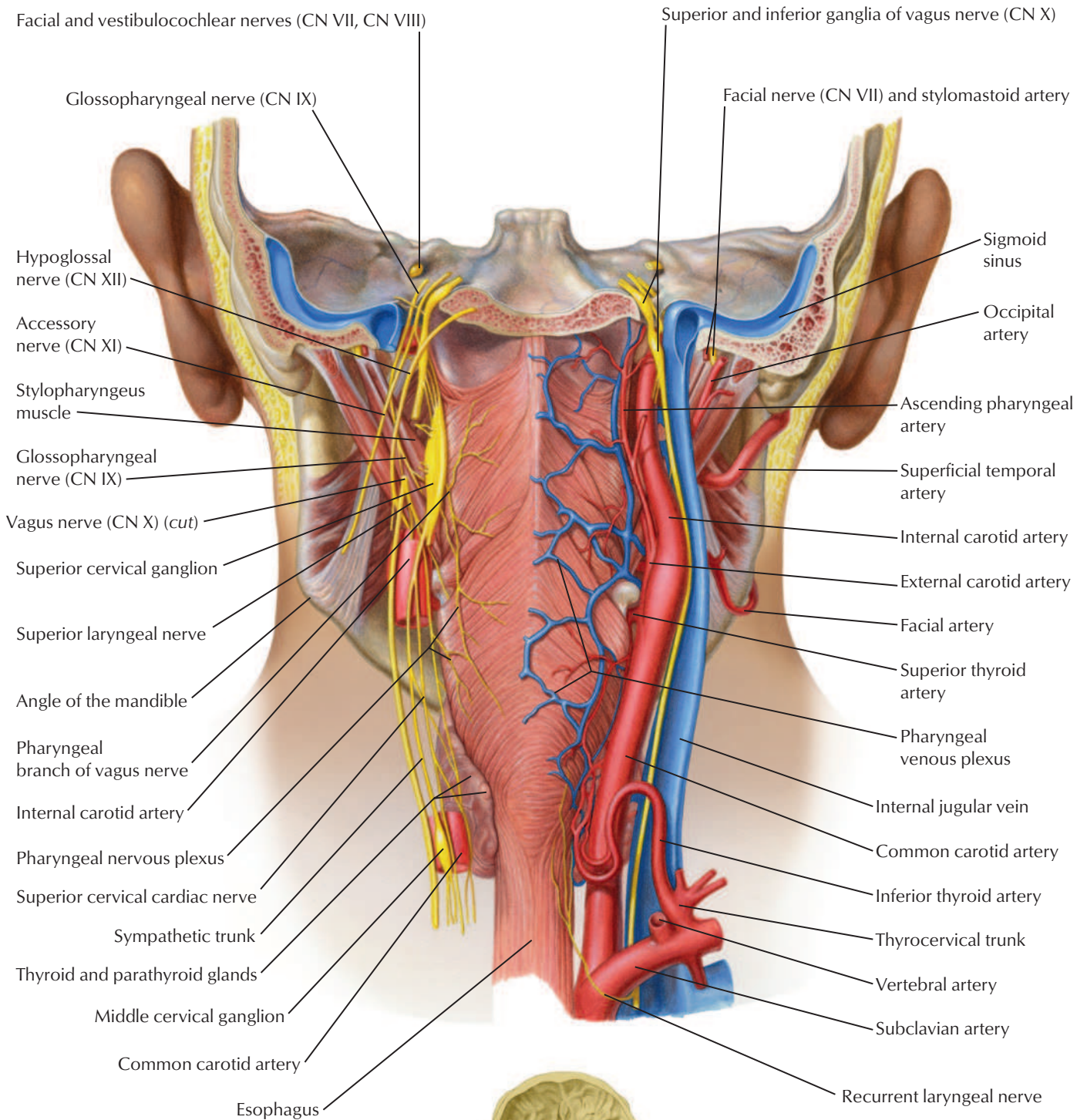


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Muscles of Pharynx: Partially Opened Posterior View

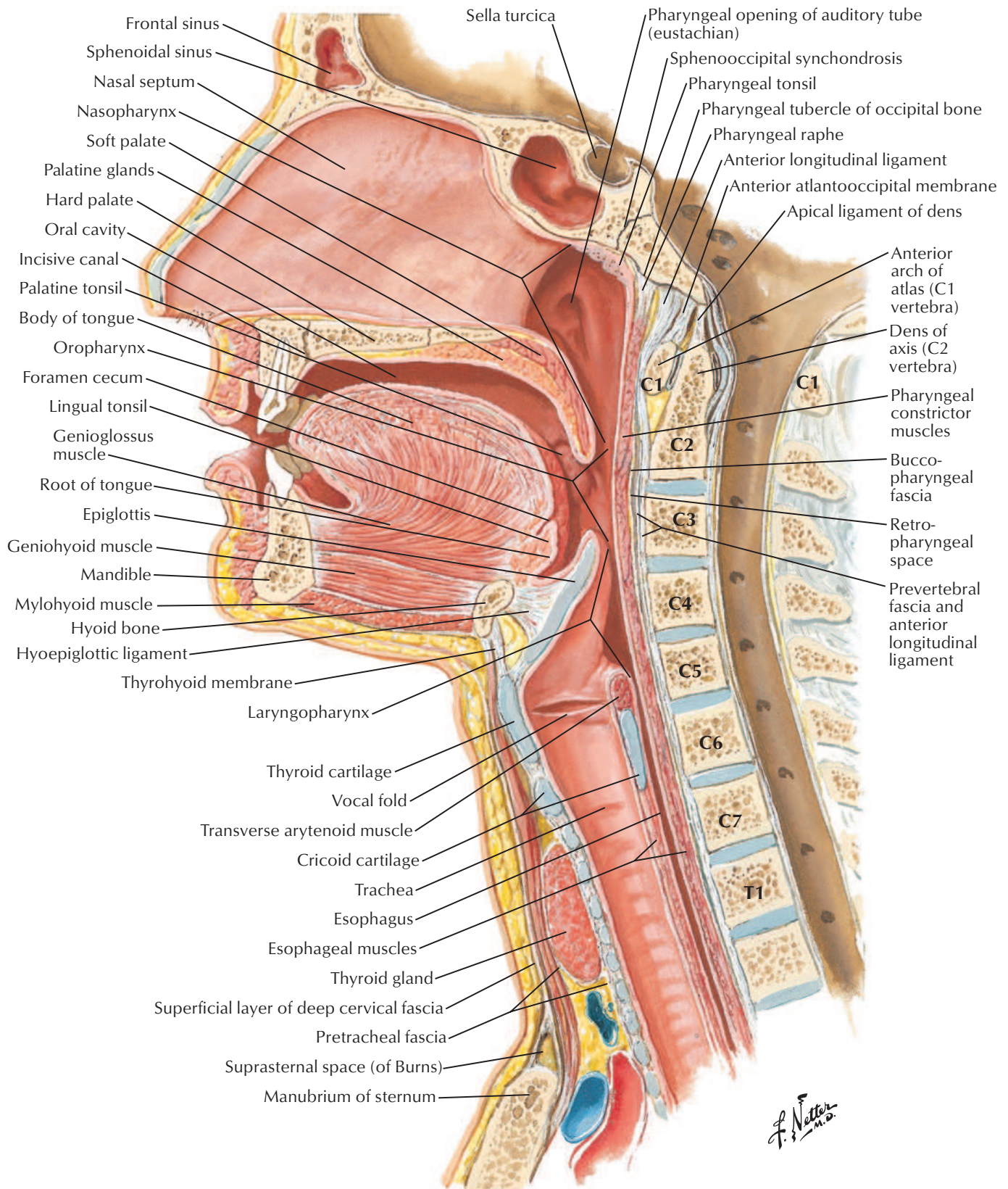
See also [Plates 76, 81](#)

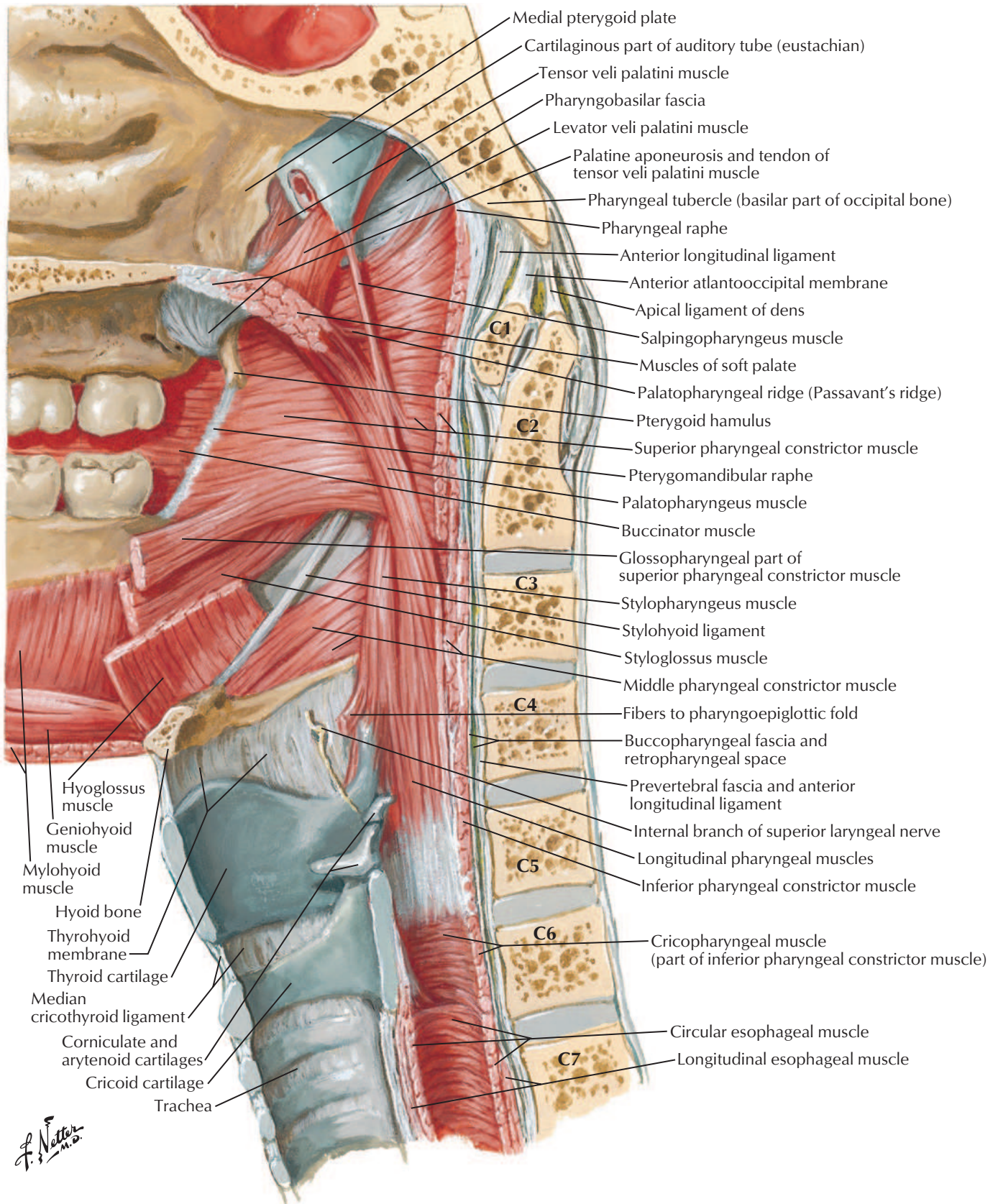




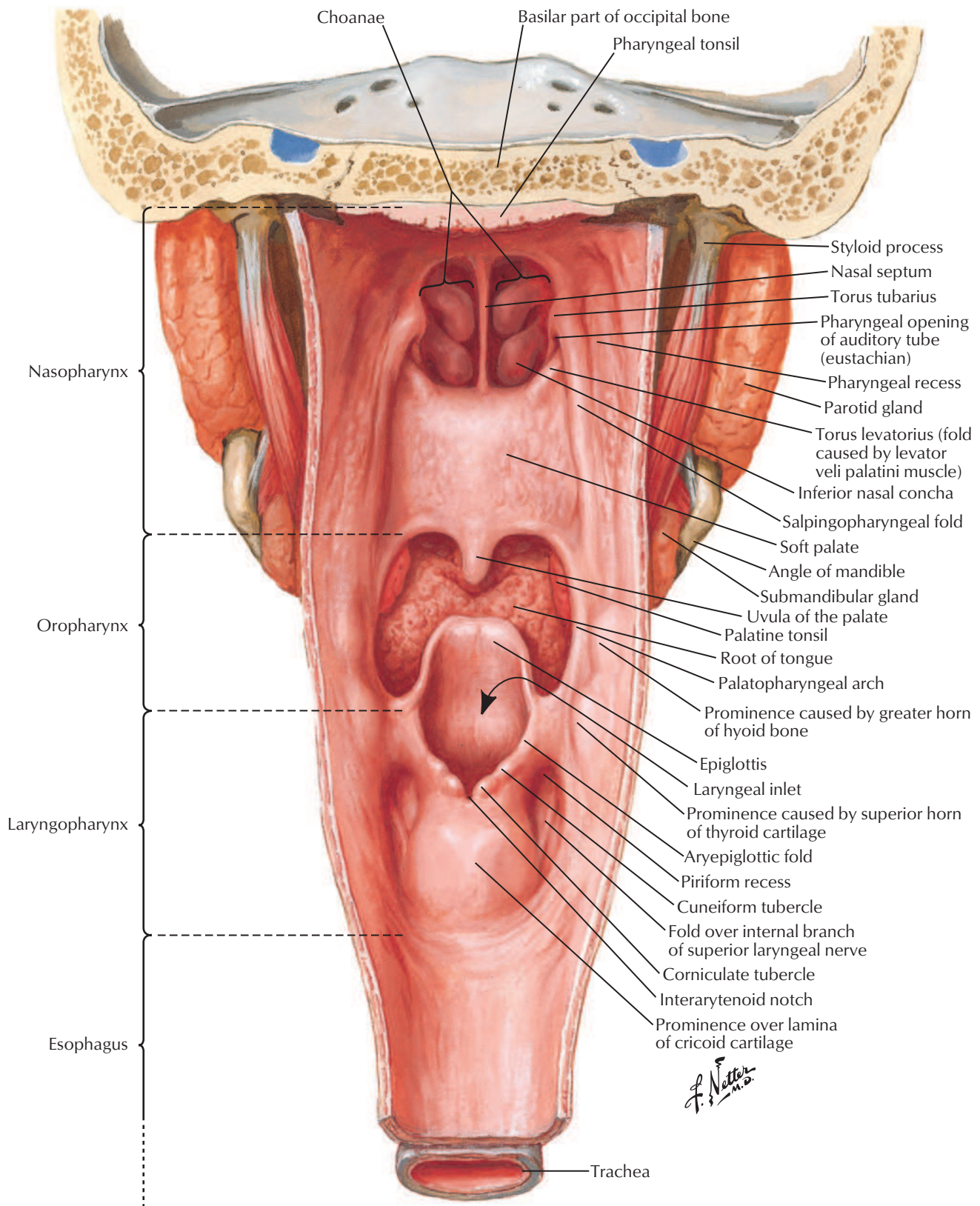
Superior view of the skull base showing line of cut and the removed part

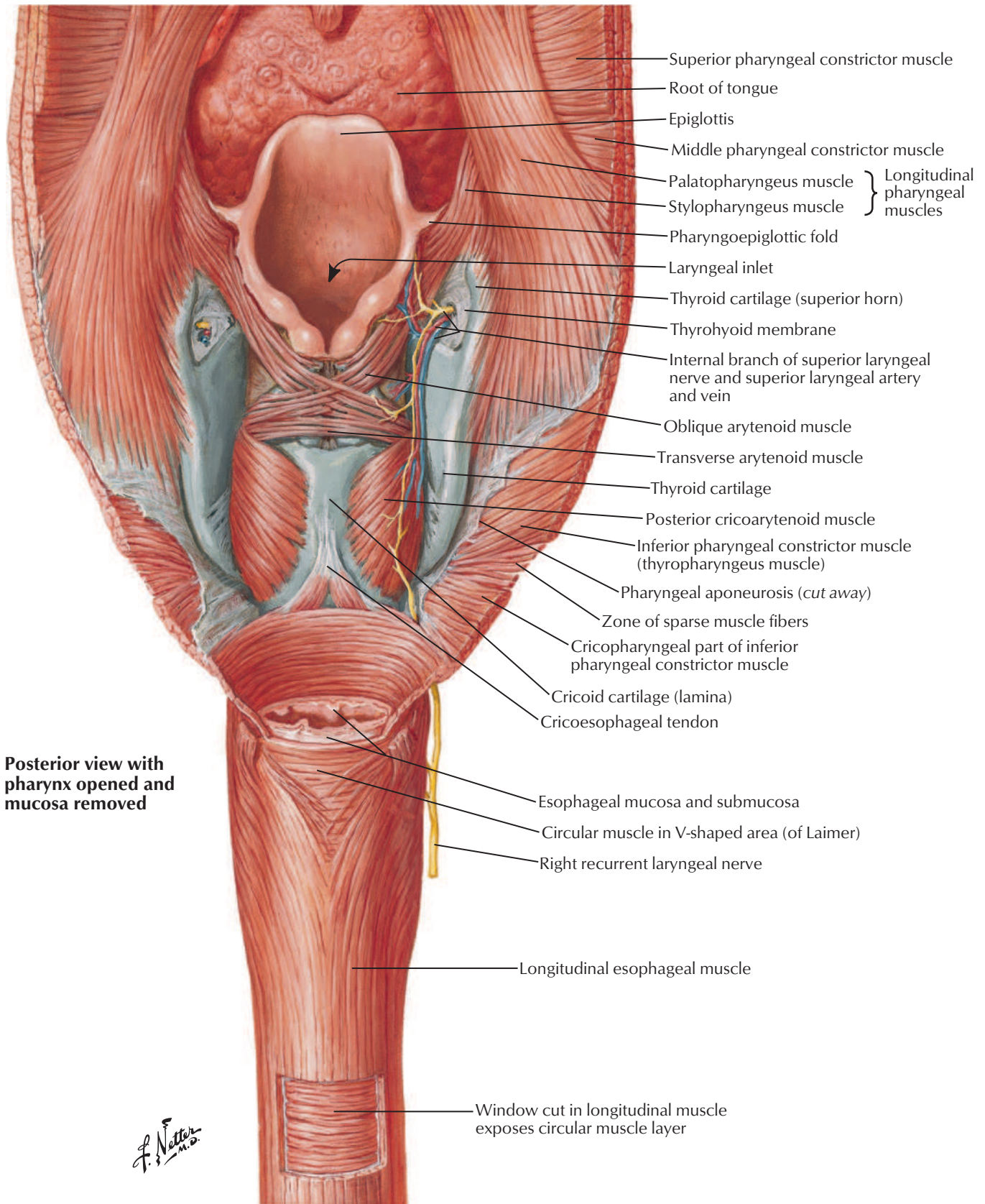
C. Machado
— 1922





Pharynx: Opened Posterior View



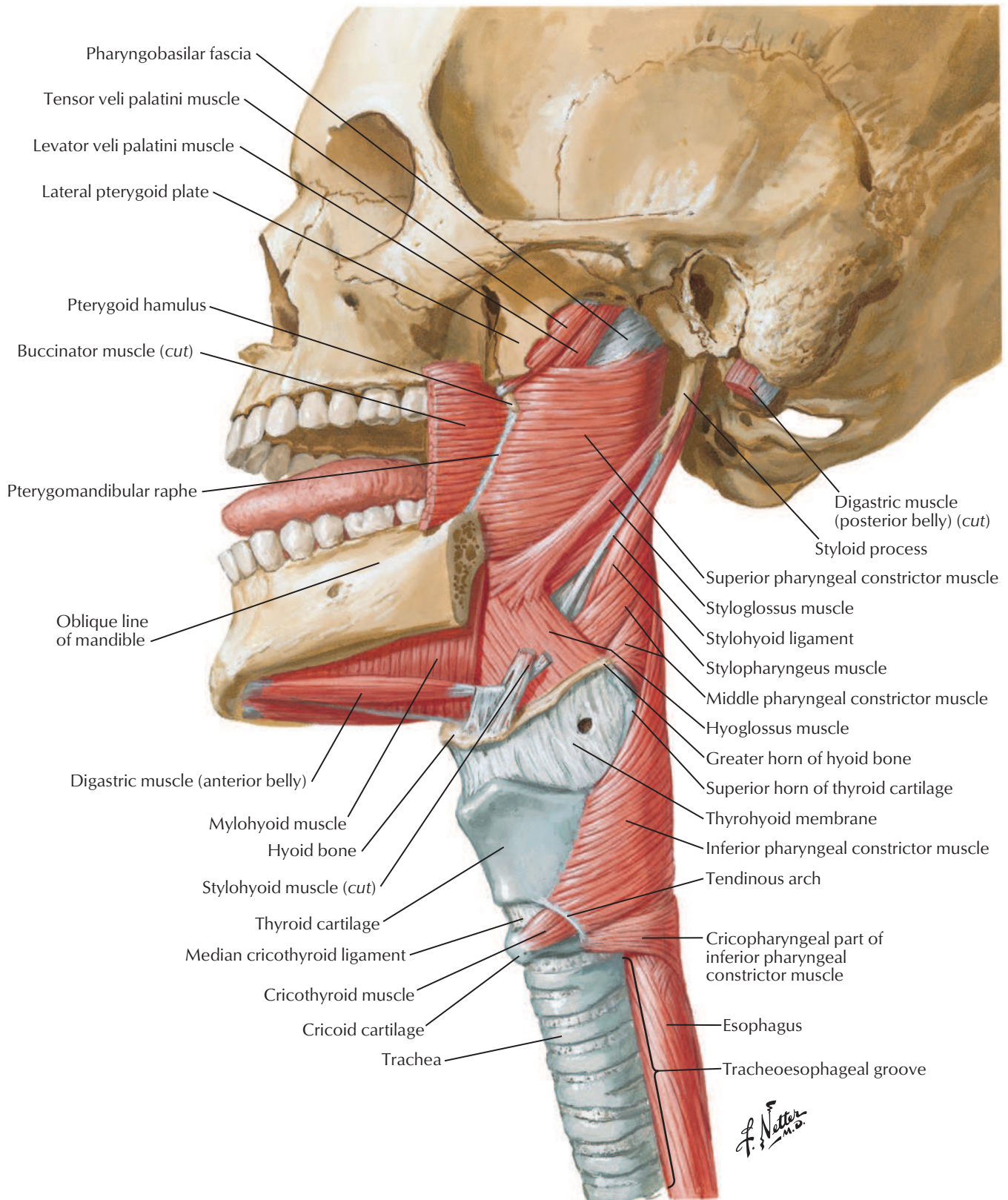


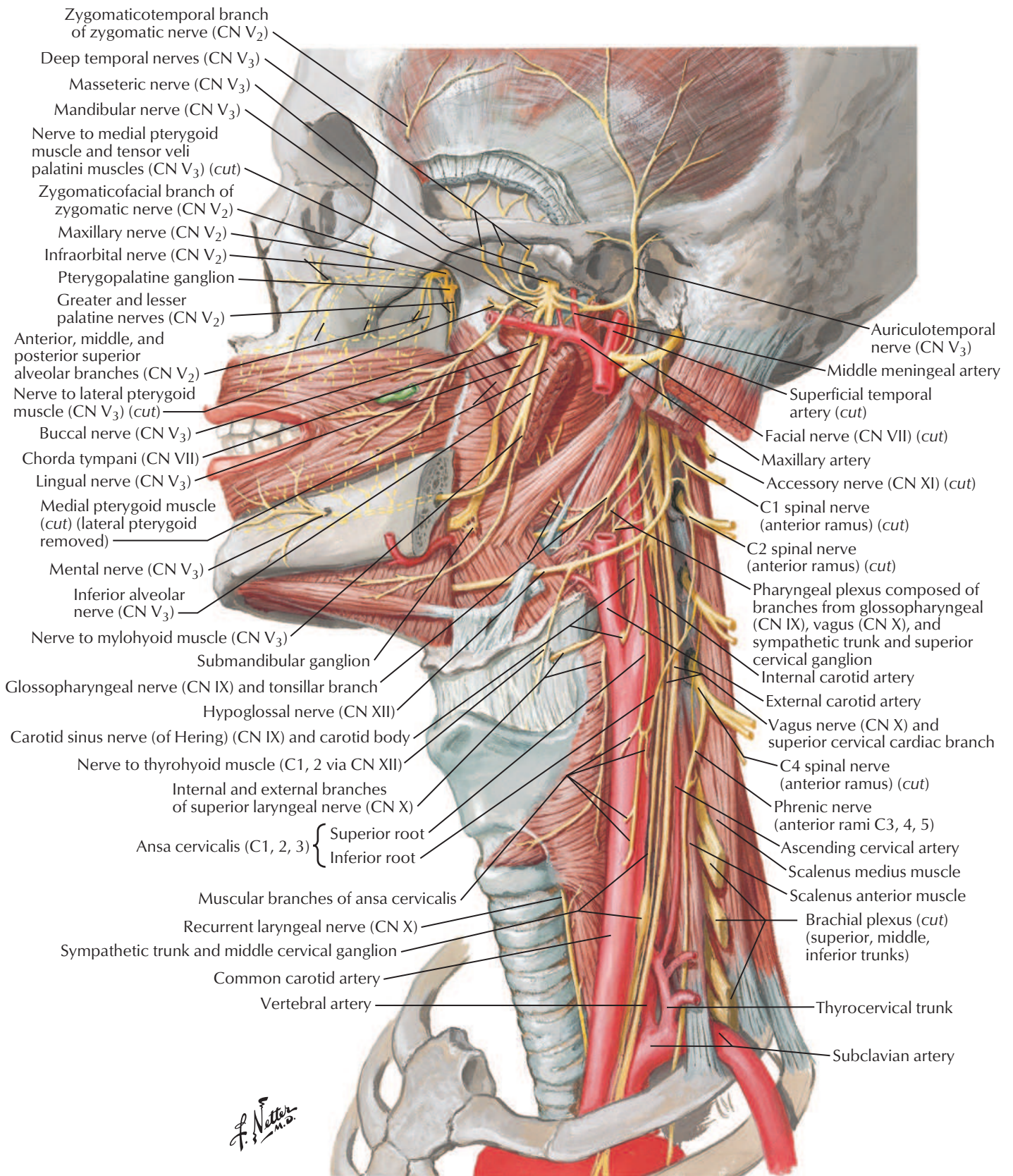
Posterior view with pharynx opened and mucosa removed

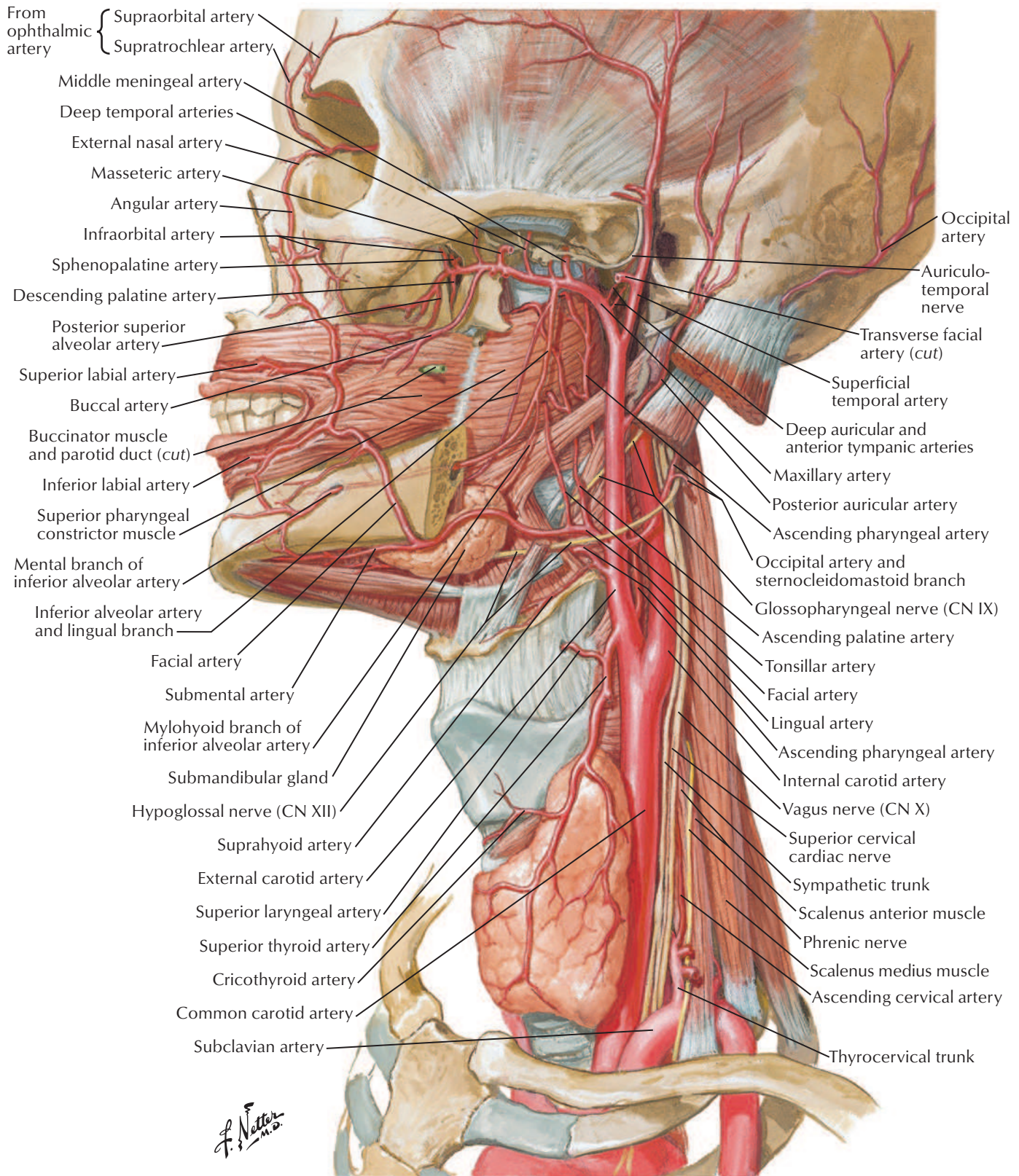
F. Netter M.D.

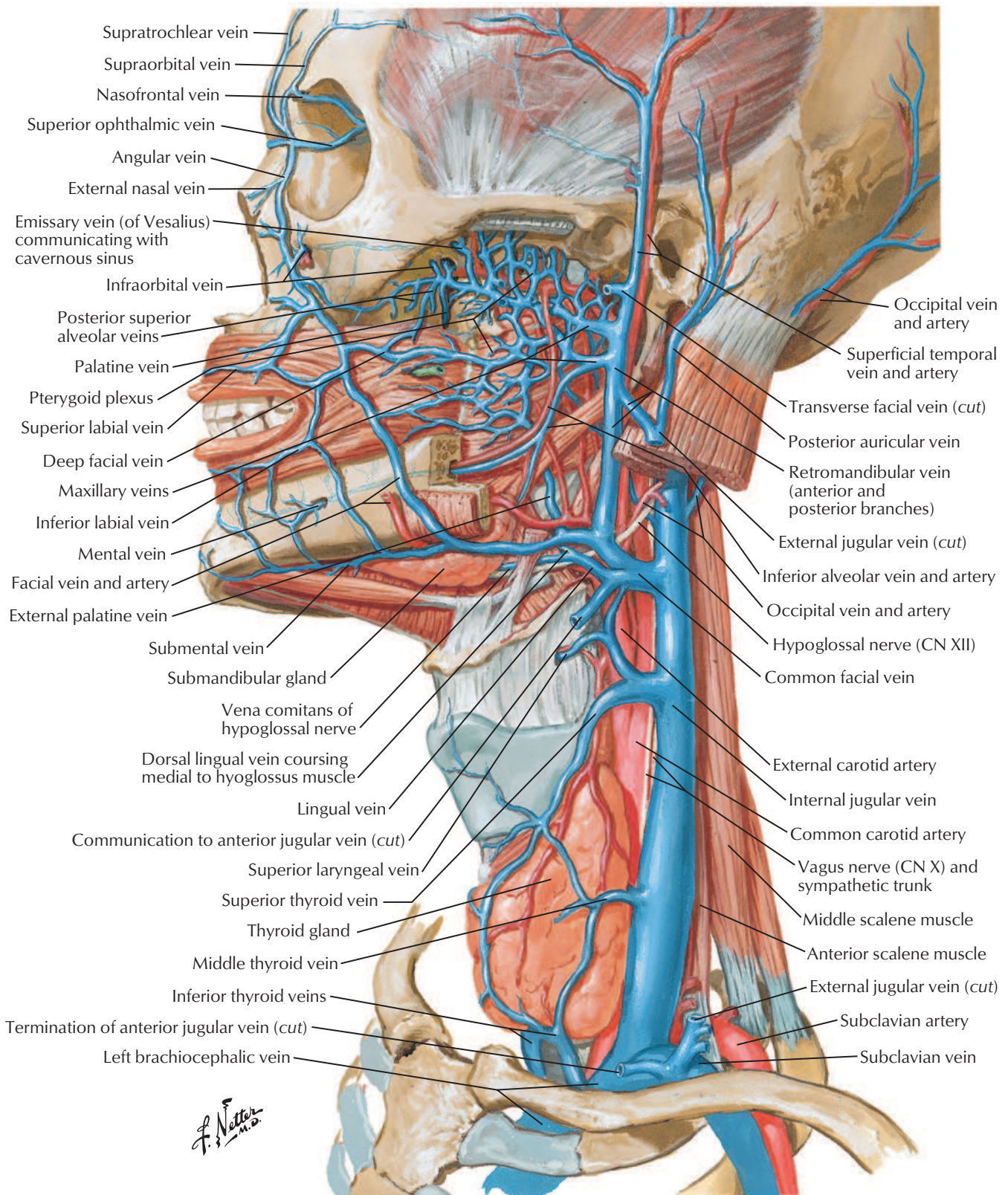
Muscles of Pharynx: Lateral View

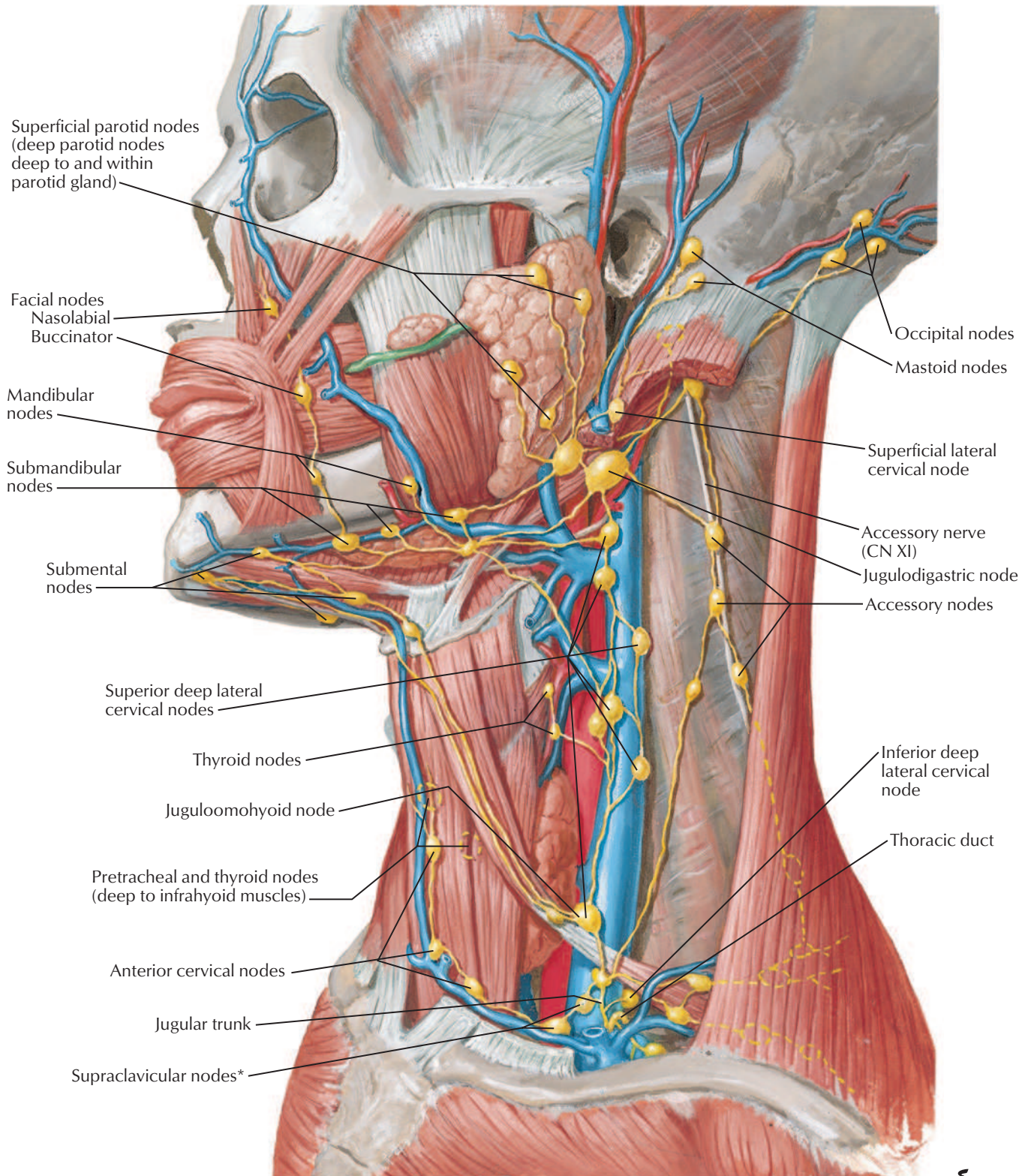
See also [Plate 75](#)



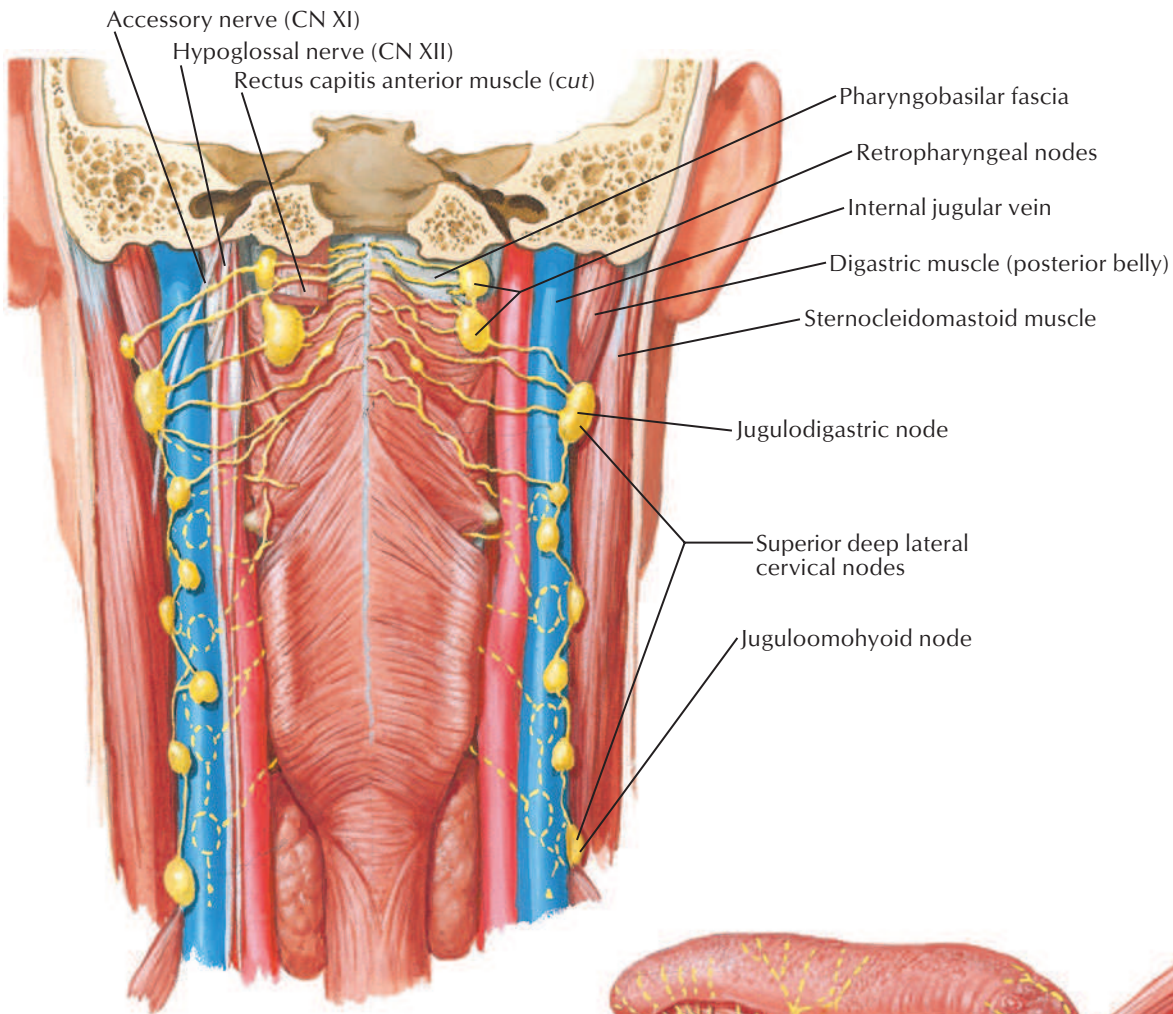




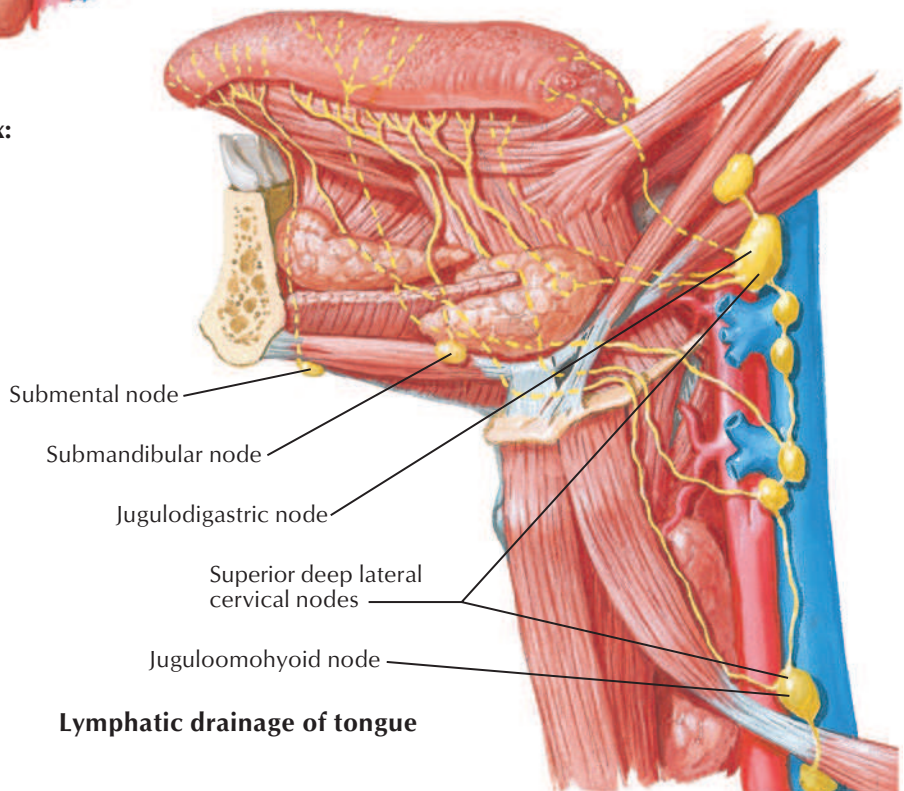




**The supraclavicular group of nodes, especially on the left, are also sometimes referred to as the signal or sentinel lymph nodes of Virchow or Troisier, especially when sufficiently enlarged and palpable. These nodes (or a single node) are so termed because they may be the first recognized presumptive evidence of malignant disease in the viscera.*



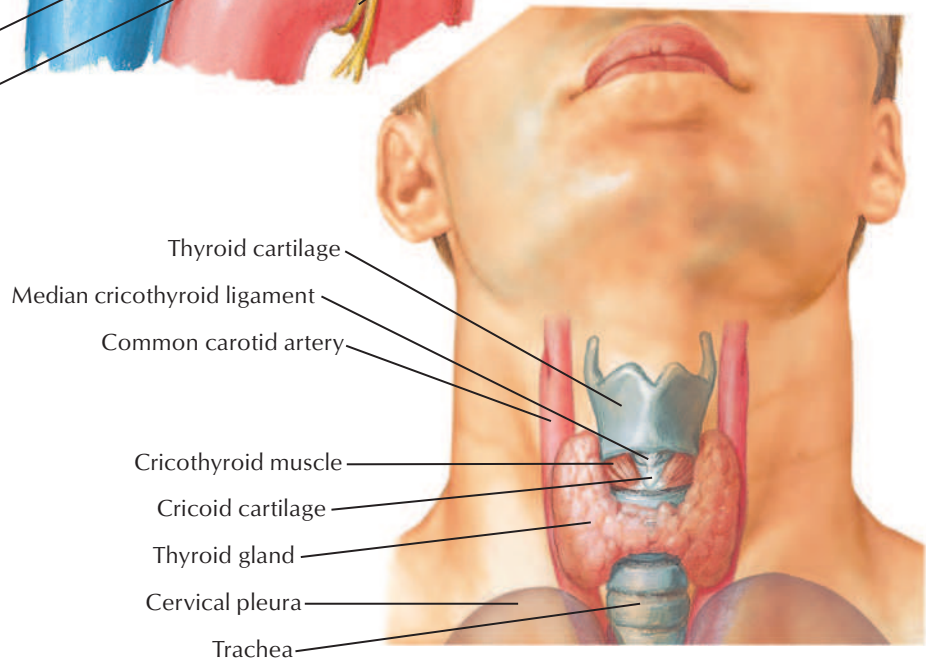
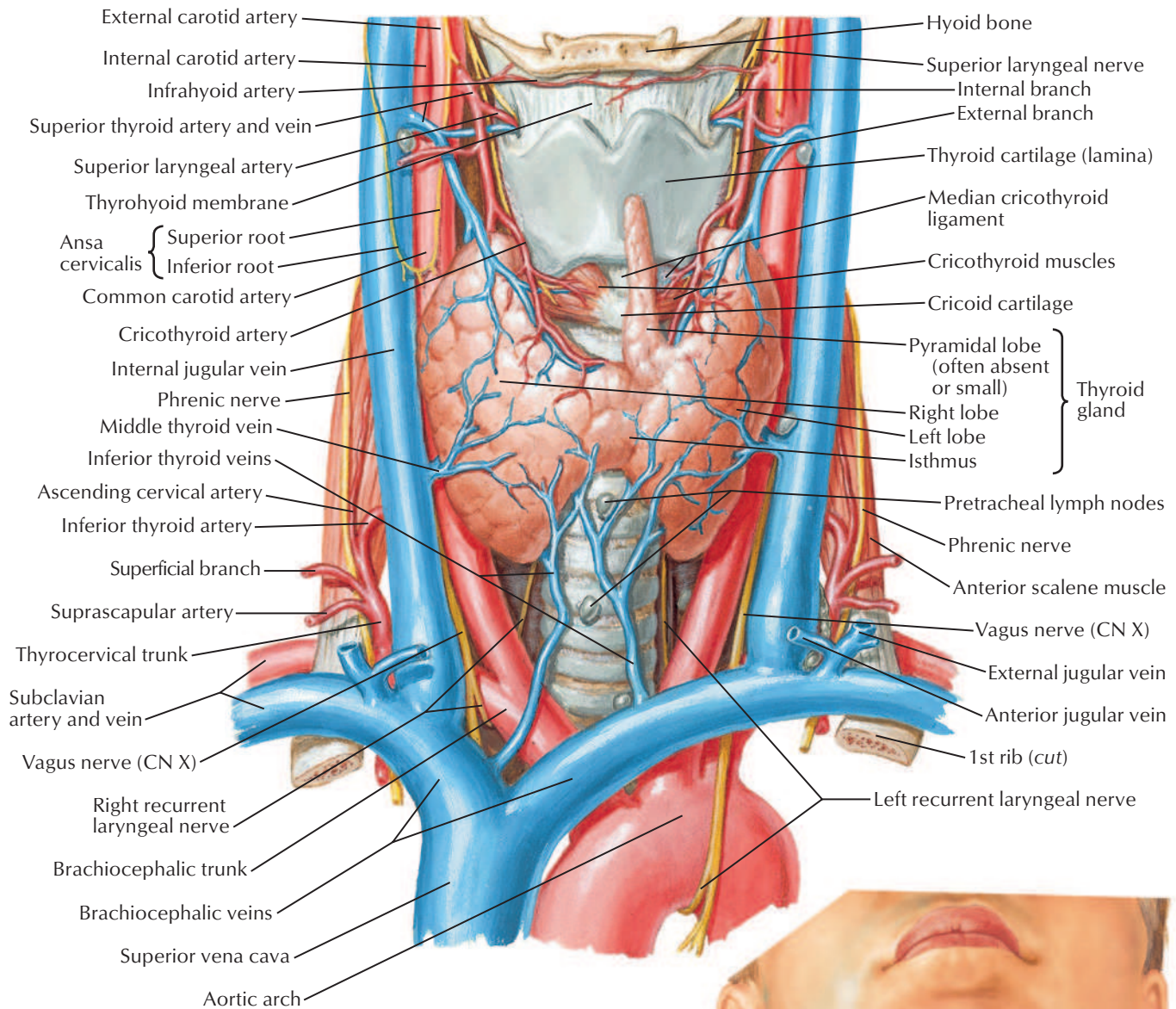
Lymphatic drainage of pharynx:
posterior view

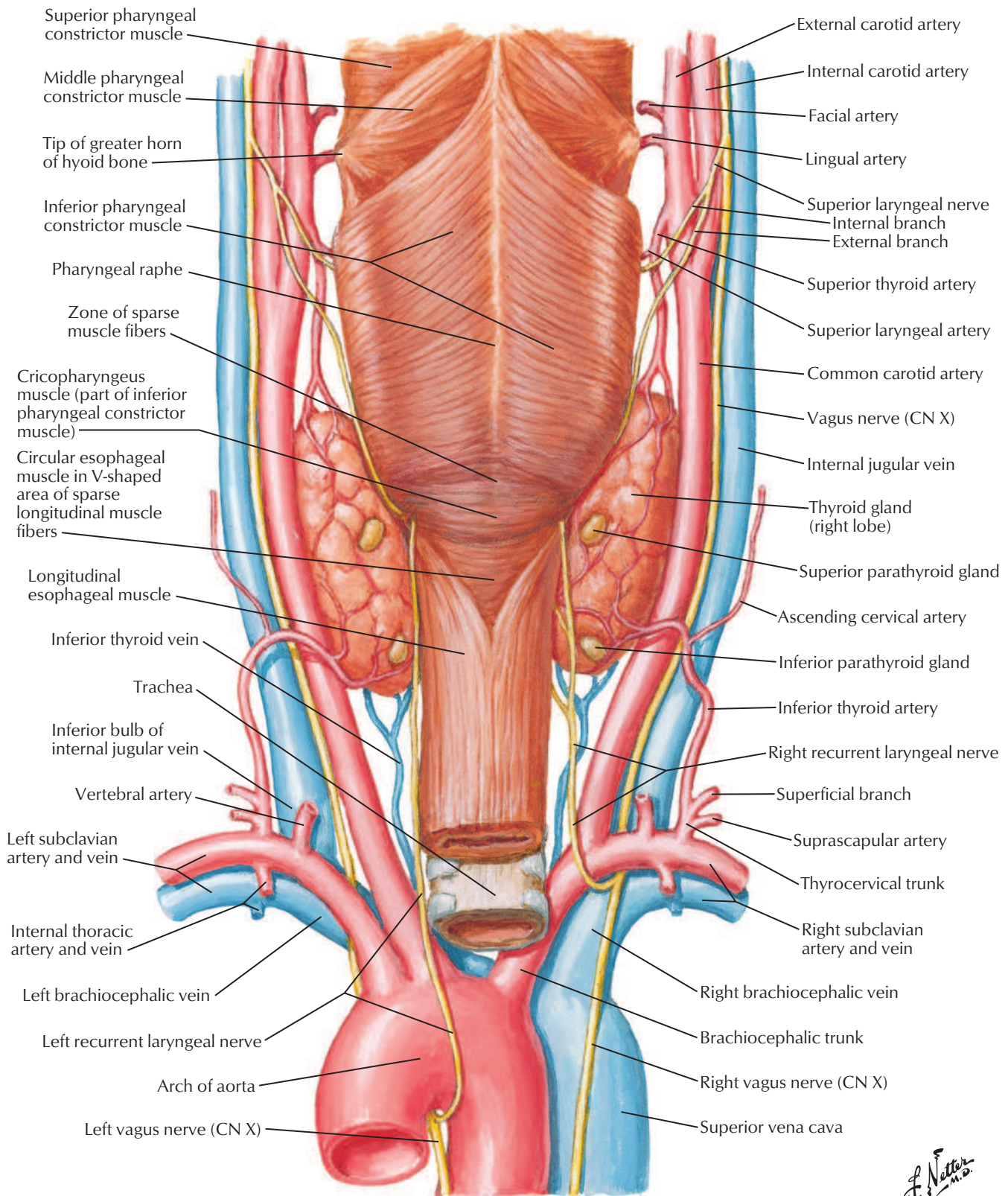


Lymphatic drainage of tongue

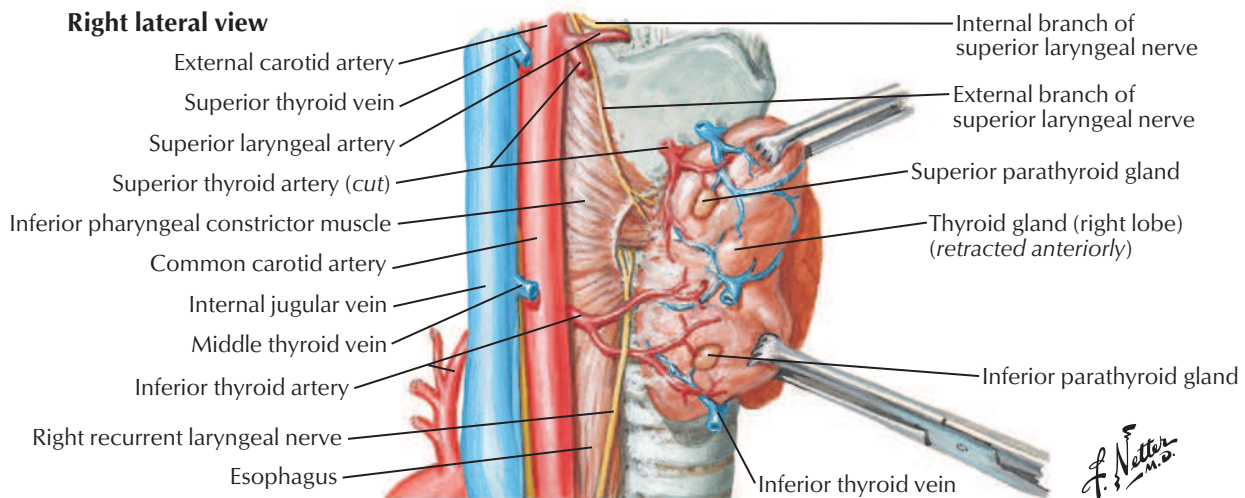
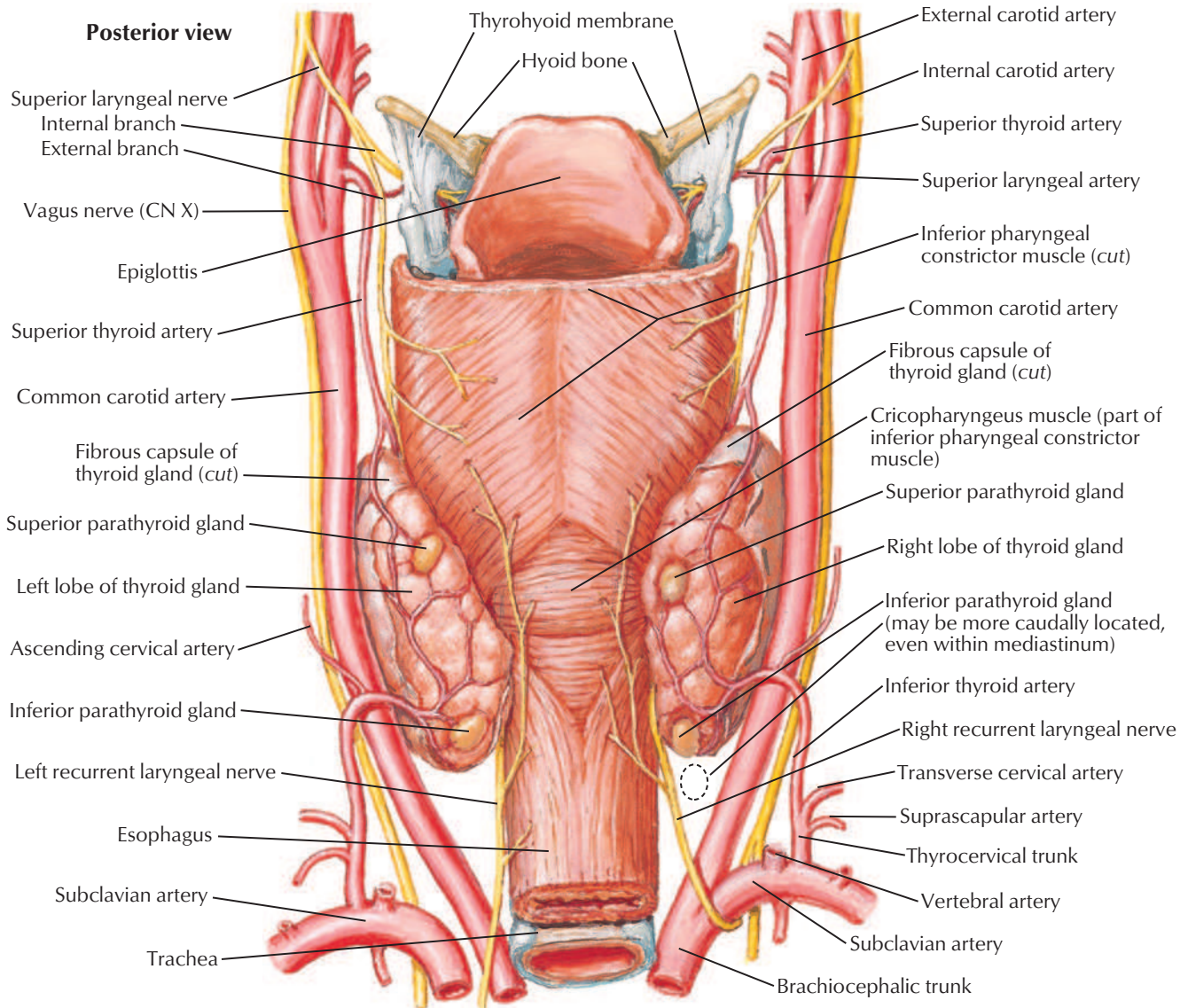
F. Netter M.D.

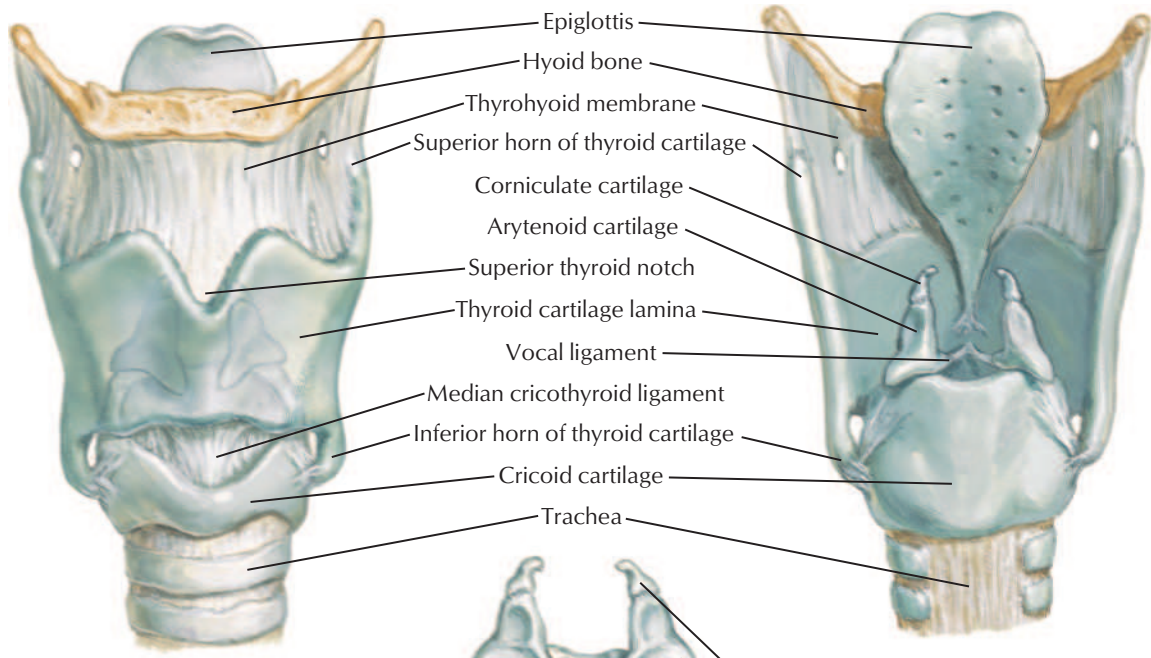
Thyroid Gland: Anterior View





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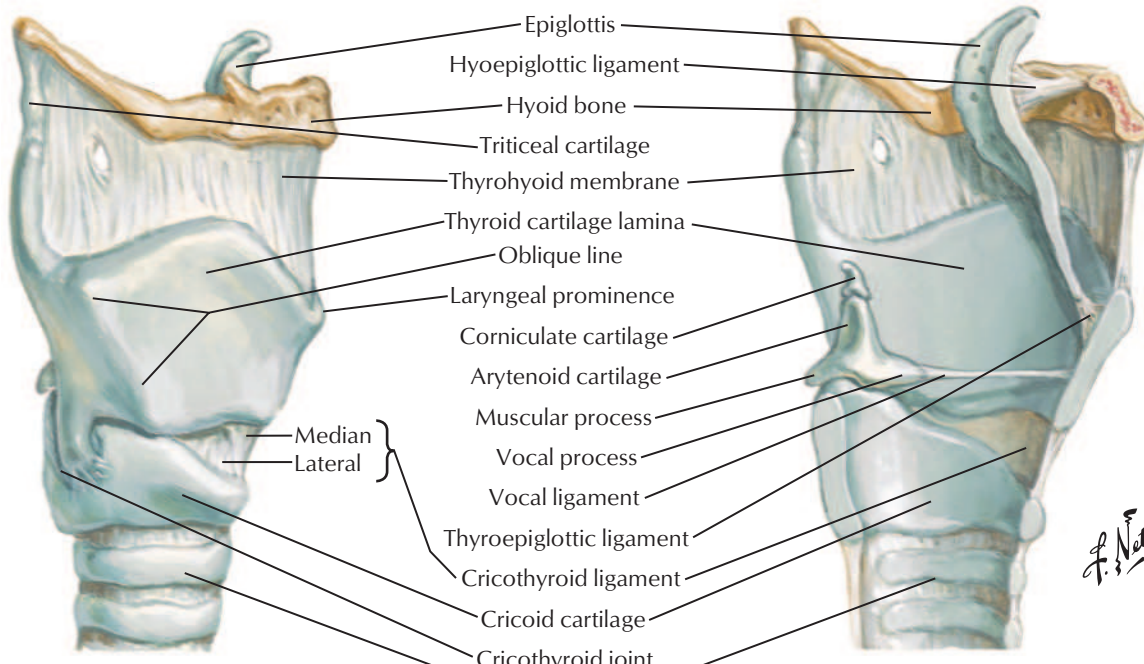


Anterior view

Posterior view



Anterosuperior view



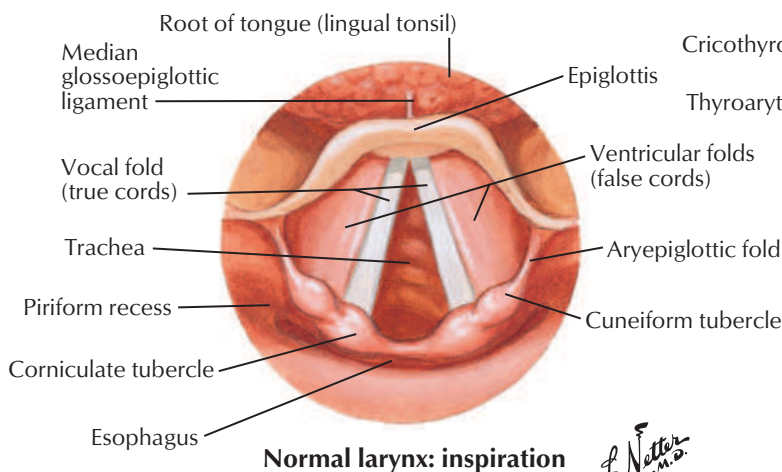
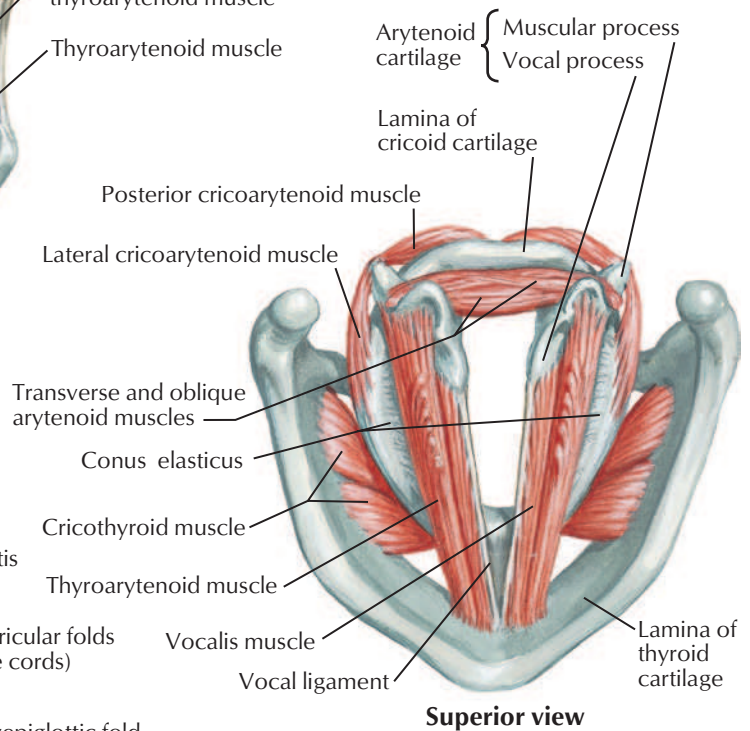
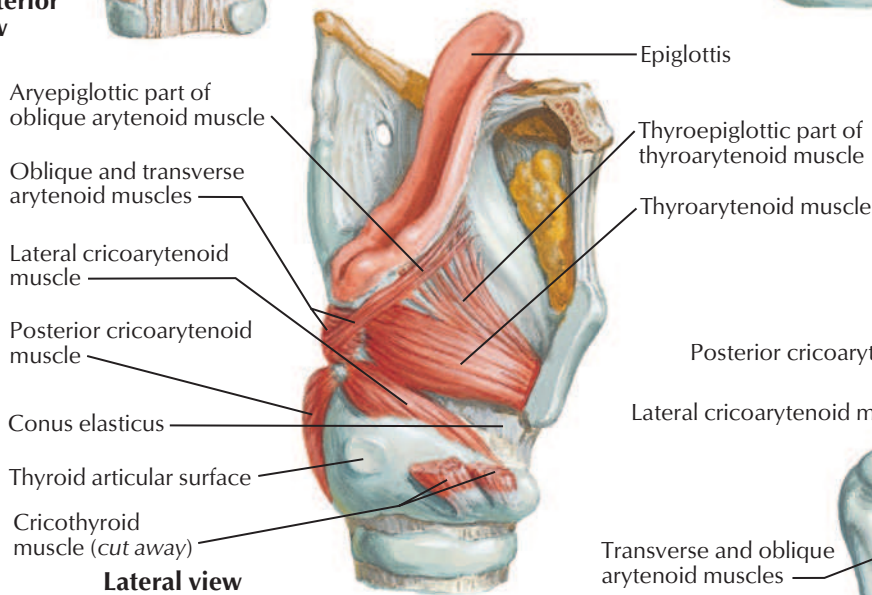
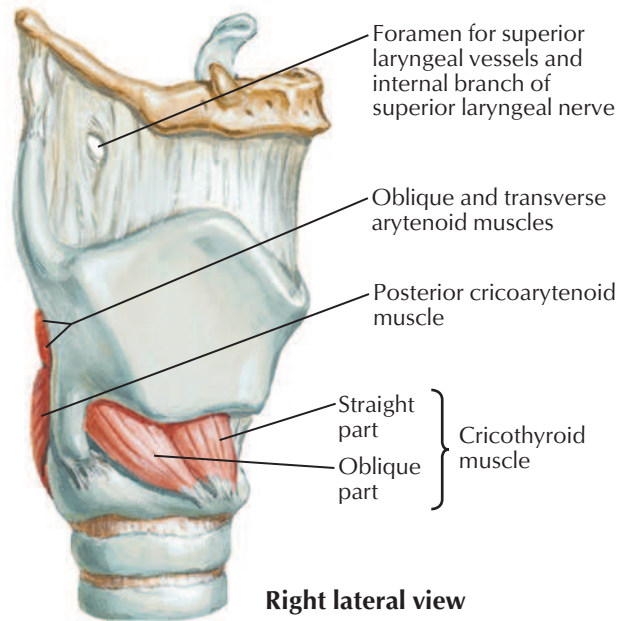
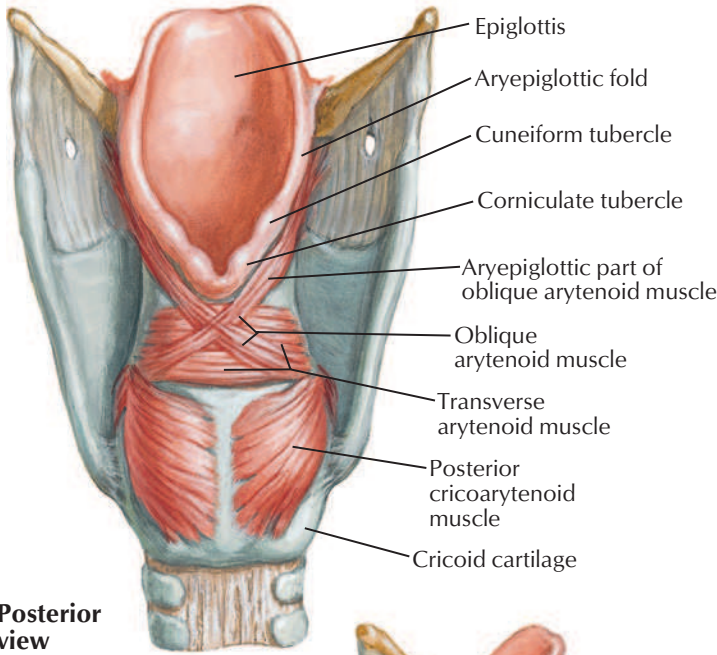
Right lateral view

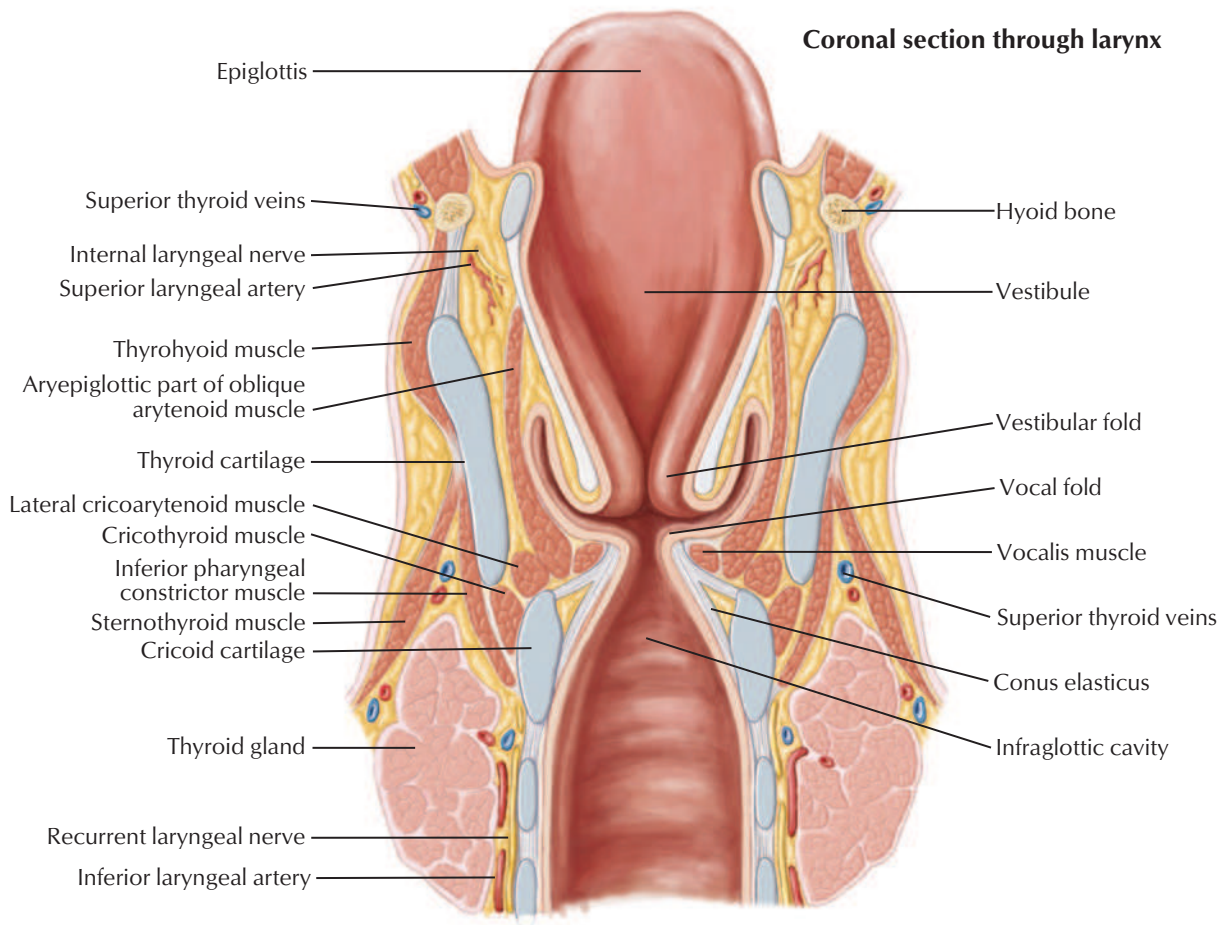
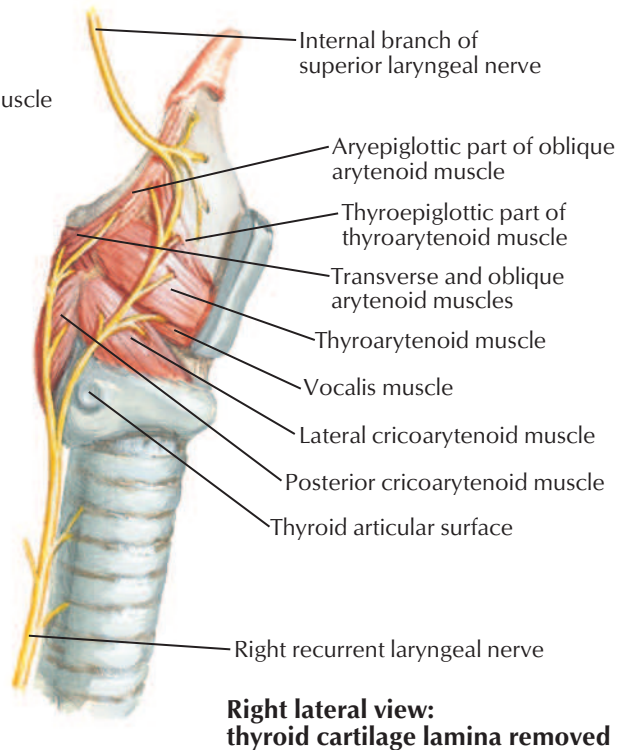
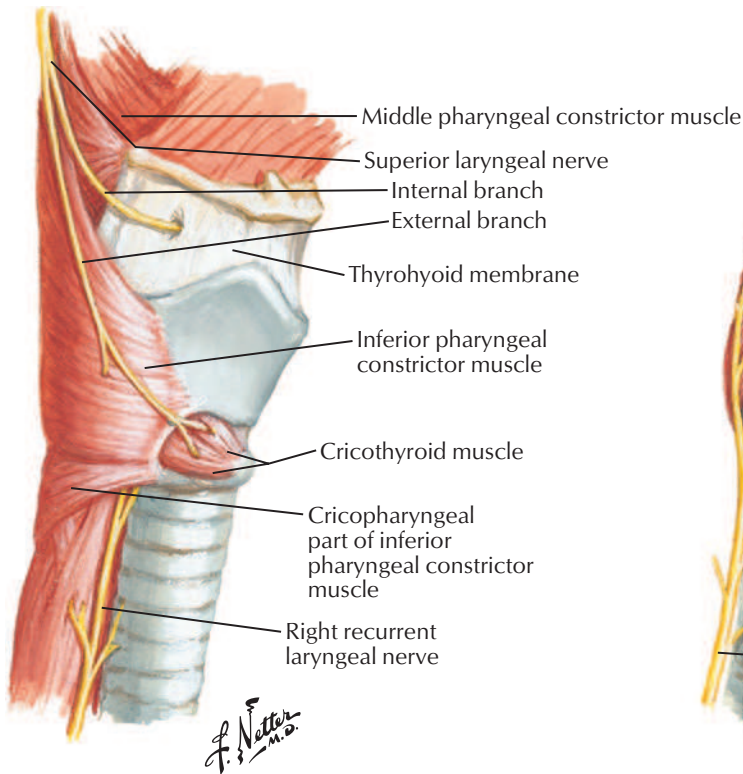
Medial view, median (sagittal) section

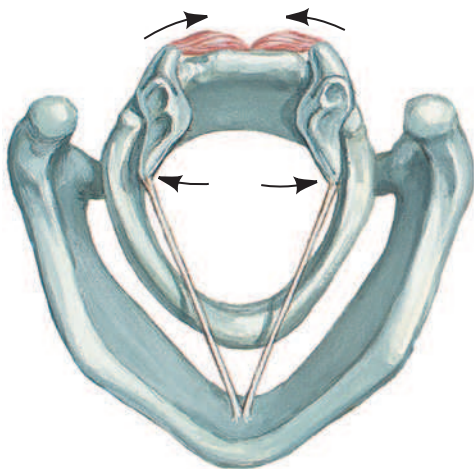
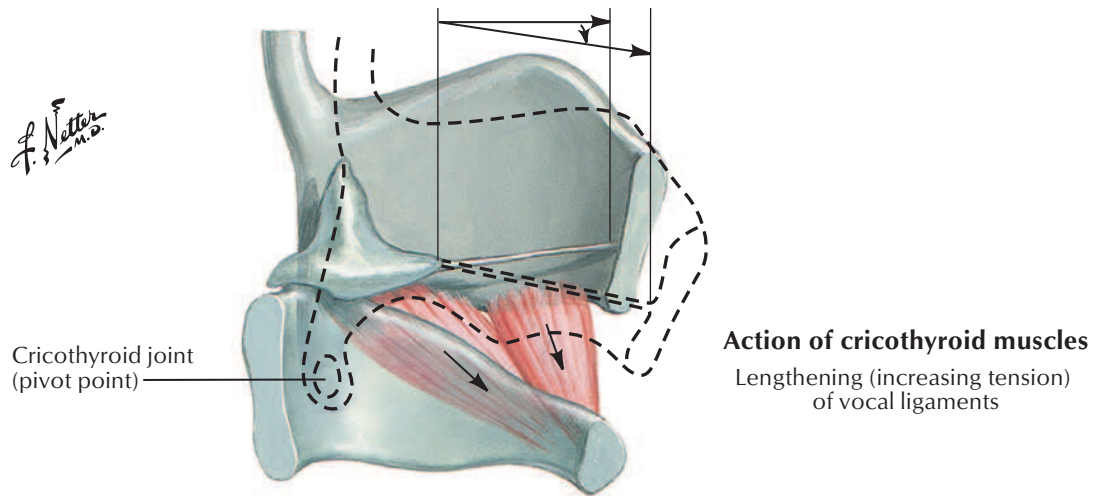
F. Netter M.D.

Intrinsic Muscles of Larynx

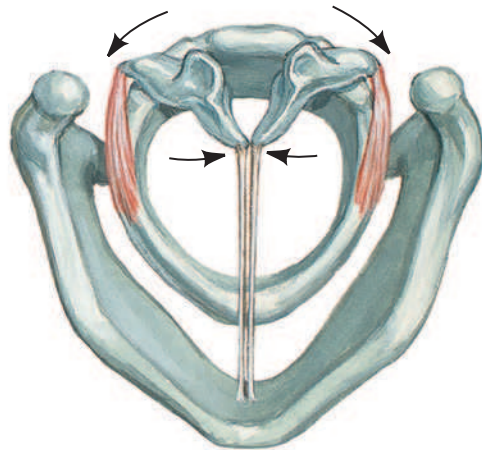
See also [Plates 90, 92, 93](#)



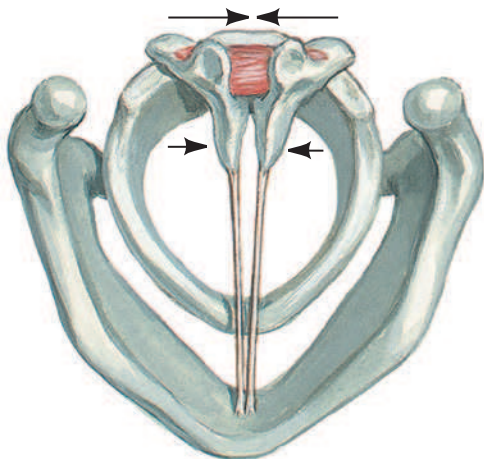




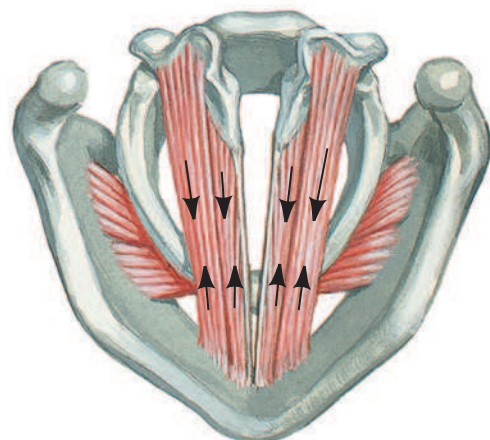
Action of posterior cricoarytenoid muscles
Abduction of vocal ligaments



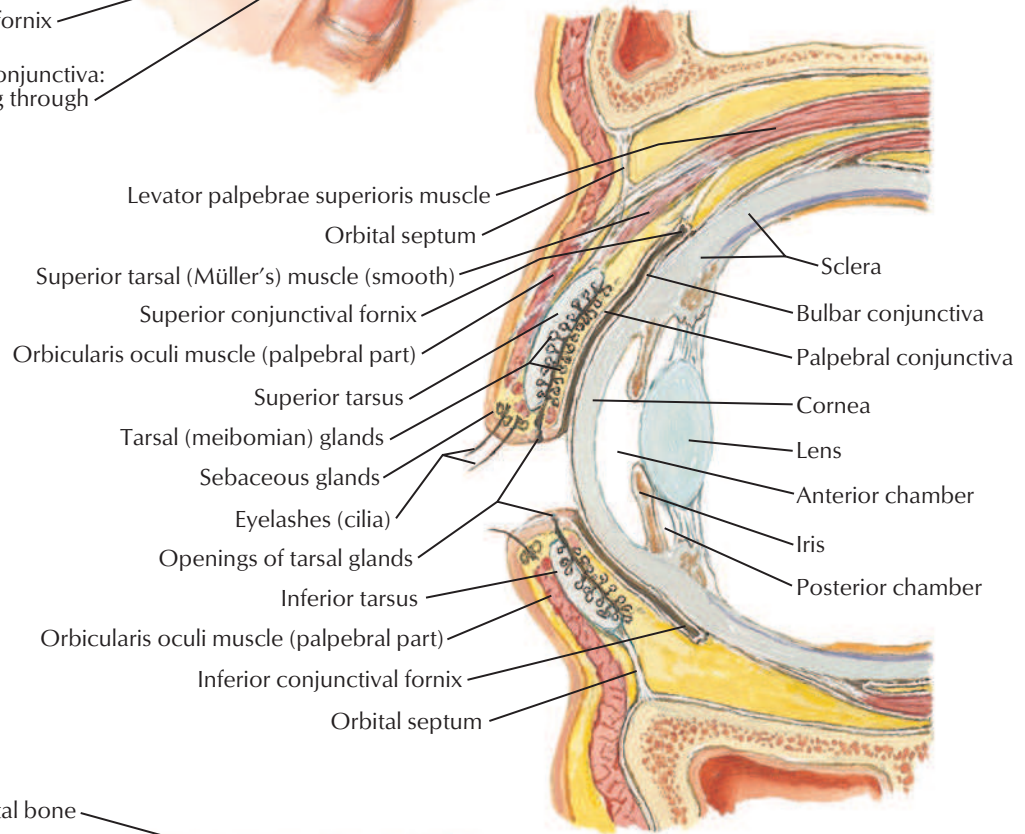
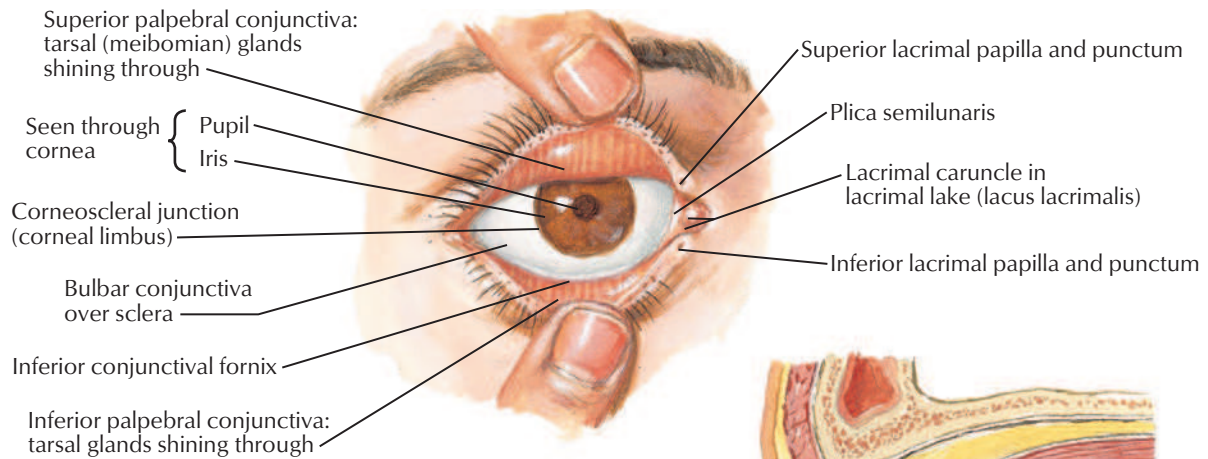
Action of lateral cricoarytenoid muscles
Adduction of vocal ligaments



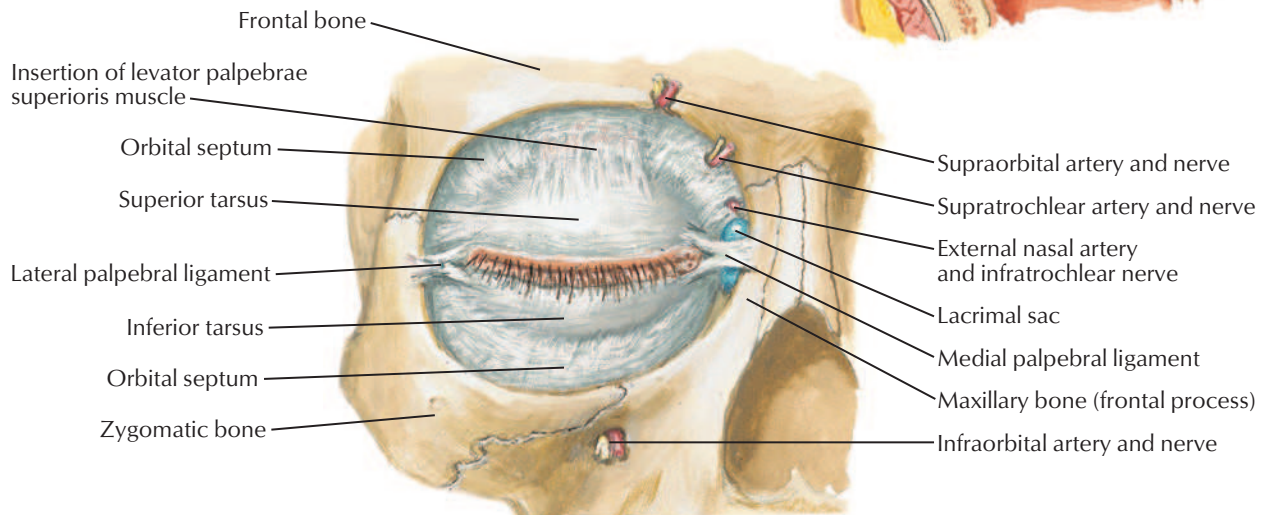
Action of transverse and oblique arytenoid muscles
Adduction of vocal ligaments



Action of vocalis and thyroarytenoid muscles
Shortening (relaxation) of vocal ligaments

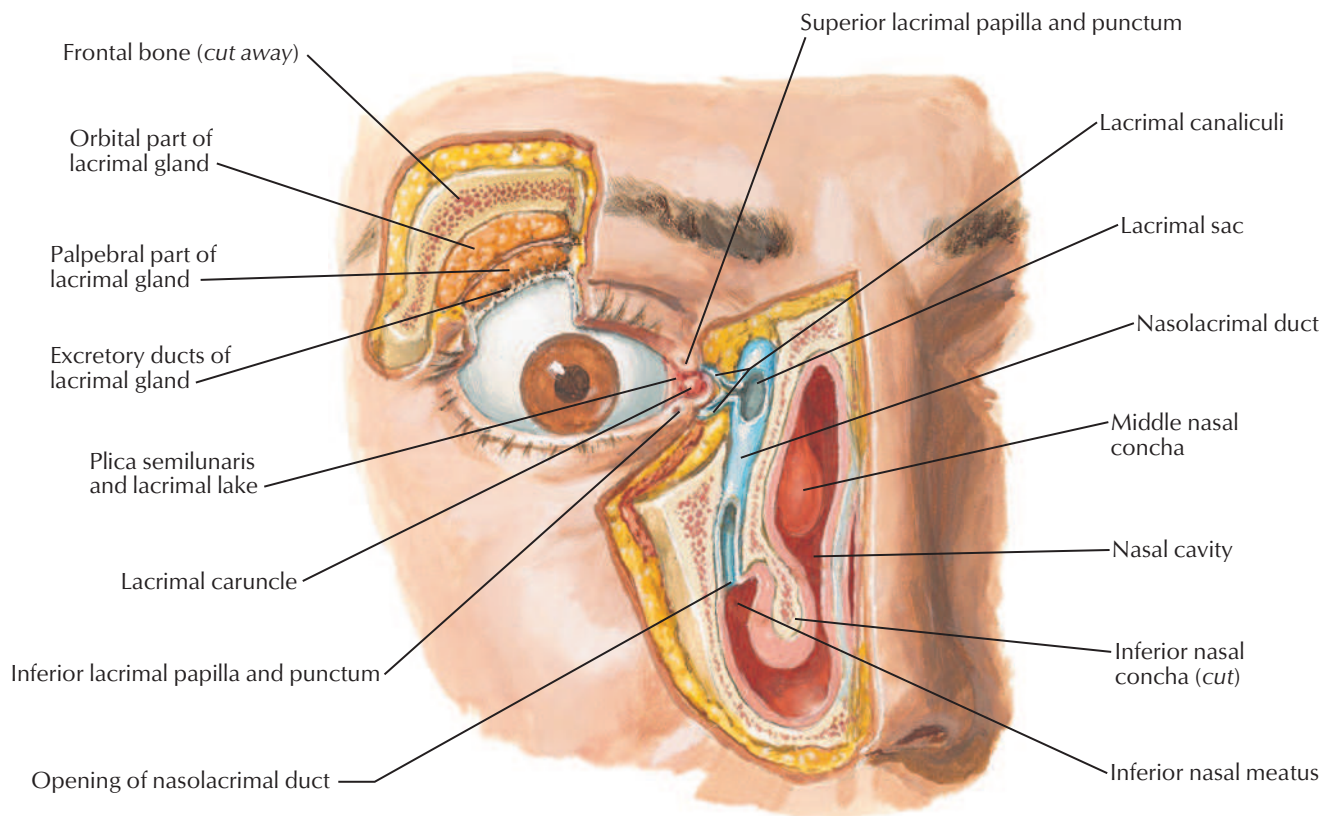
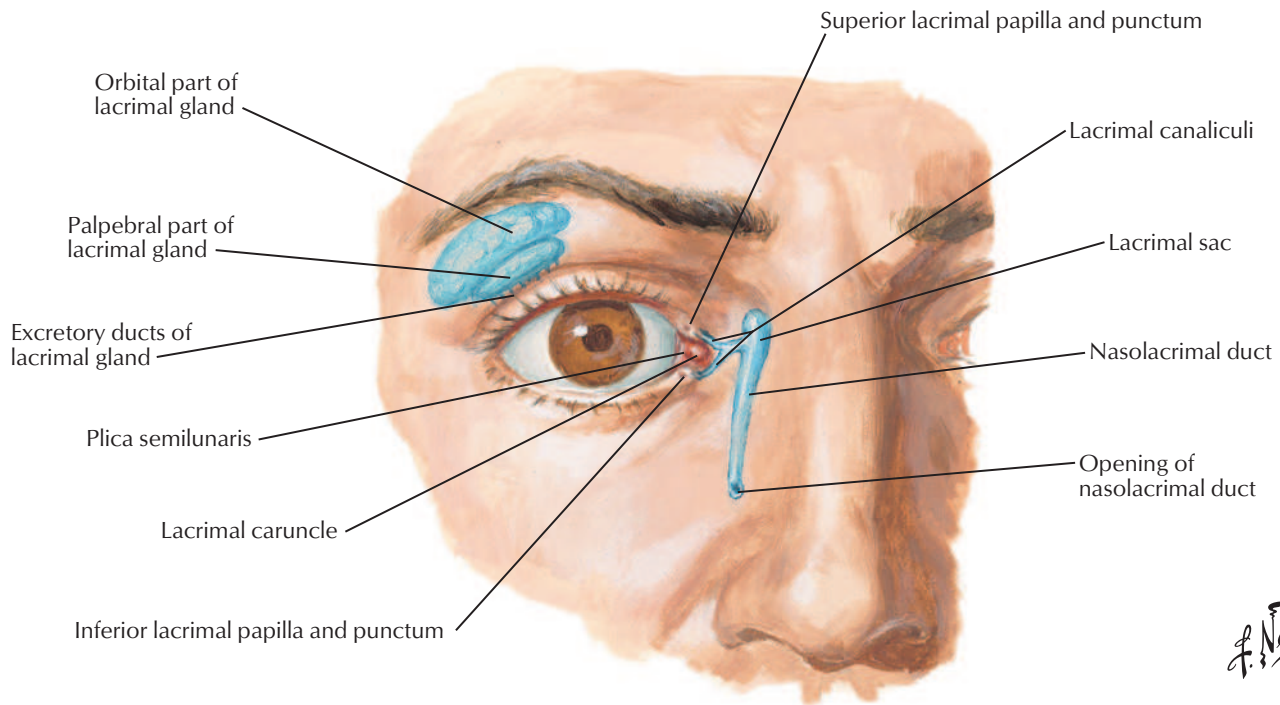


F. Netter M.D.

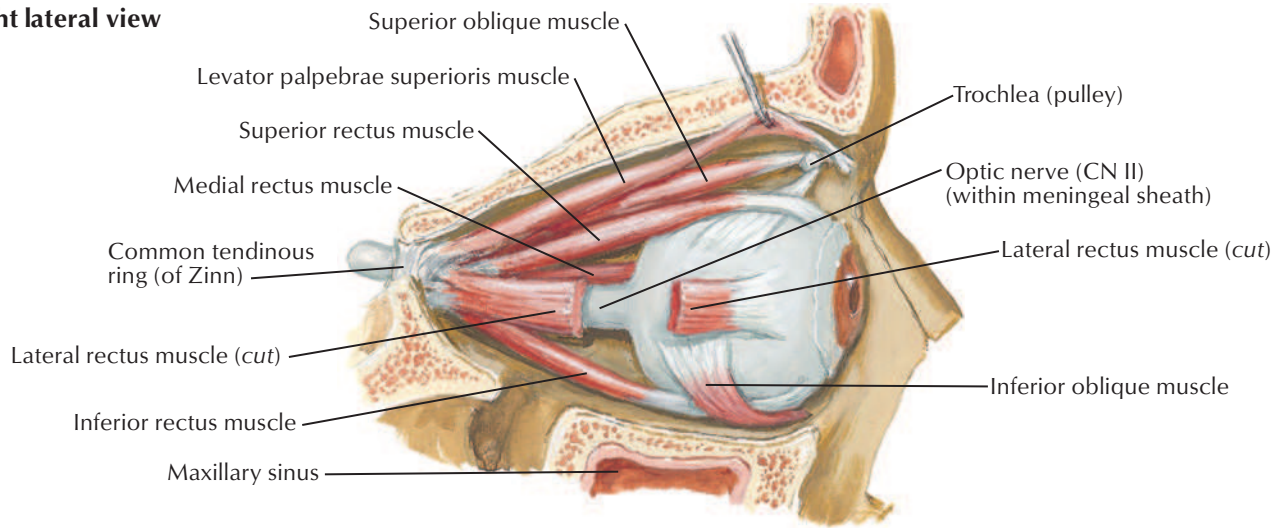


Lacrimal Apparatus

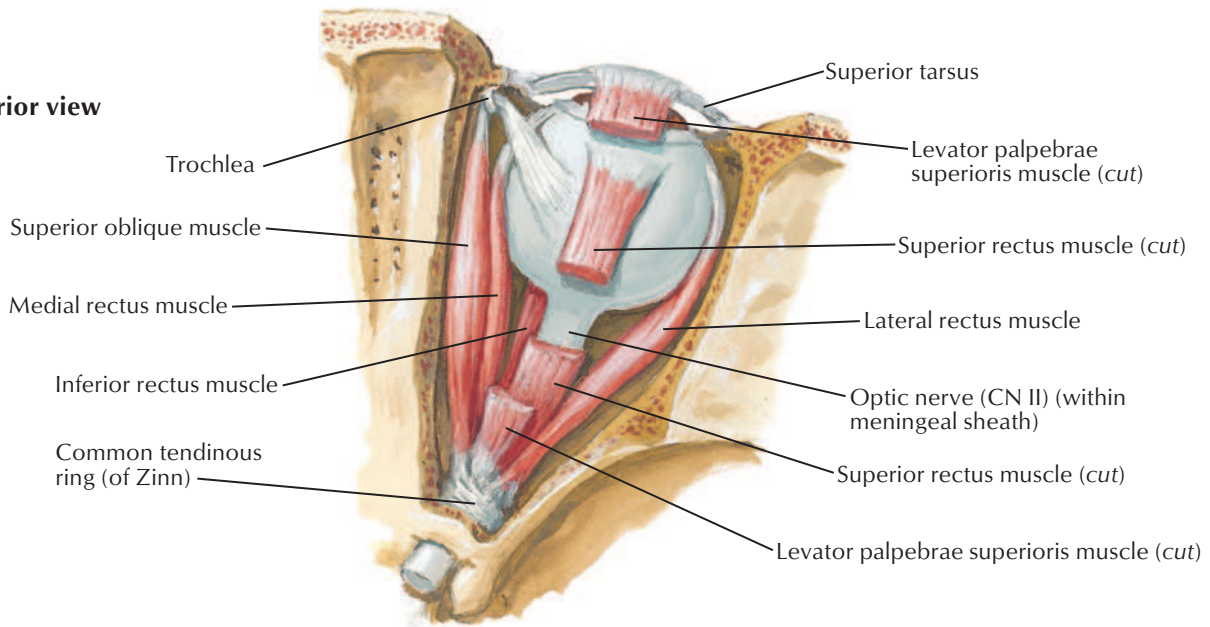
See also [Plate 144](#)



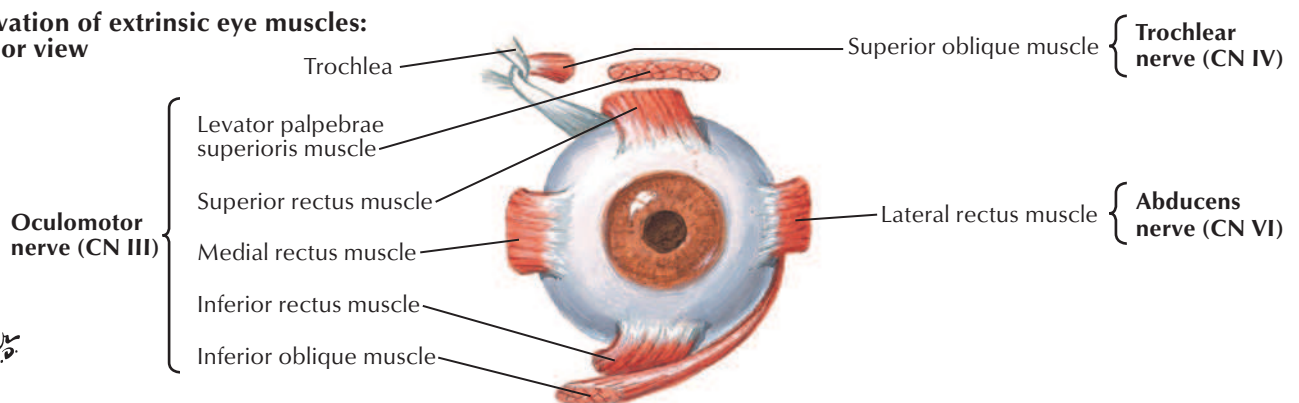
Right lateral view



Superior view

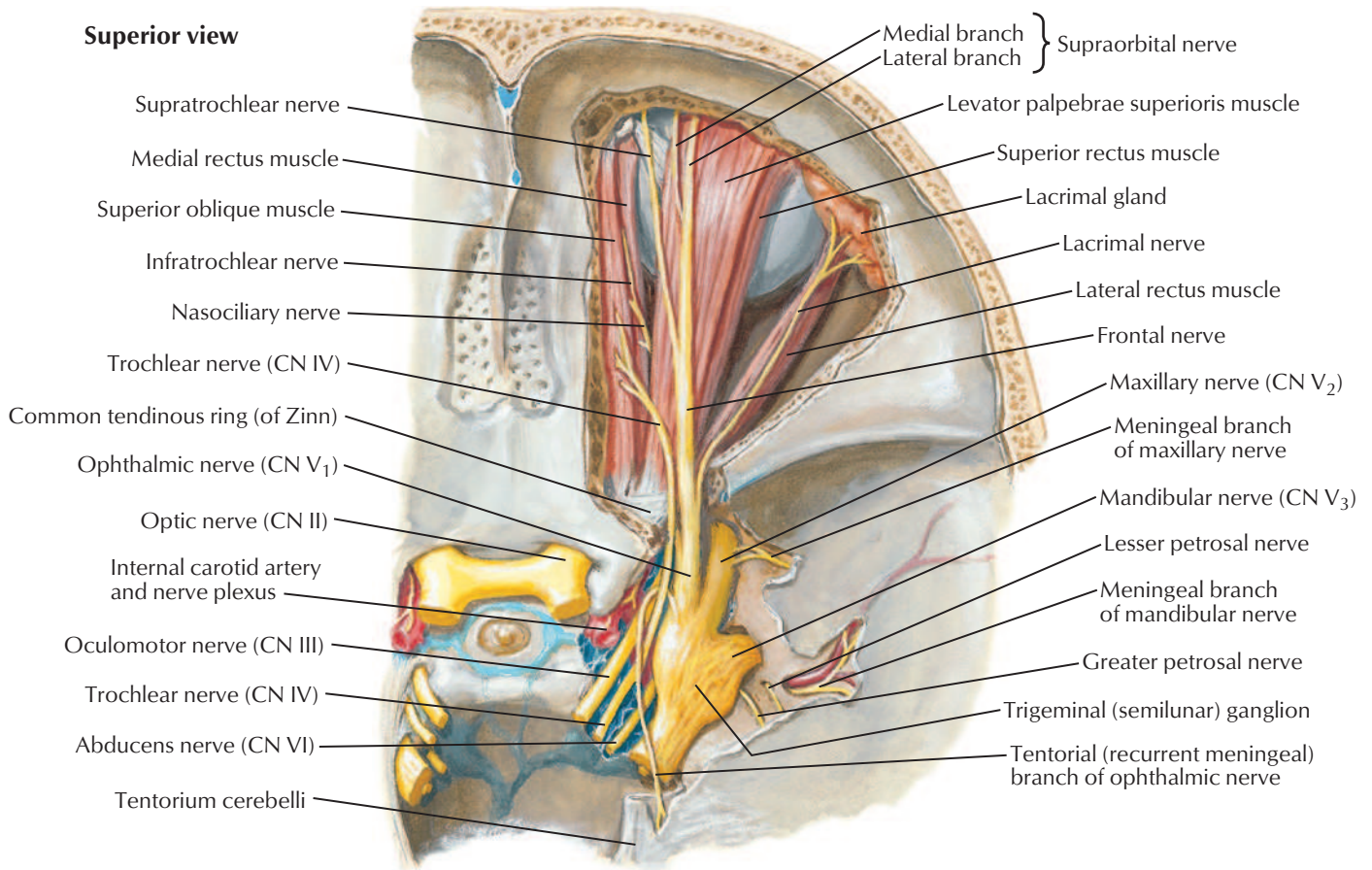


**Innervation of extrinsic eye muscles:
anterior view**

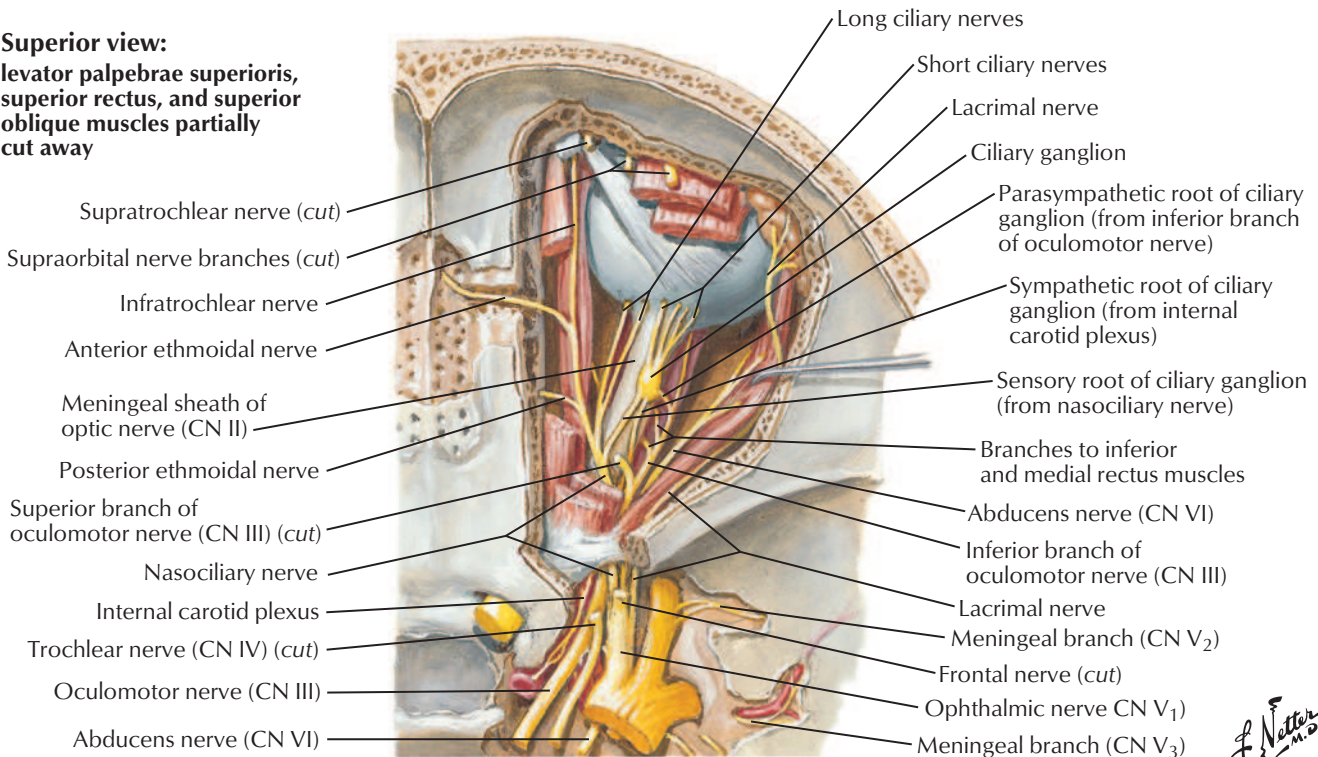


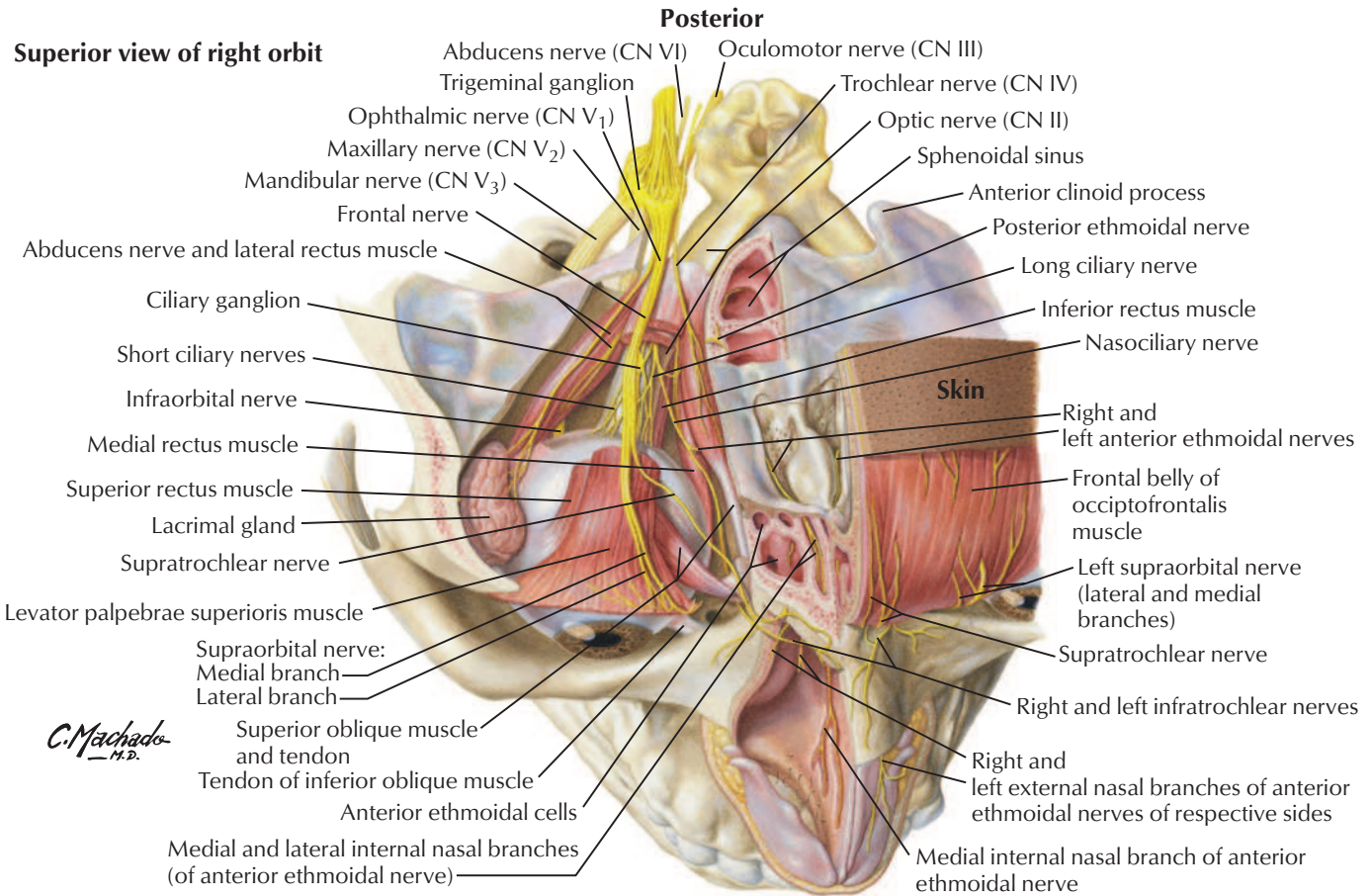
F. Netter M.D.

Superior view

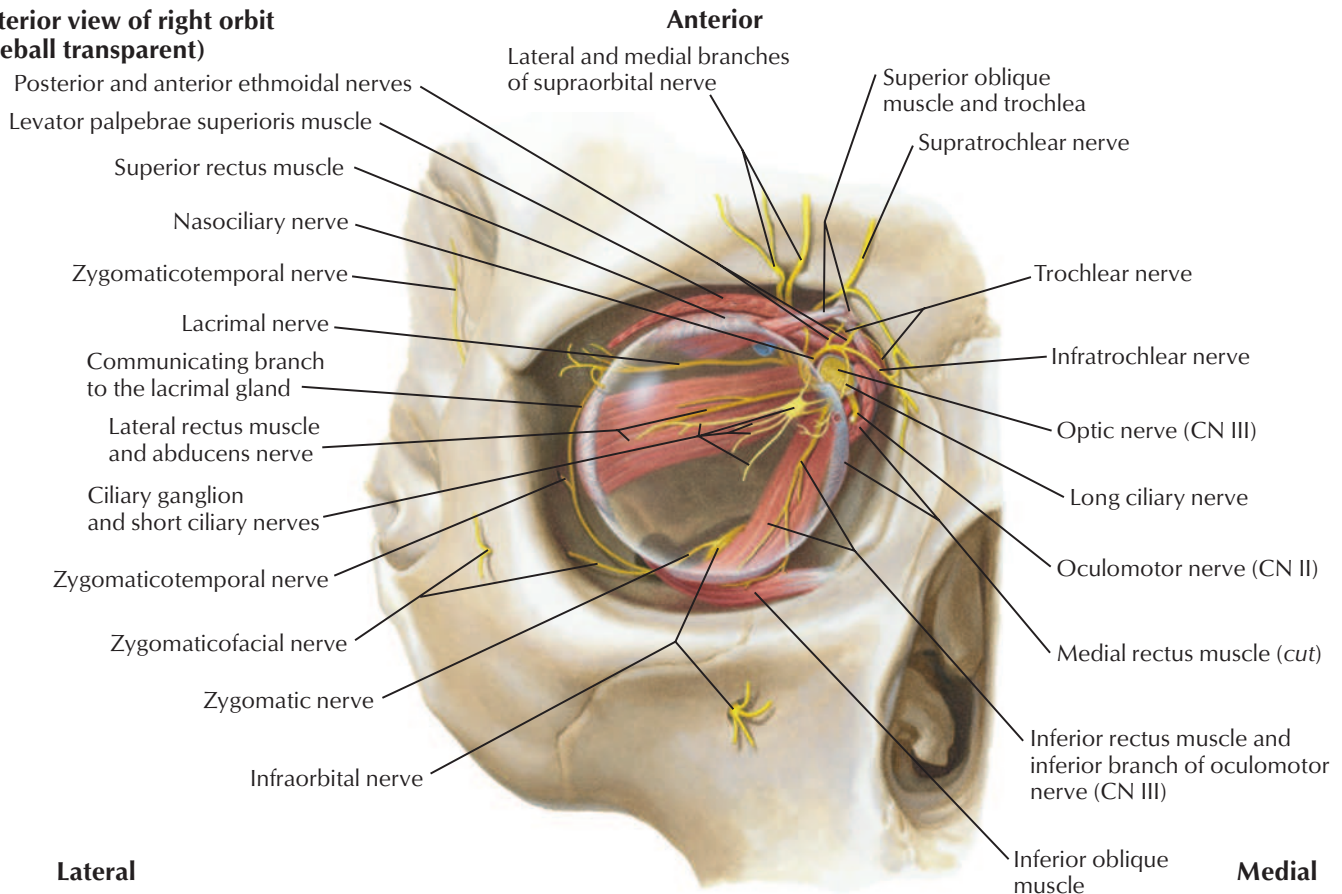


Superior view: levator palpebrae superioris, superior rectus, and superior oblique muscles partially cut away

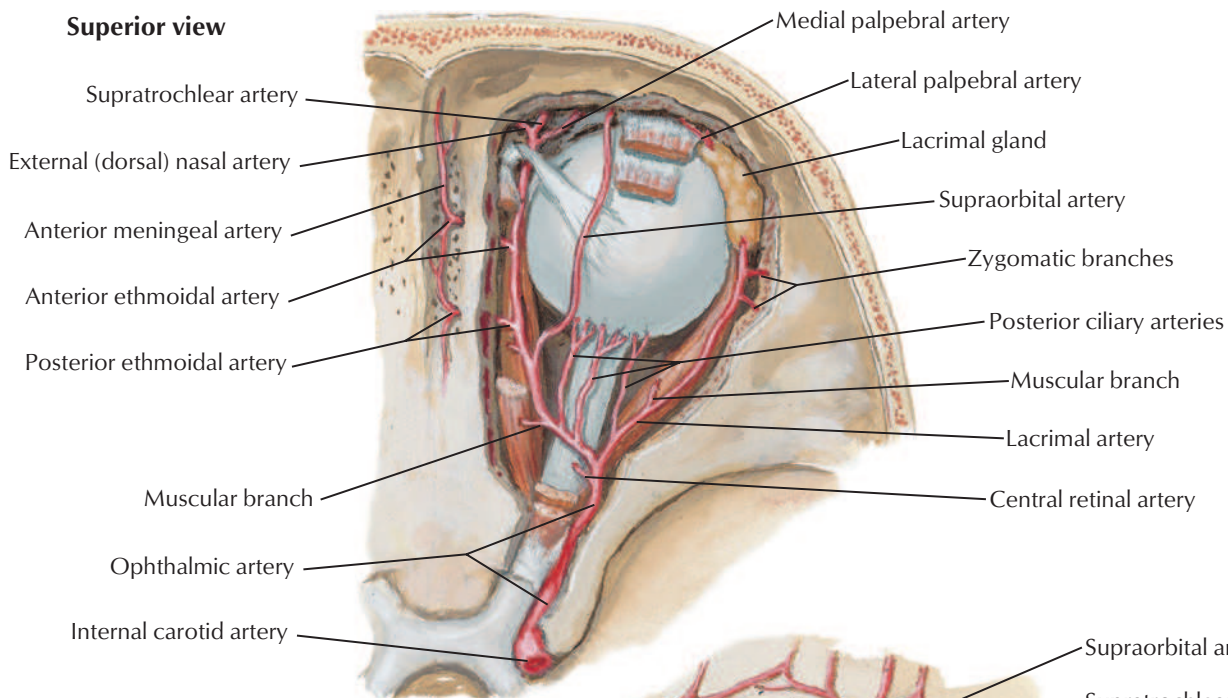




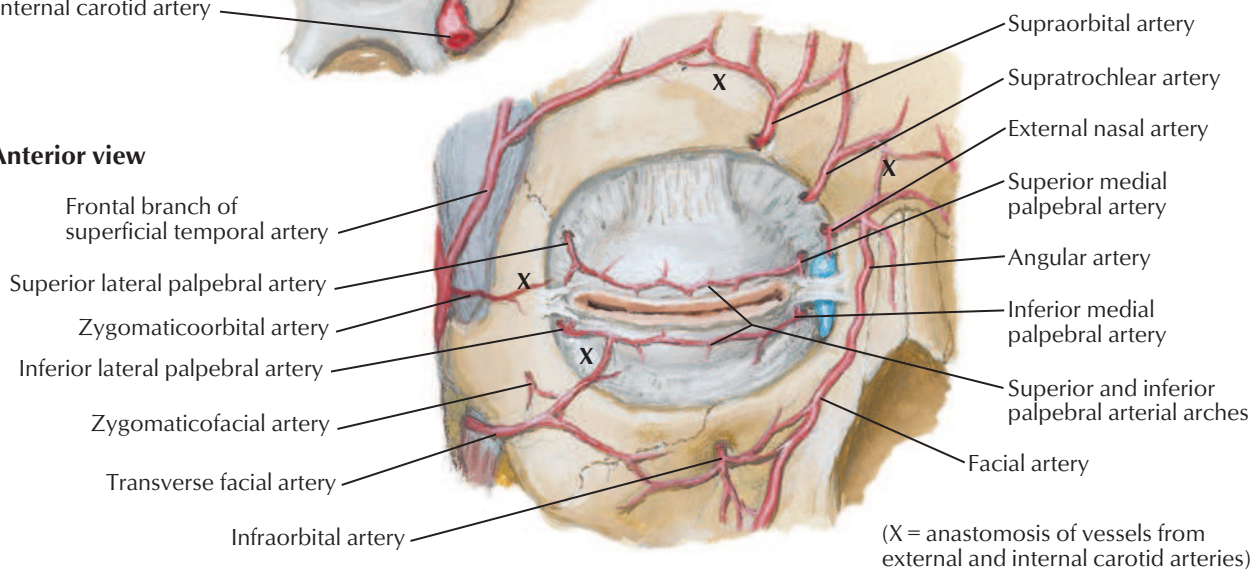
Anterior view of right orbit (eyeball transparent)



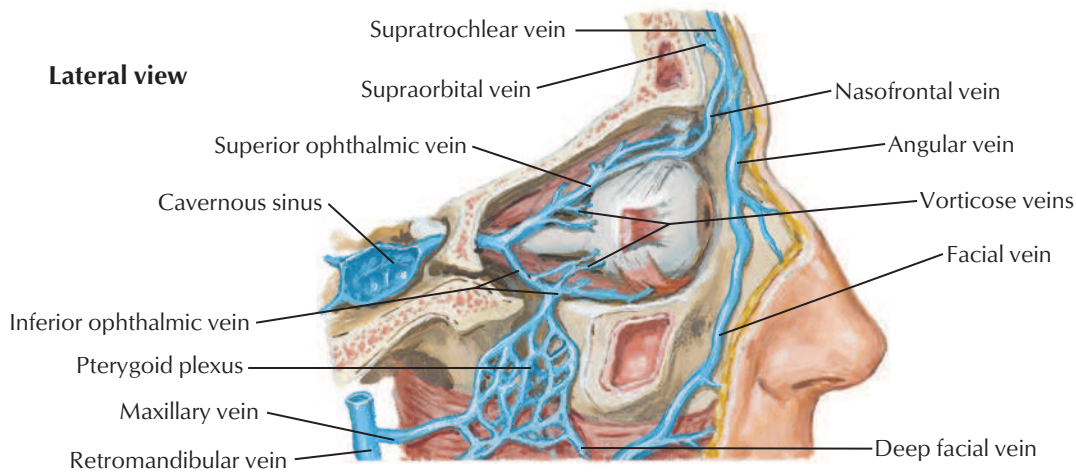
Superior view

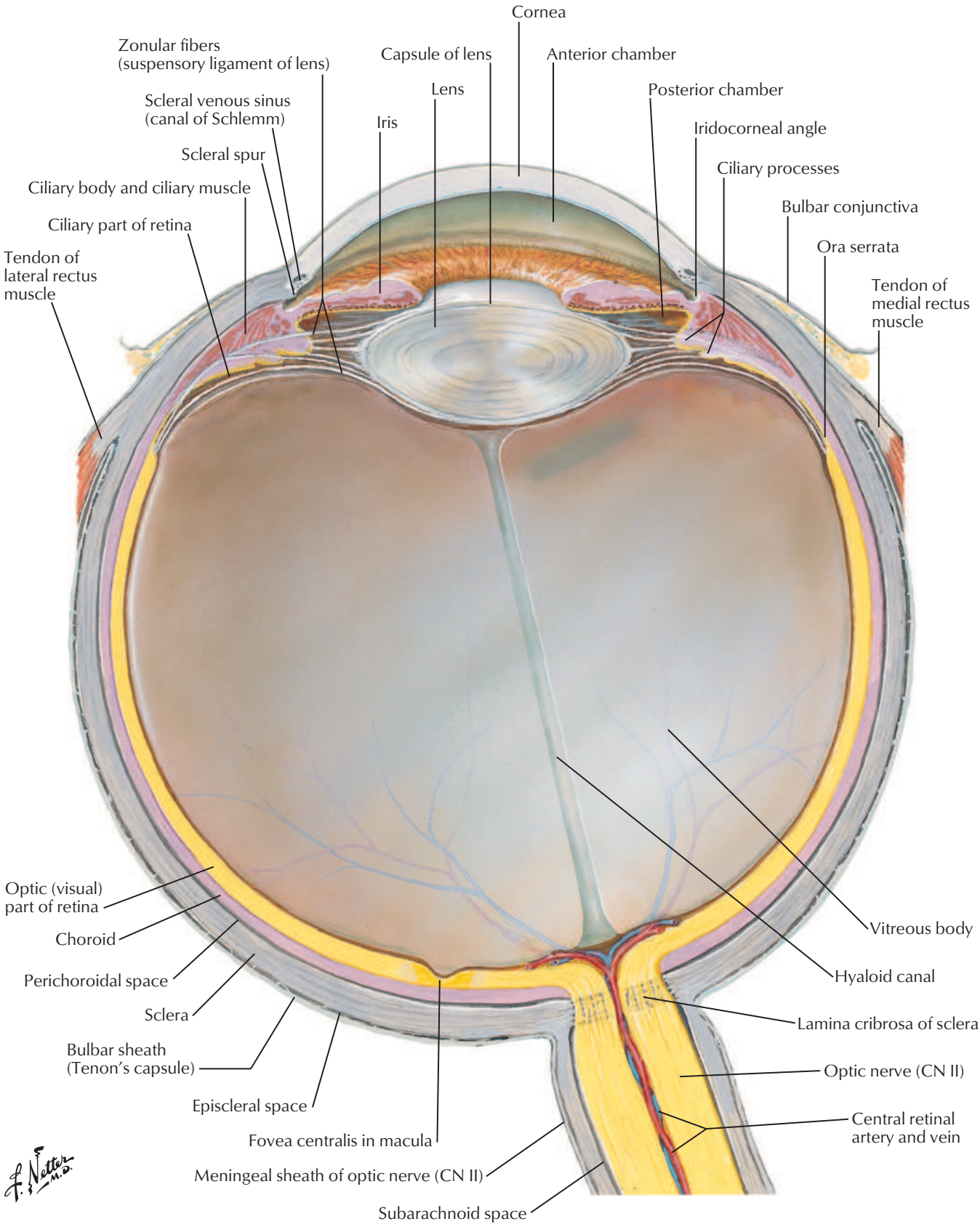


Anterior view

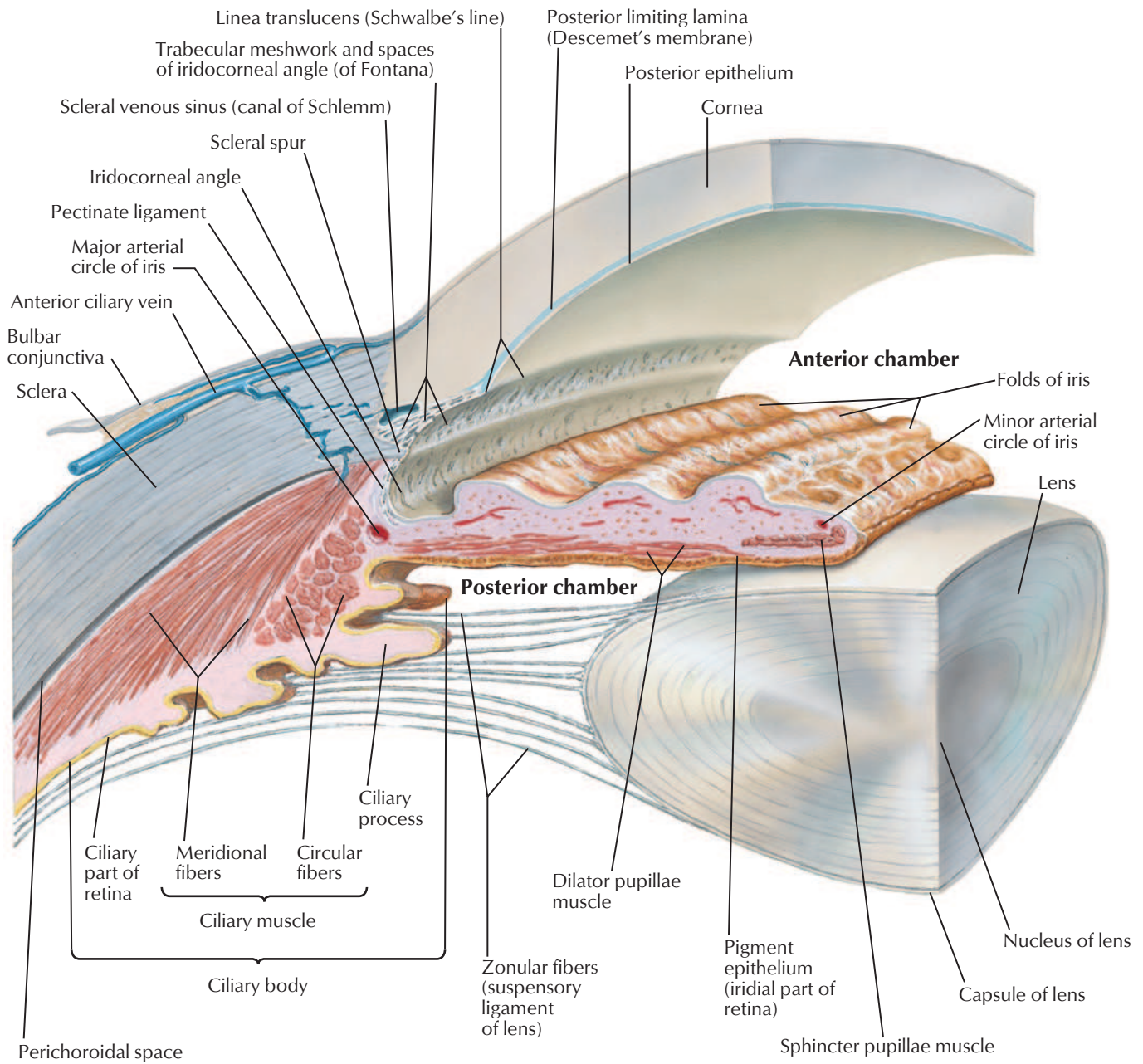


Lateral view

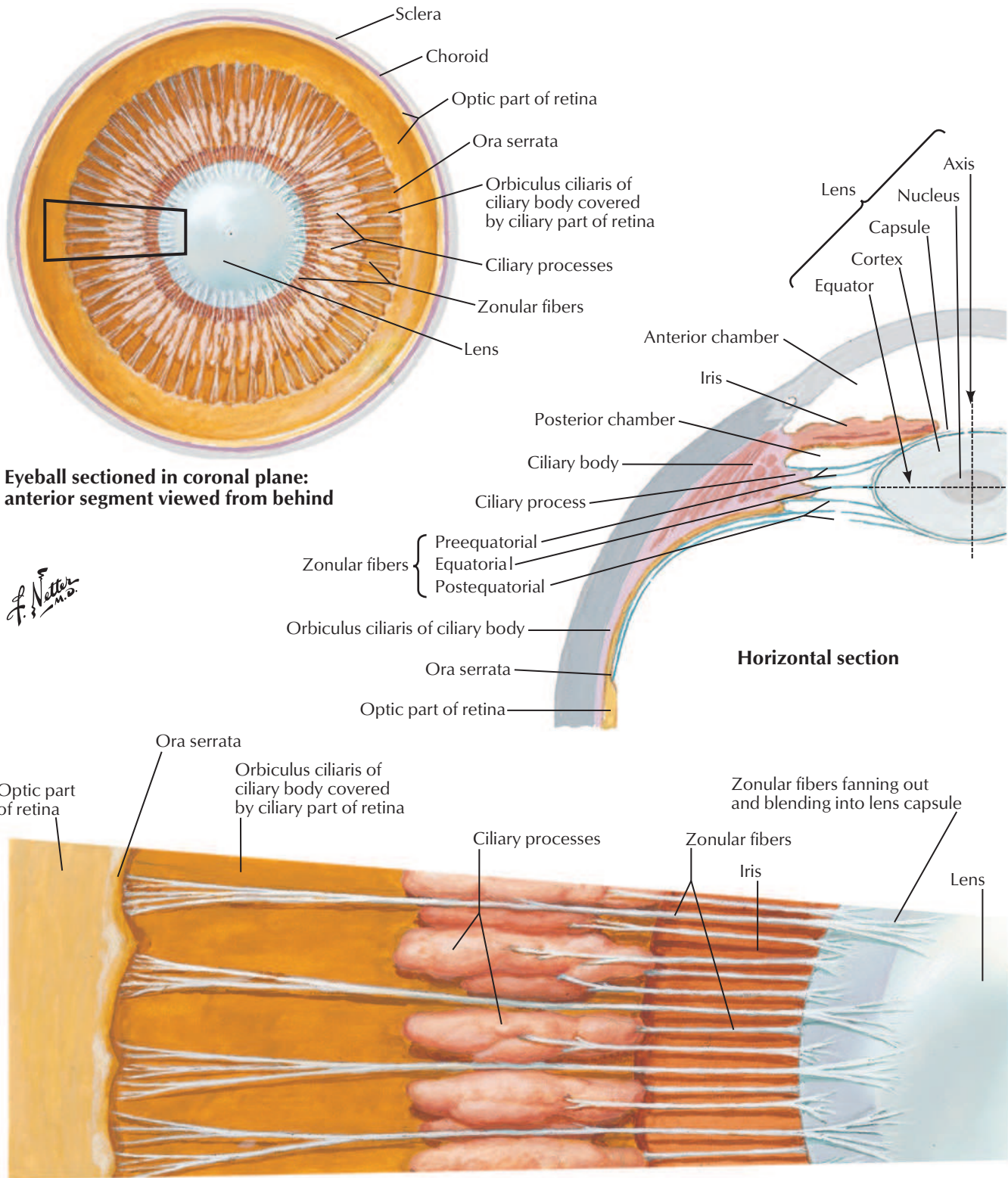




Anterior and Posterior Chambers of Eyeball



Note: For clarity, only single plane of zonular fibers shown; actually, fibers surround entire circumference of lens.



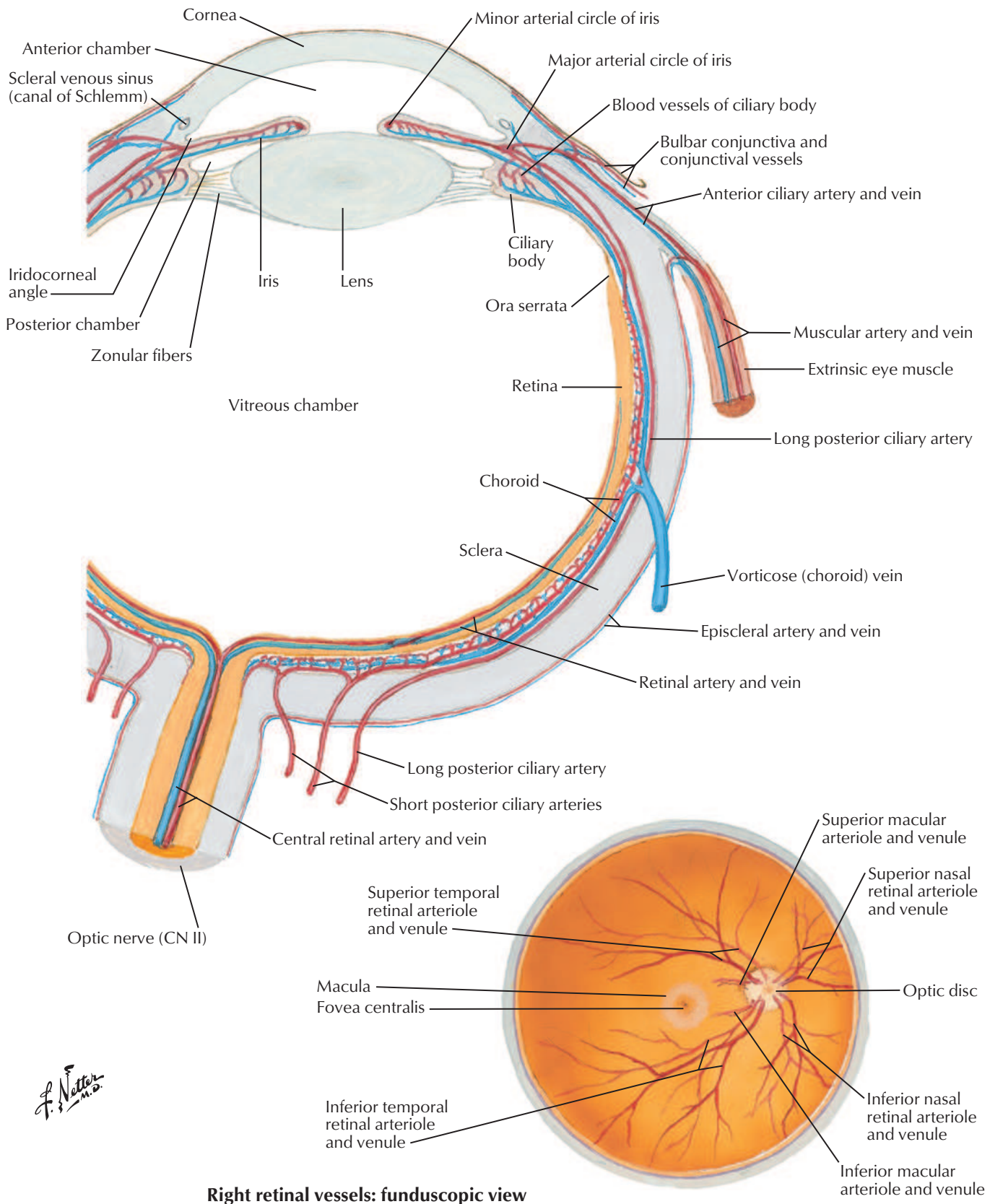
Eyeball sectioned in coronal plane: anterior segment viewed from behind

Horizontal section

Enlargement of segment outlined in top illustration (semischematic)

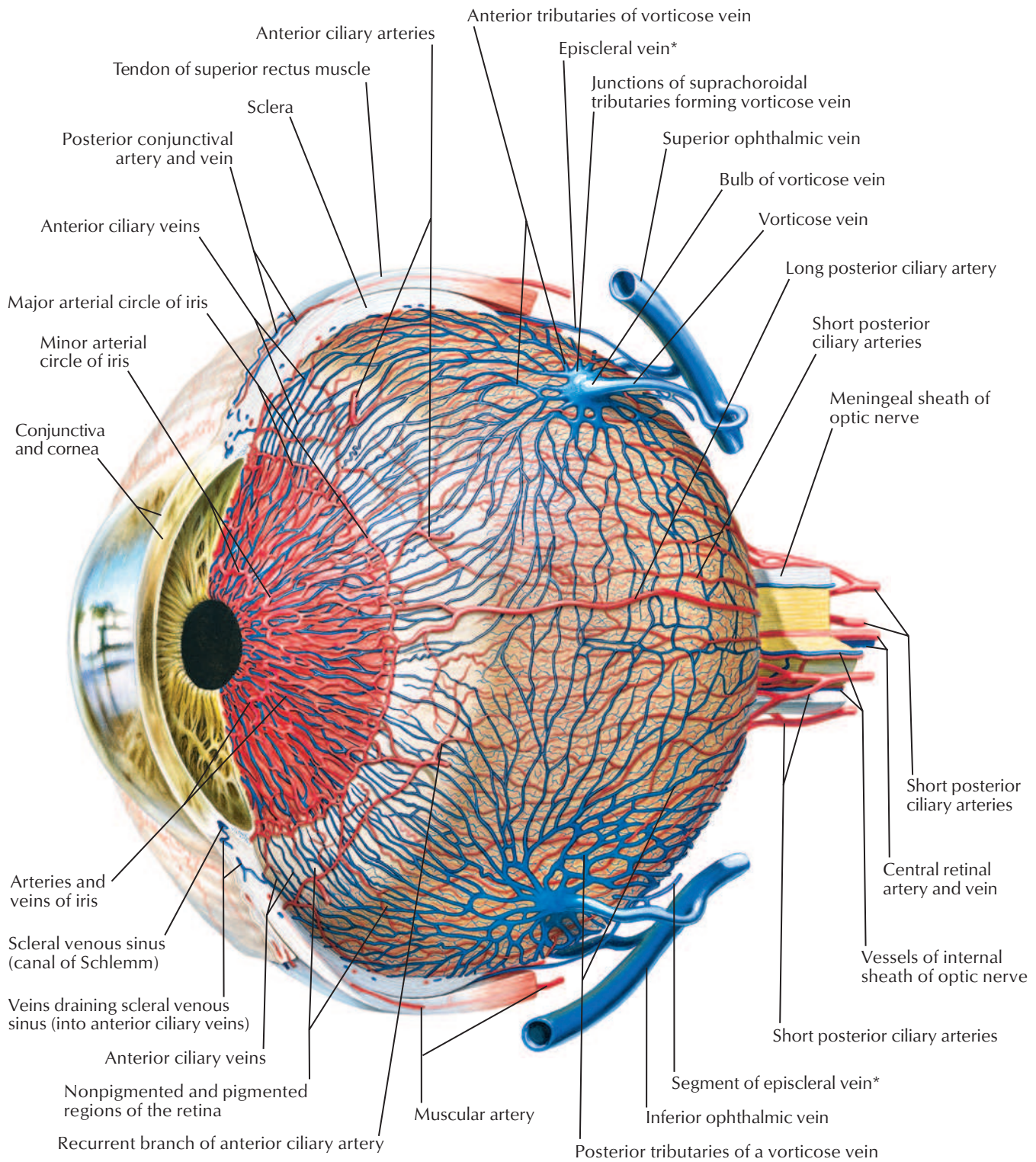
Intrinsic Arteries and Veins of Eye

See also [Plate 104](#)



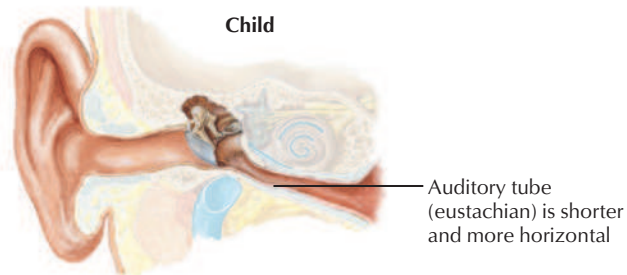
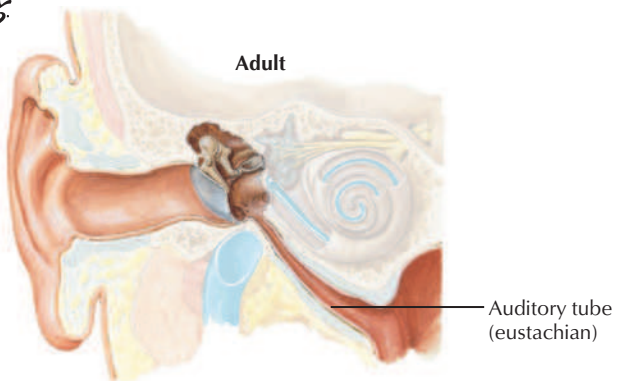
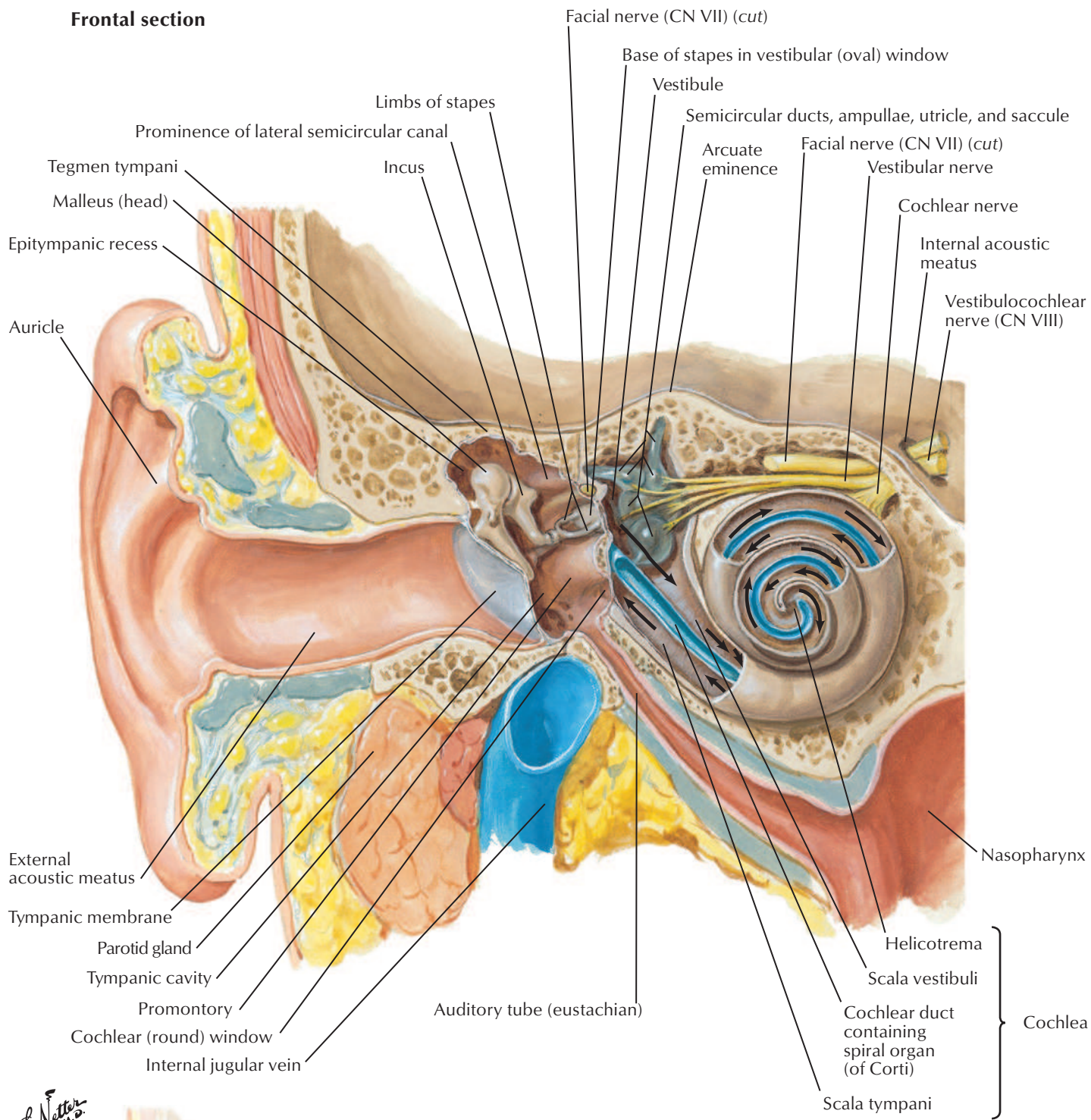
F. Netter M.D.

Vascular arrangements within the choroid (vascular tunic) of the eyeball

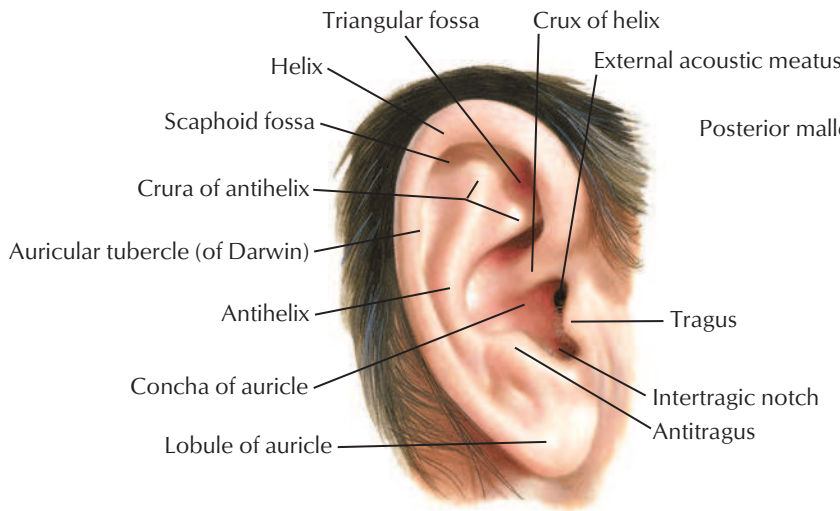


*The episcleral veins are shown here anastomosing with the vorticoses veins, which they do; however, they also drain into the anterior ciliary veins.

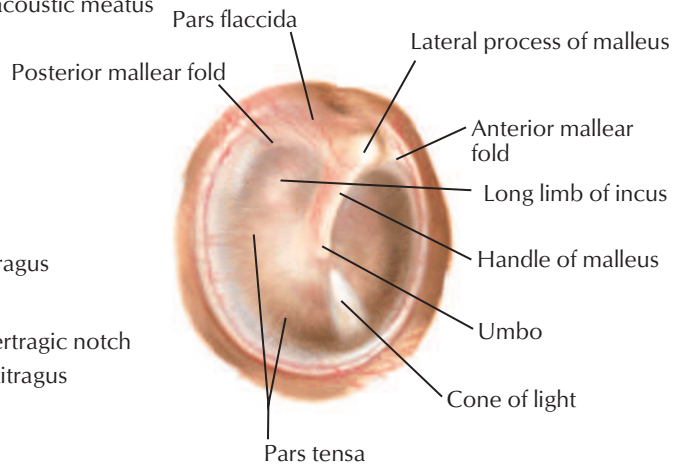
C. Machado
—M.D.



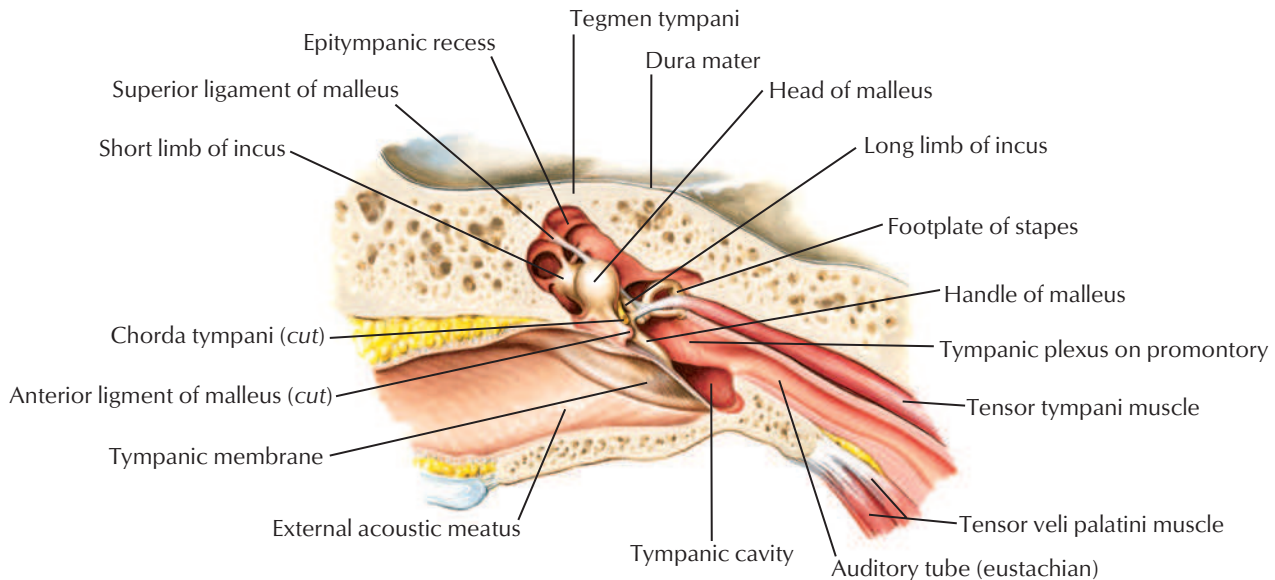
Right auricle (pinna)



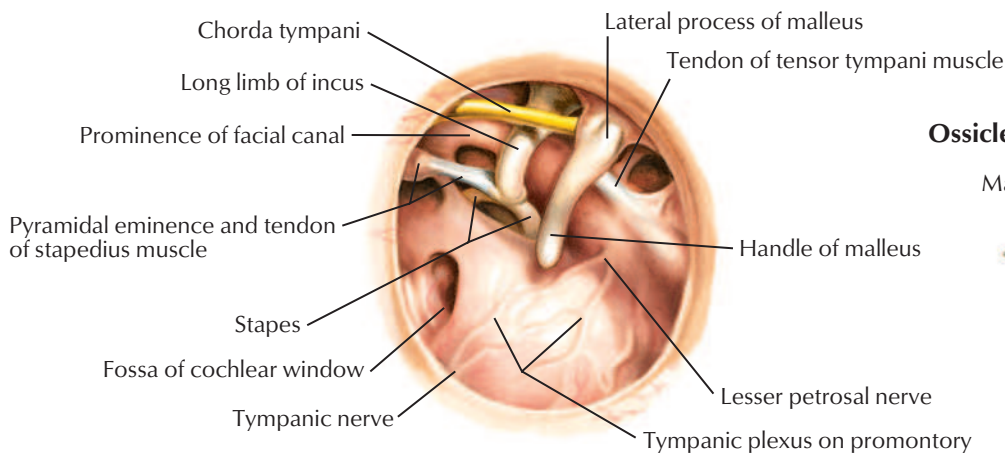
Otoscopic view of right tympanic membrane



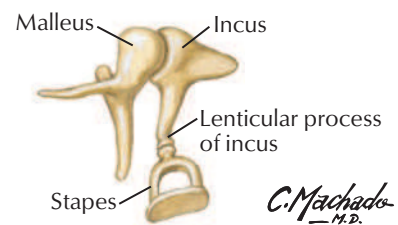
Coronal oblique section of external acoustic meatus and middle ear (tympanic cavity)



Right tympanic cavity after removal of tympanic membrane (lateral view)



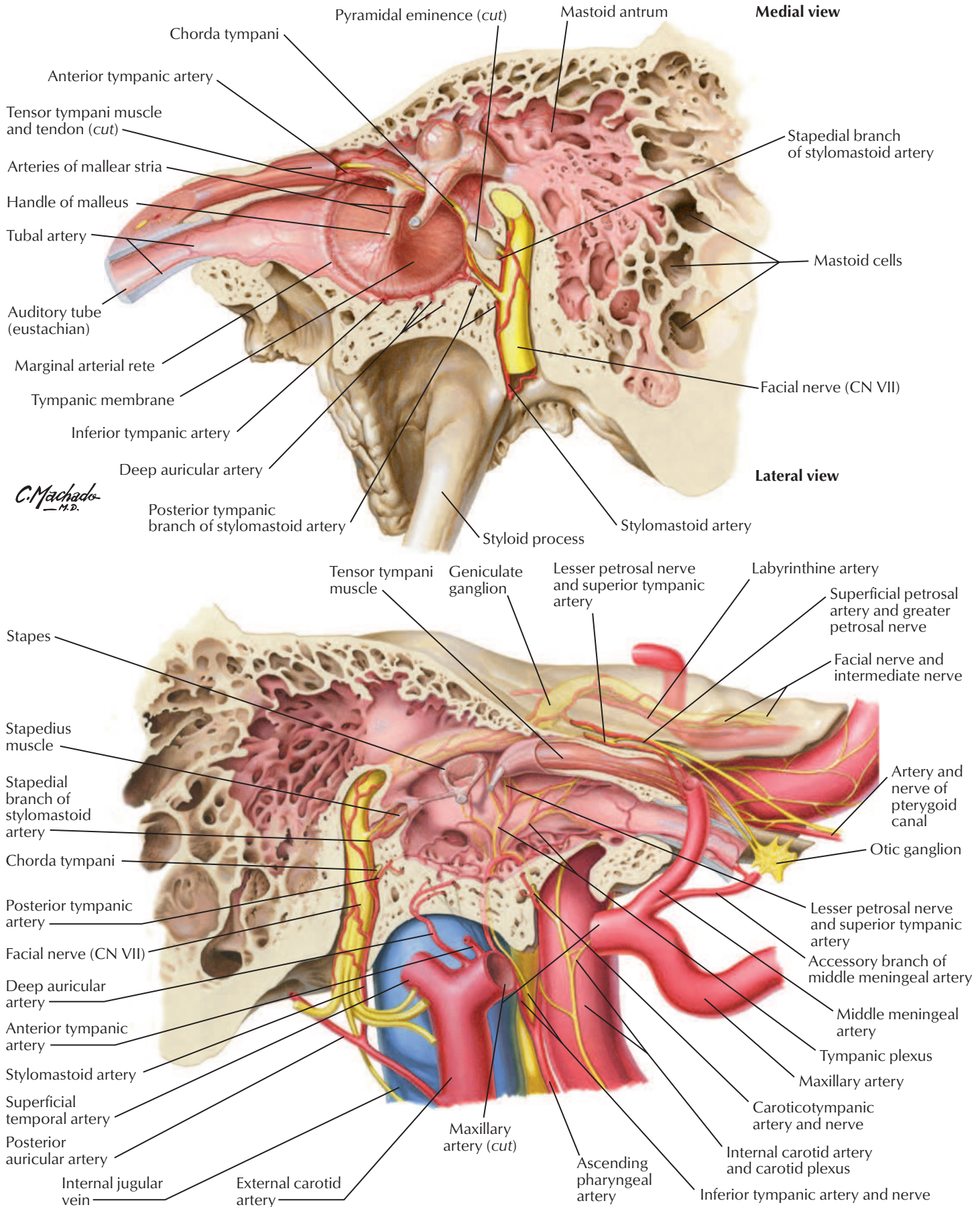
Ossicles articulated: medial view



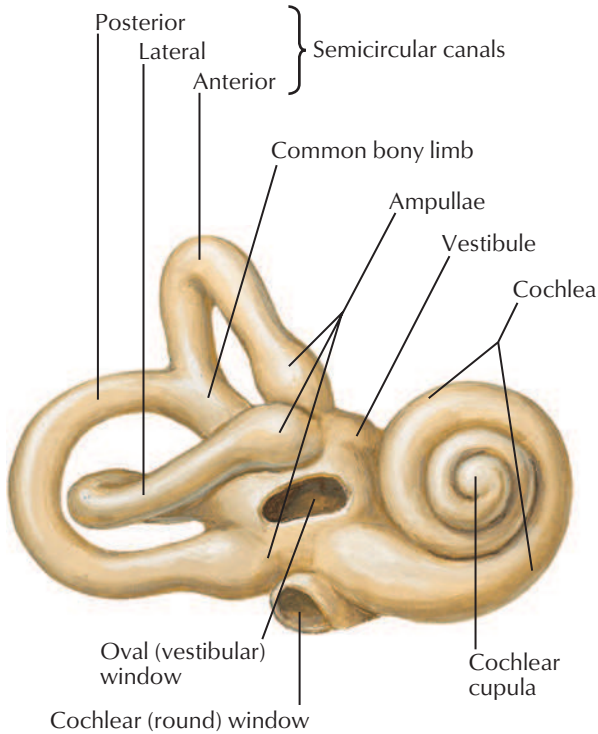
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Tympanic Cavity

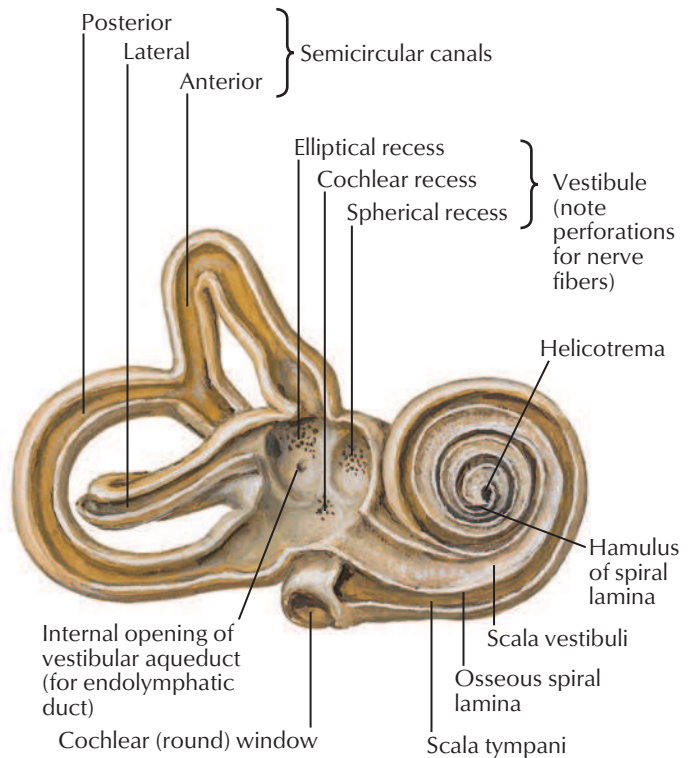
See also **Plates 59, 146**



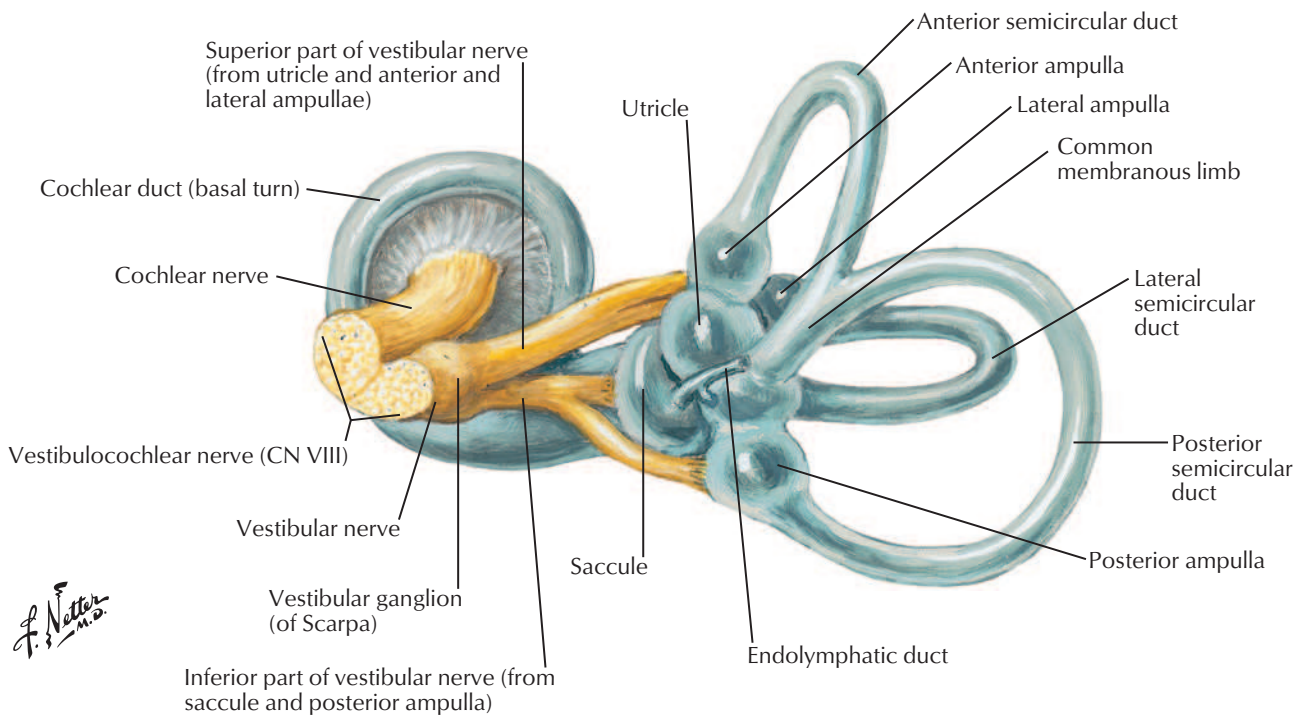
Right bony labyrinth (otic capsule), anterolateral view: surrounding cancellous bone removed



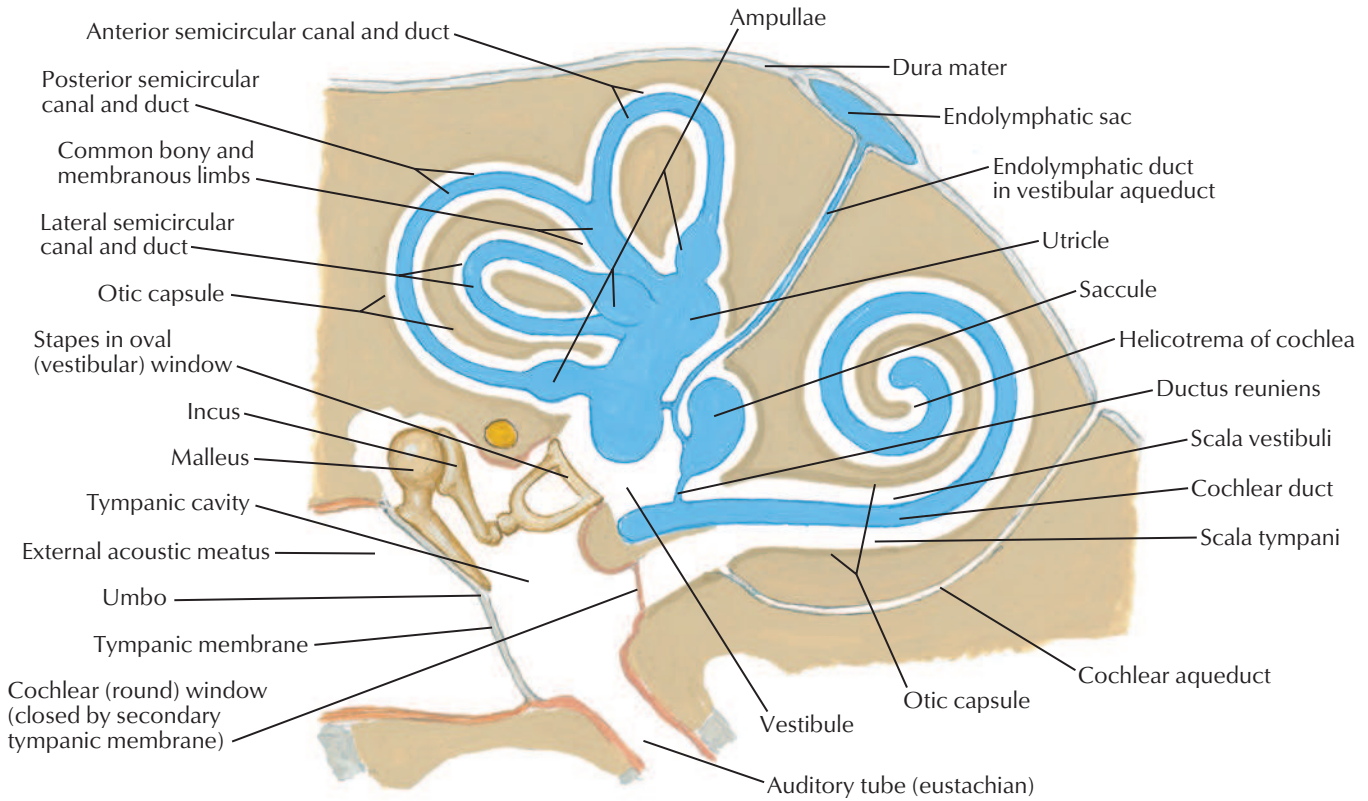
Dissected right bony labyrinth (otic capsule): membranous labyrinth removed



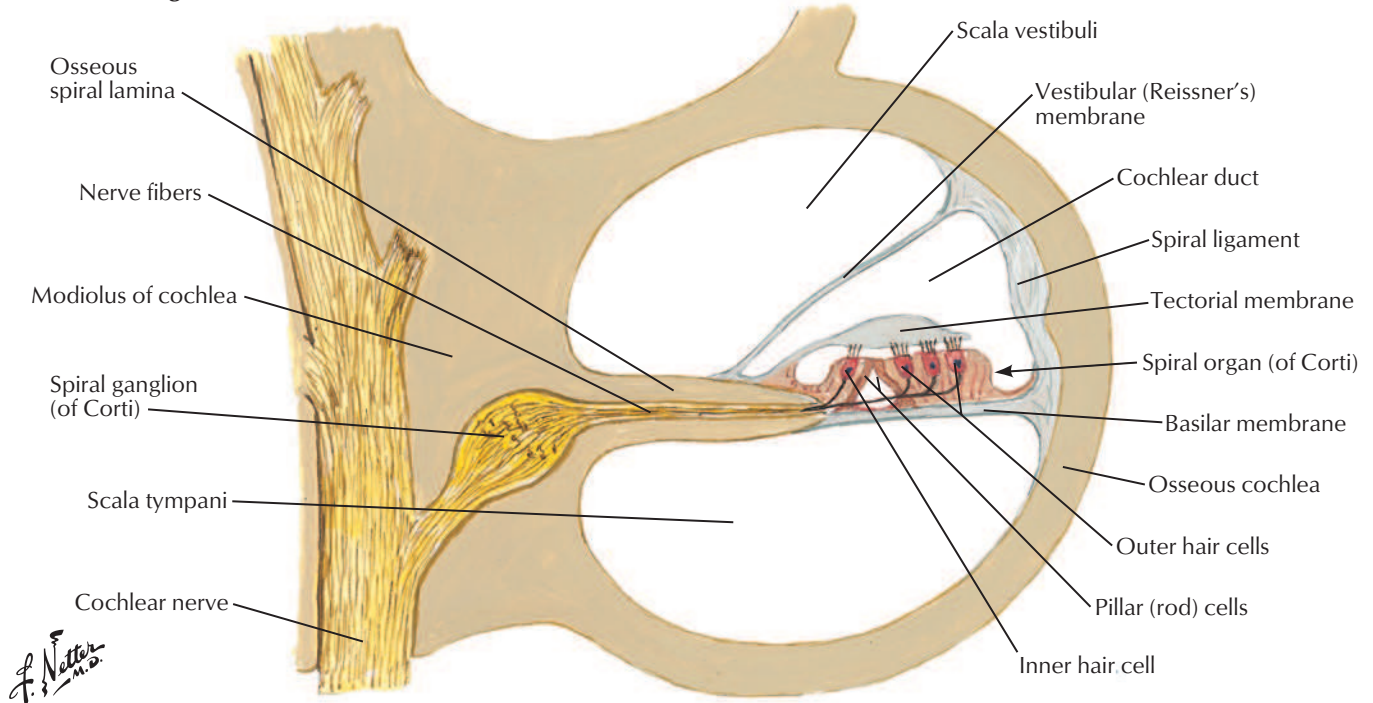
Right membranous labyrinth with nerves: medial view



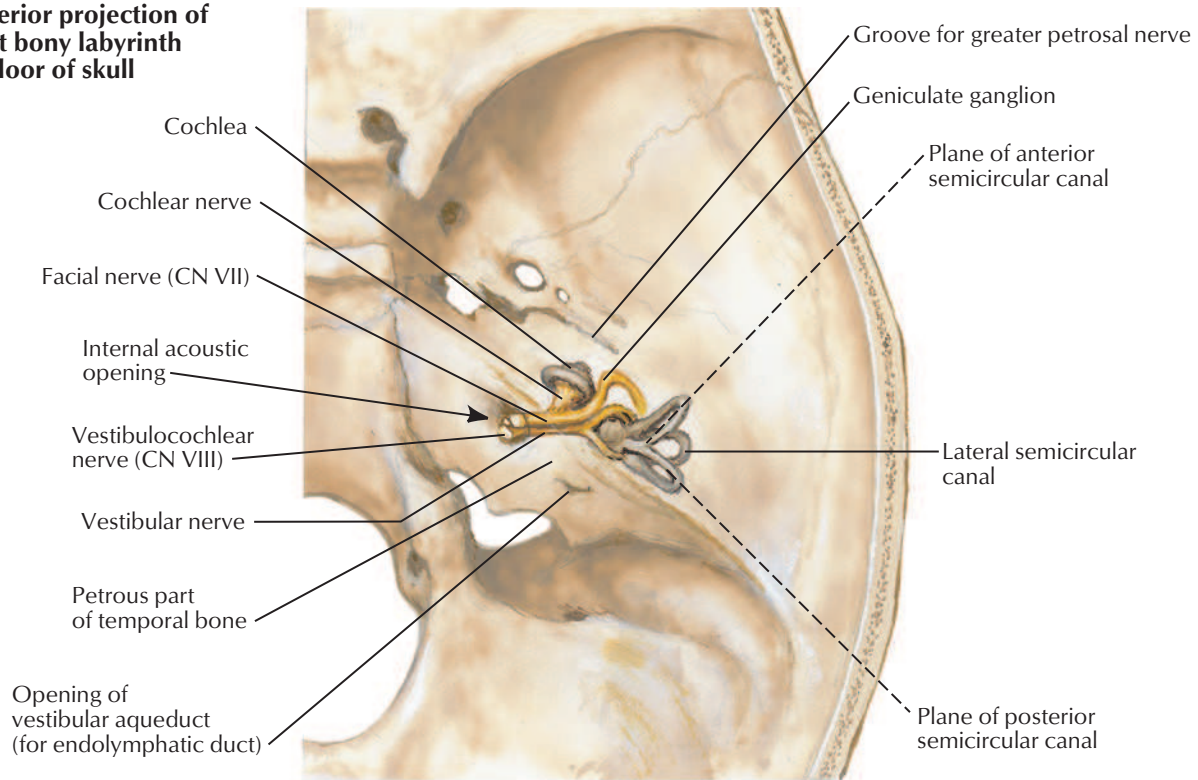
Bony and membranous labyrinths: schema



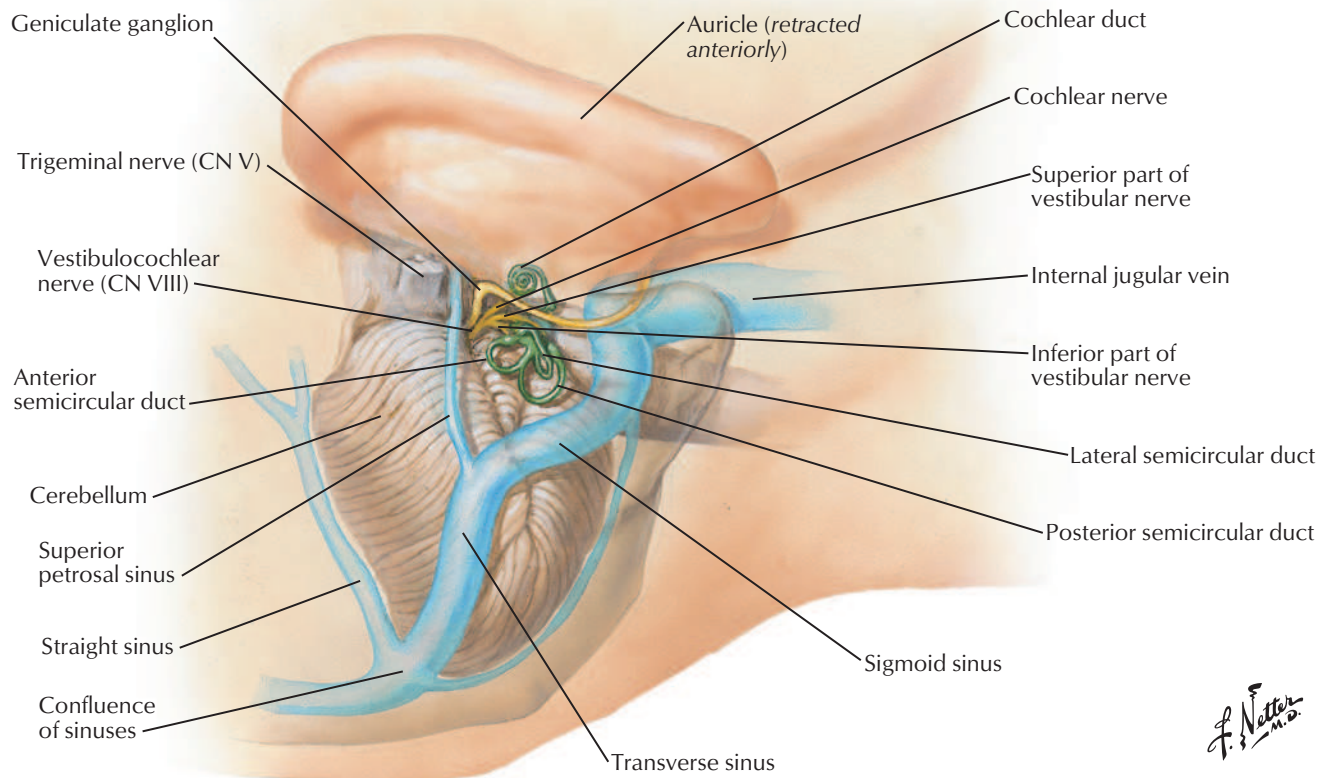
Section through turn of cochlea



Superior projection of right bony labyrinth on floor of skull

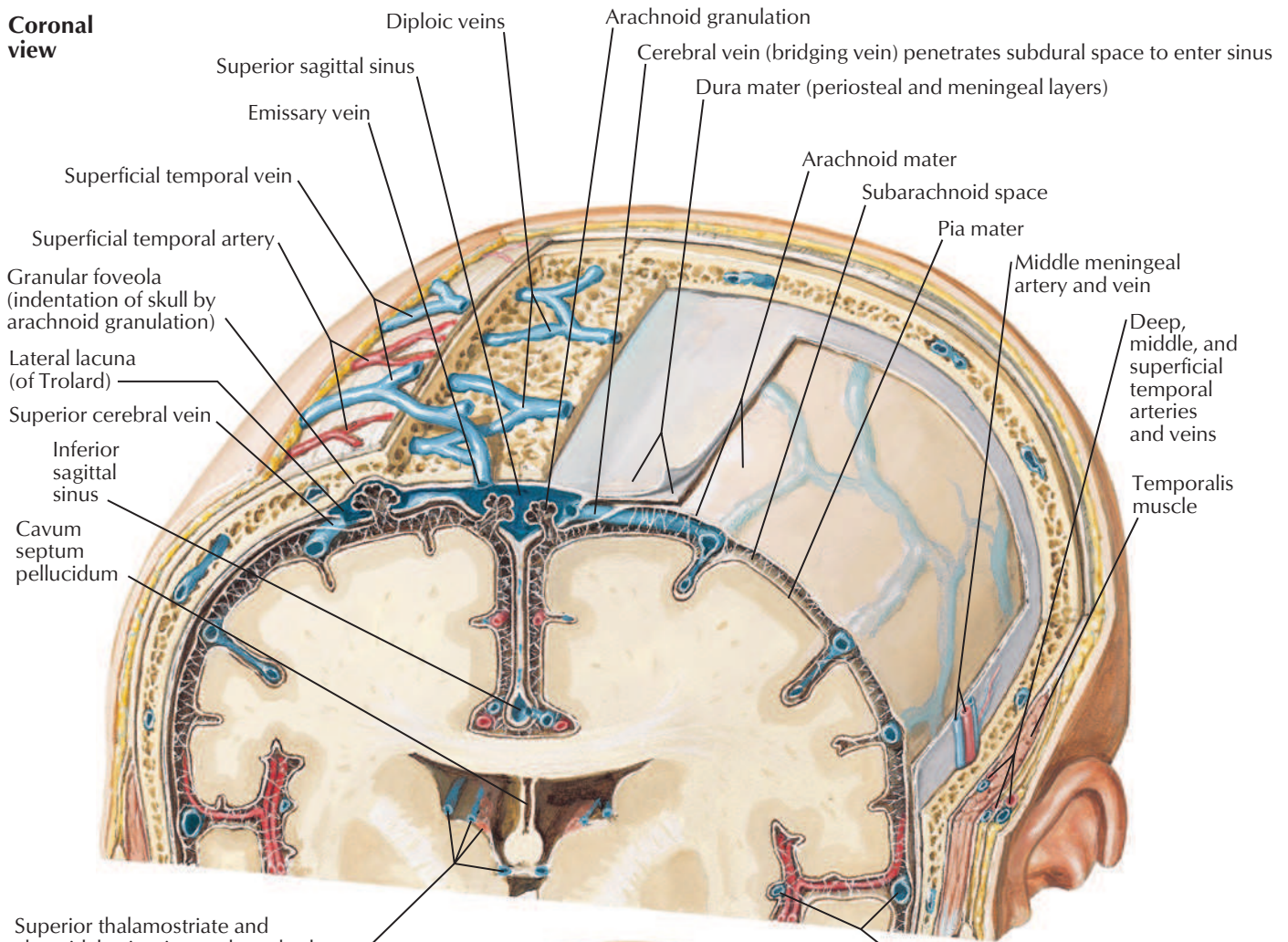


Lateral projection of right membranous labyrinth



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Coronal view



Superior thalamostriate and choroidal veins, internal cerebral veins, and choroid plexus of lateral ventricle

Deep and superficial middle cerebral veins

Diploic and emissary veins of skull

Frontal diploic vein

Anterior temporal diploic vein

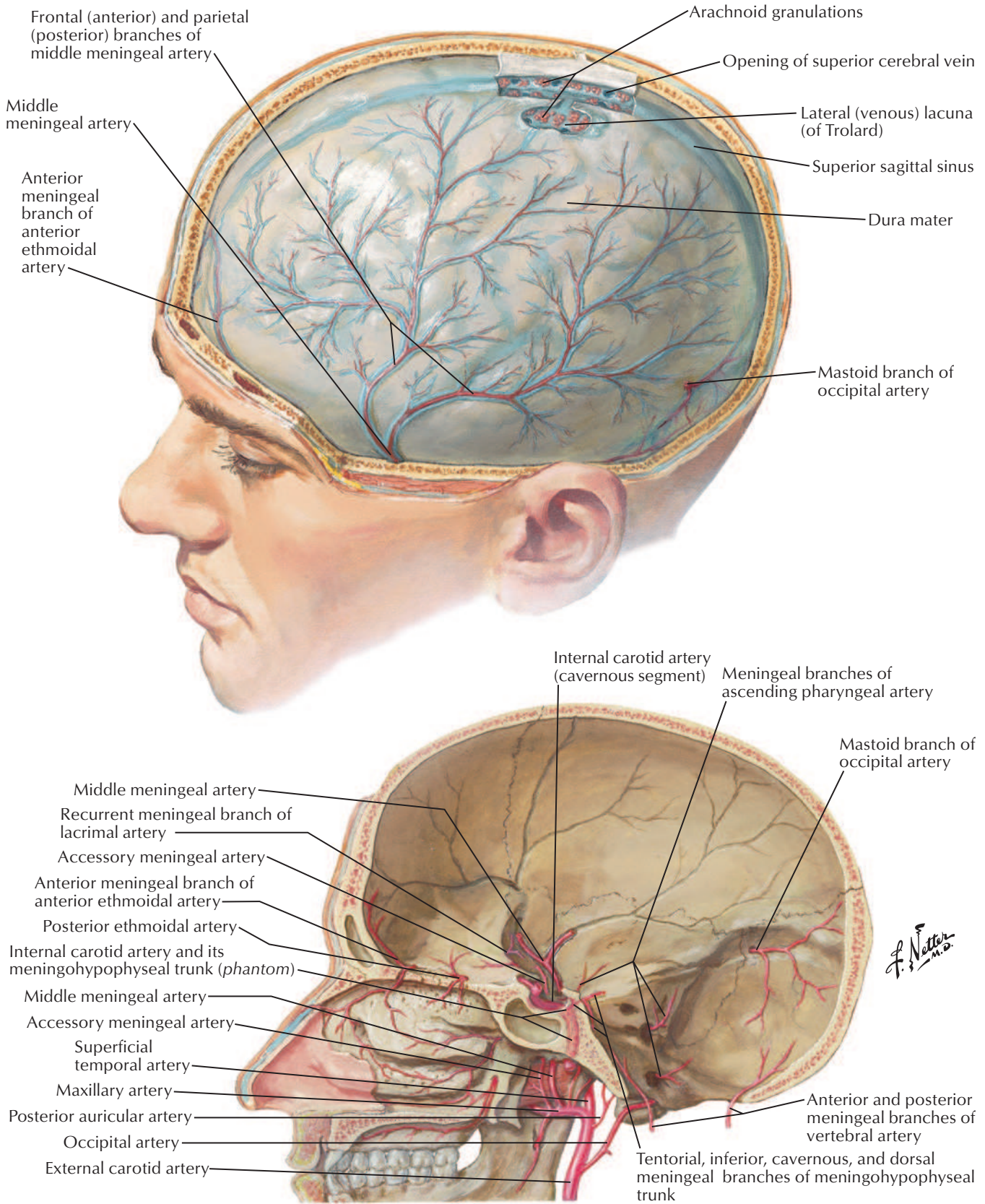
Parietal emissary vein

Posterior temporal diploic vein

Occipital emissary vein

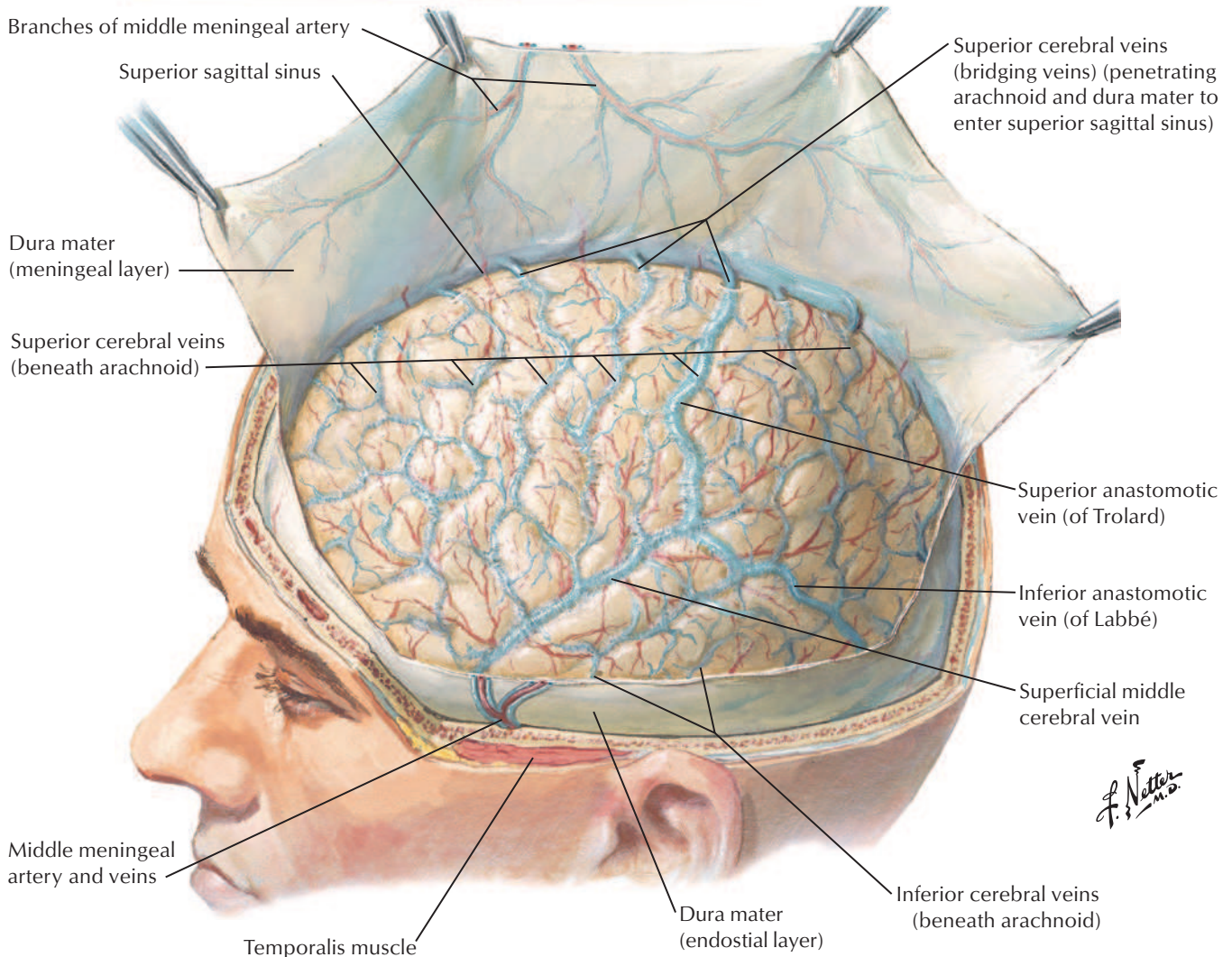
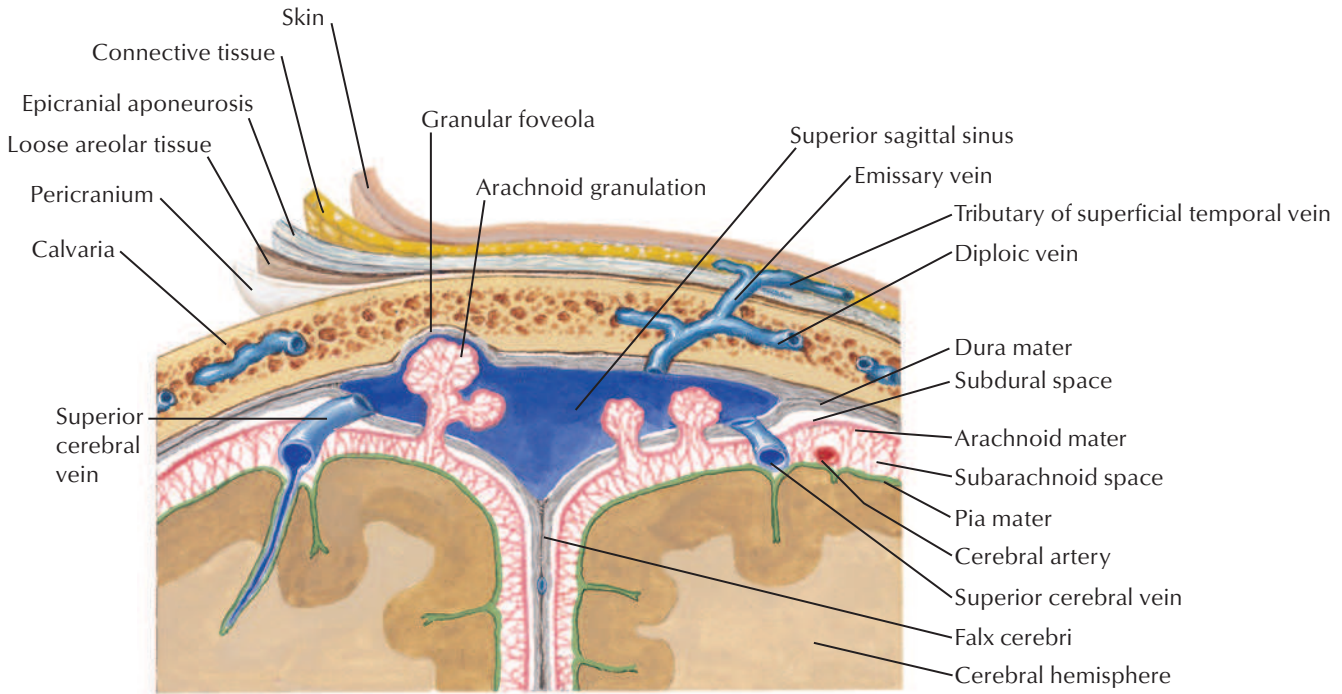
Occipital diploic vein

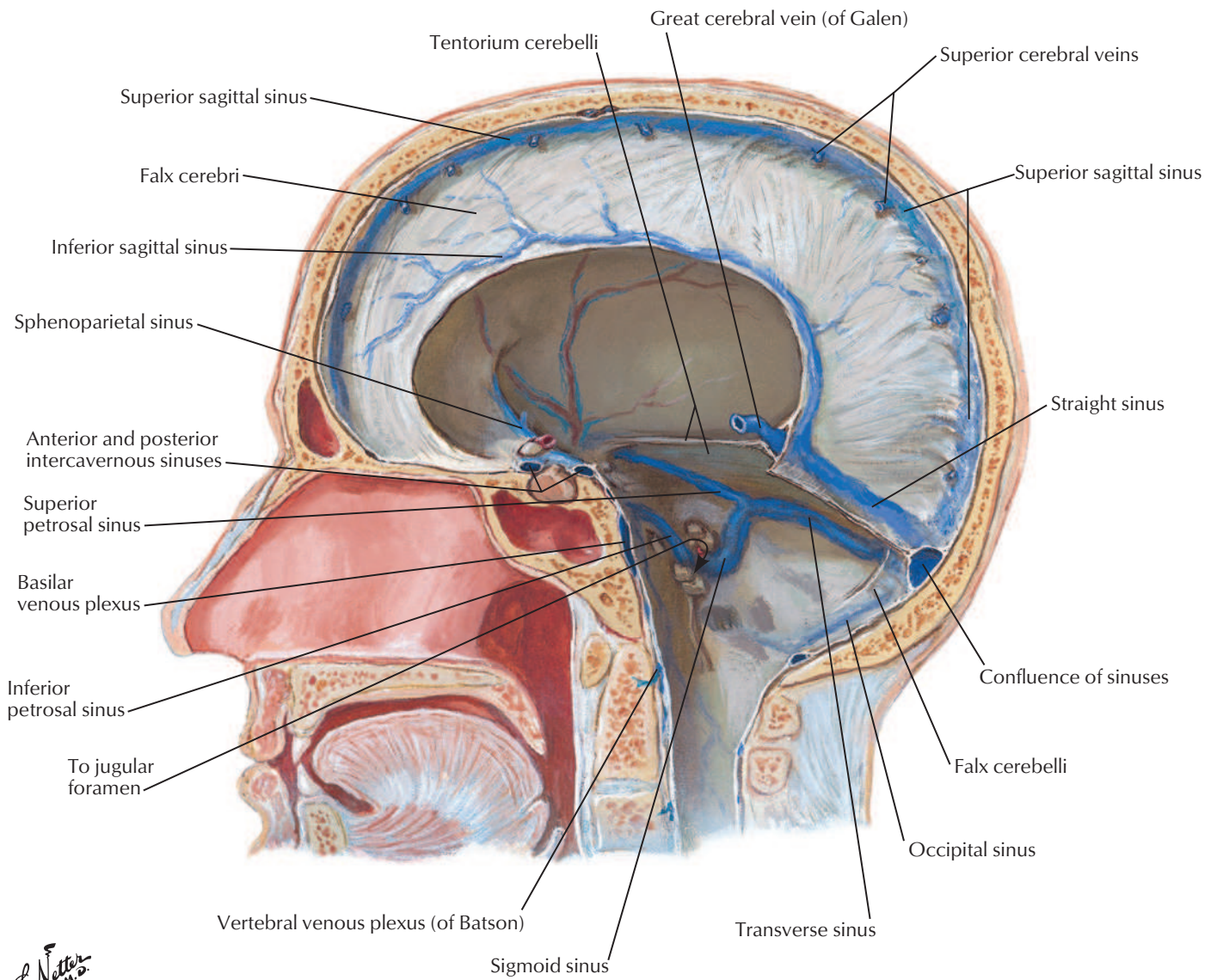
Mastoid emissary vein



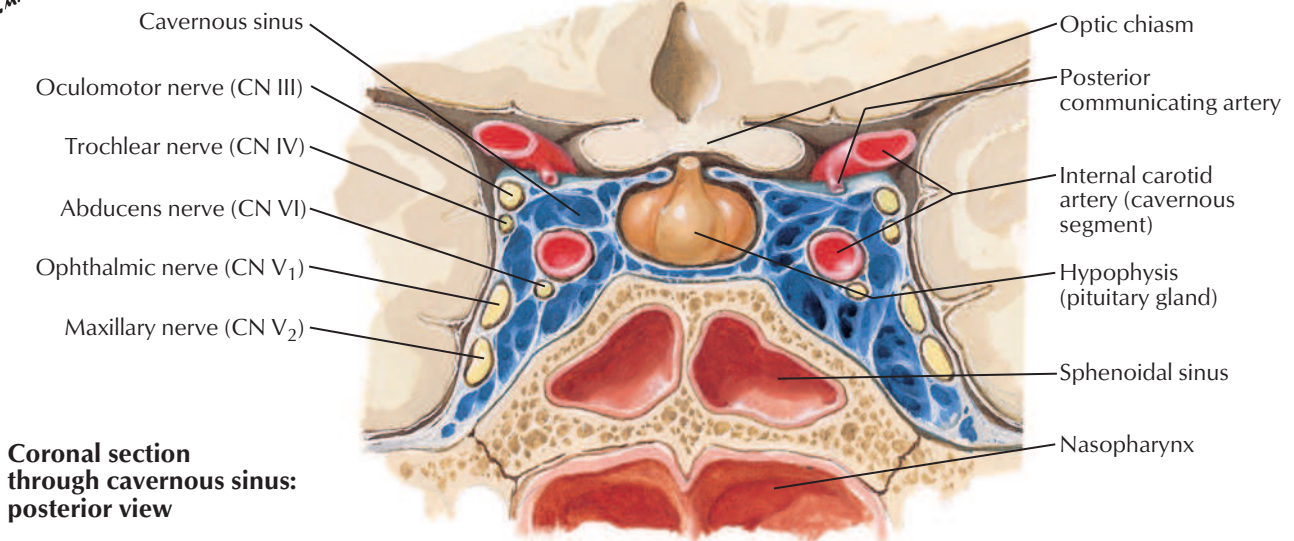
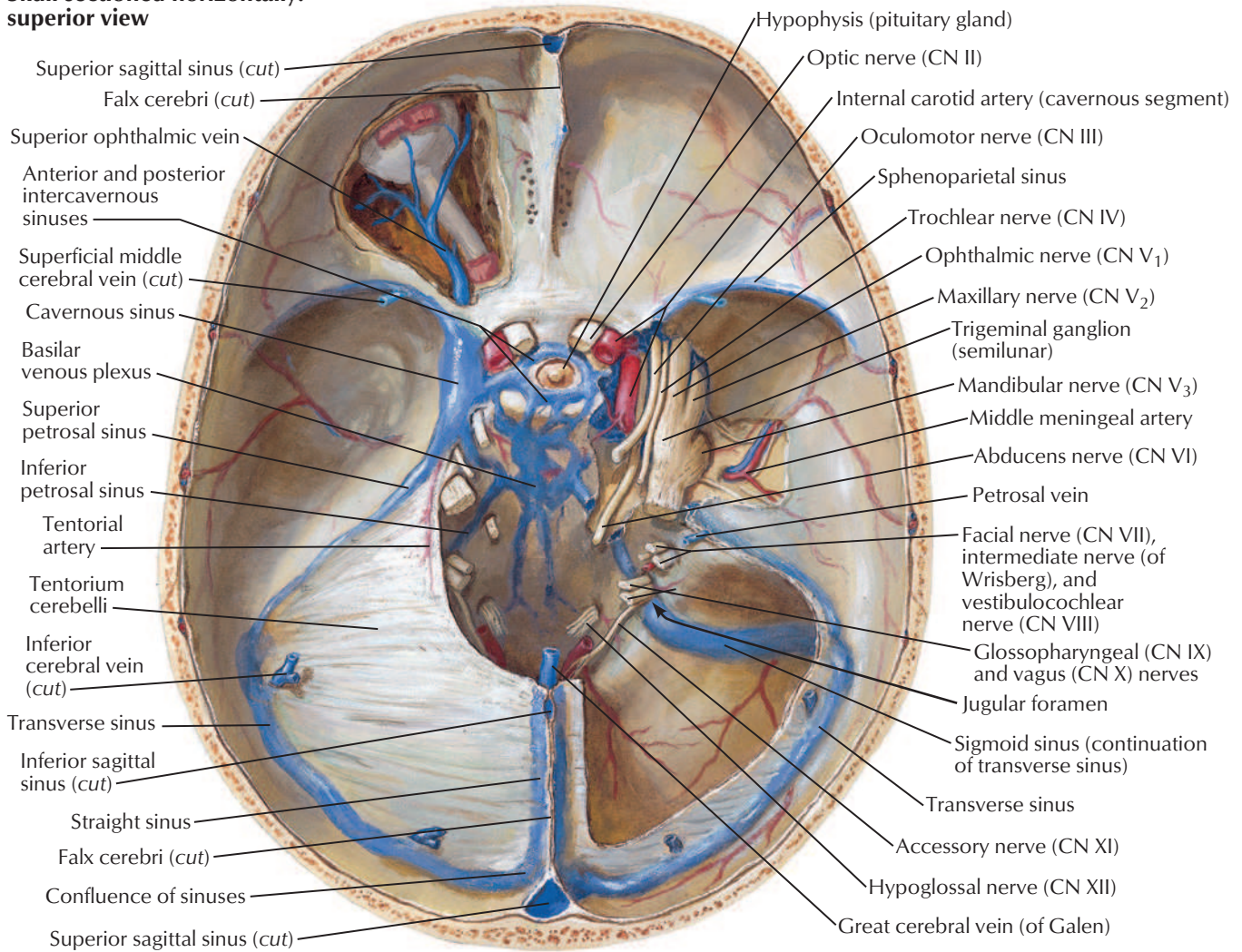
Meninges and Superficial Cerebral Veins

For deep veins of brain see [Plate 156](#)

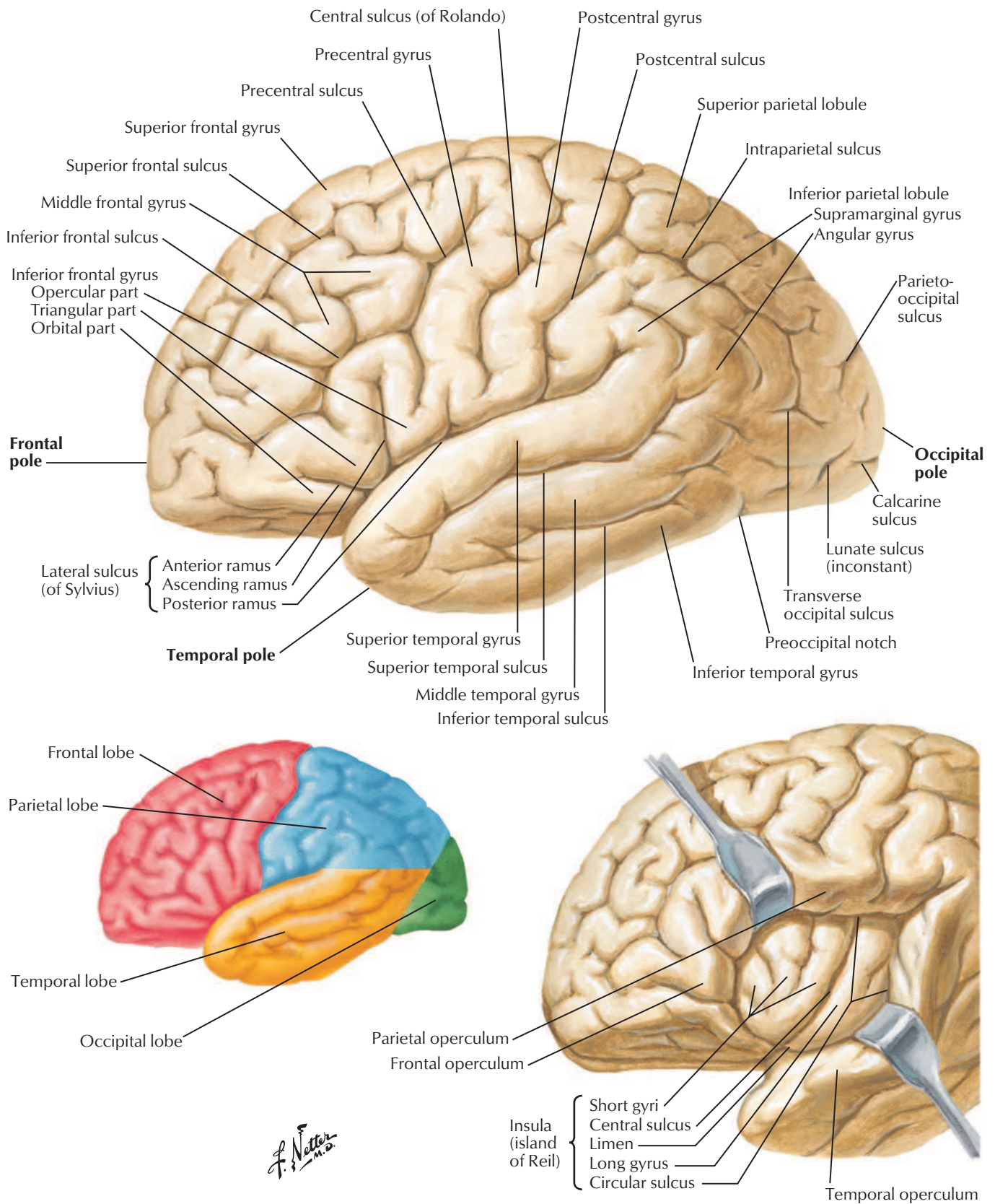




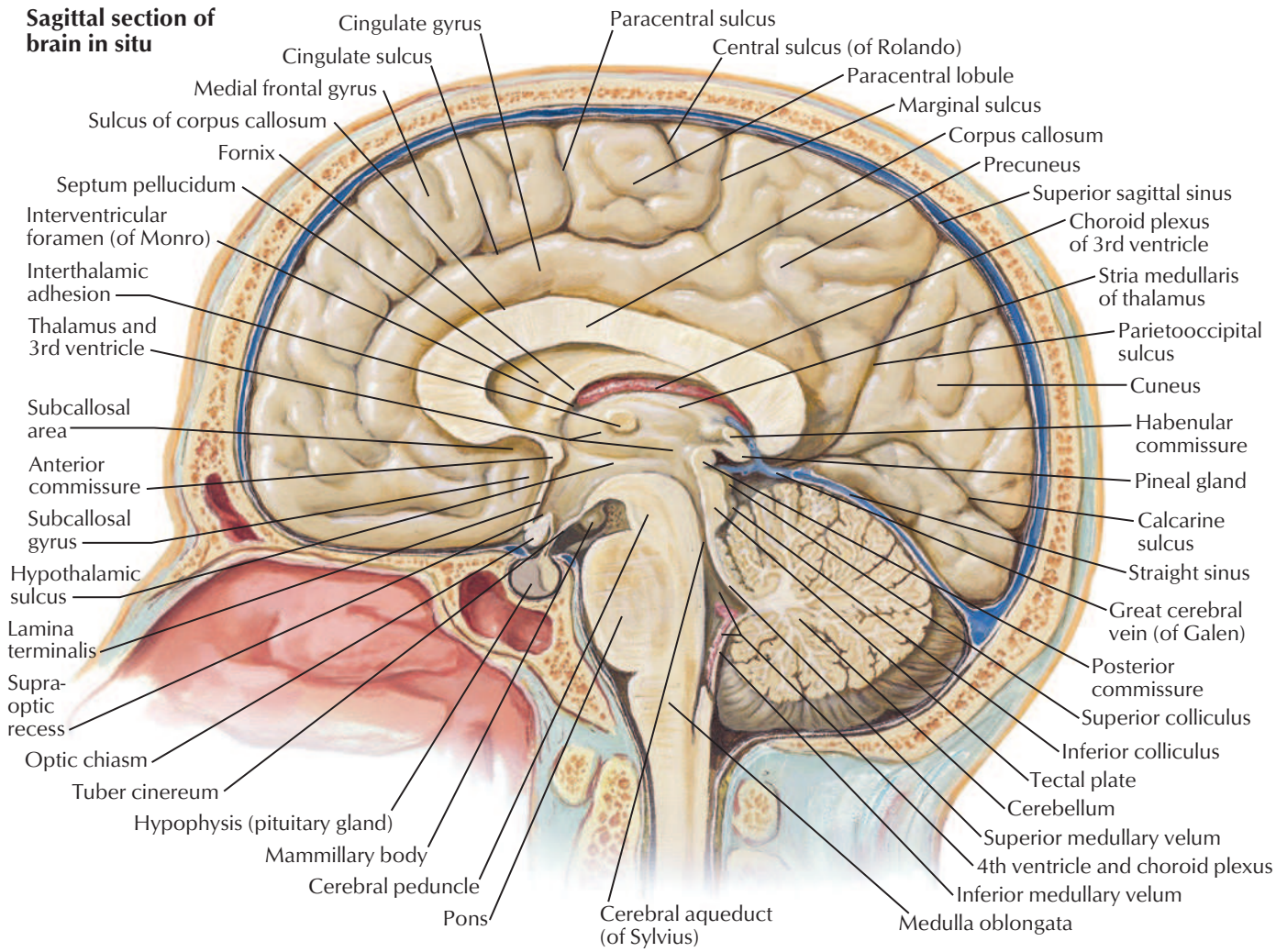
**Skull sectioned horizontally:
superior view**



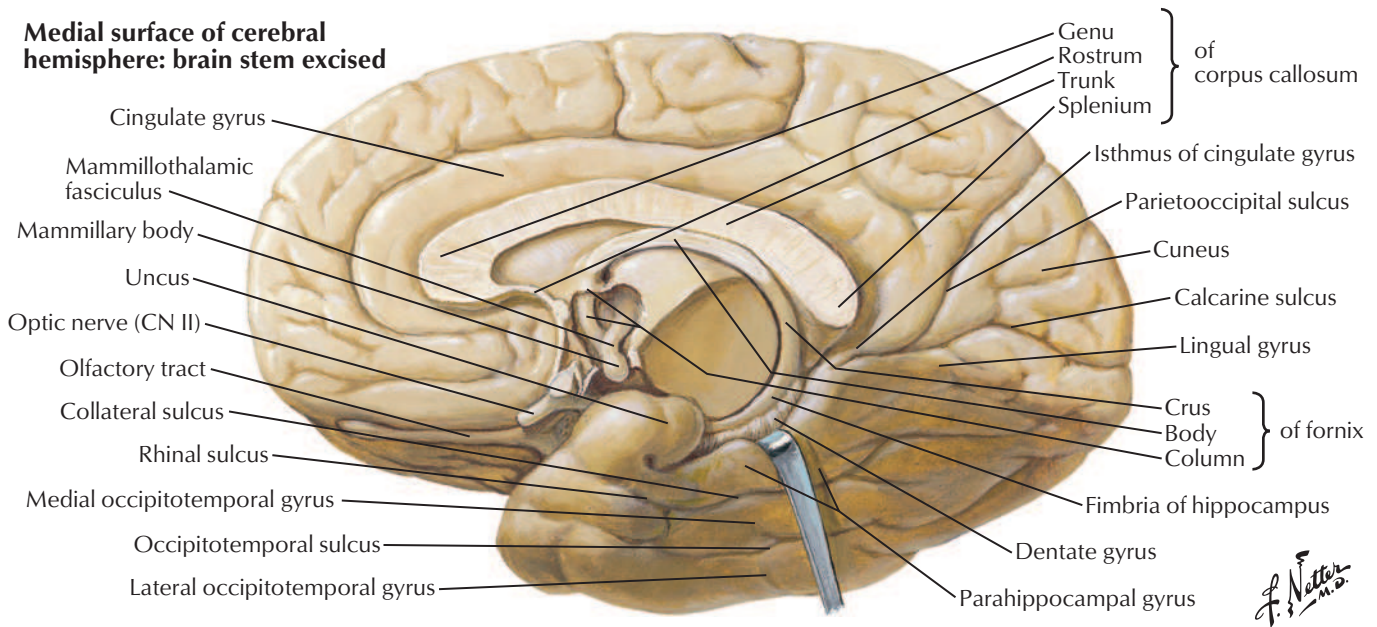
**Coronal section
through cavernous sinus:
posterior view**

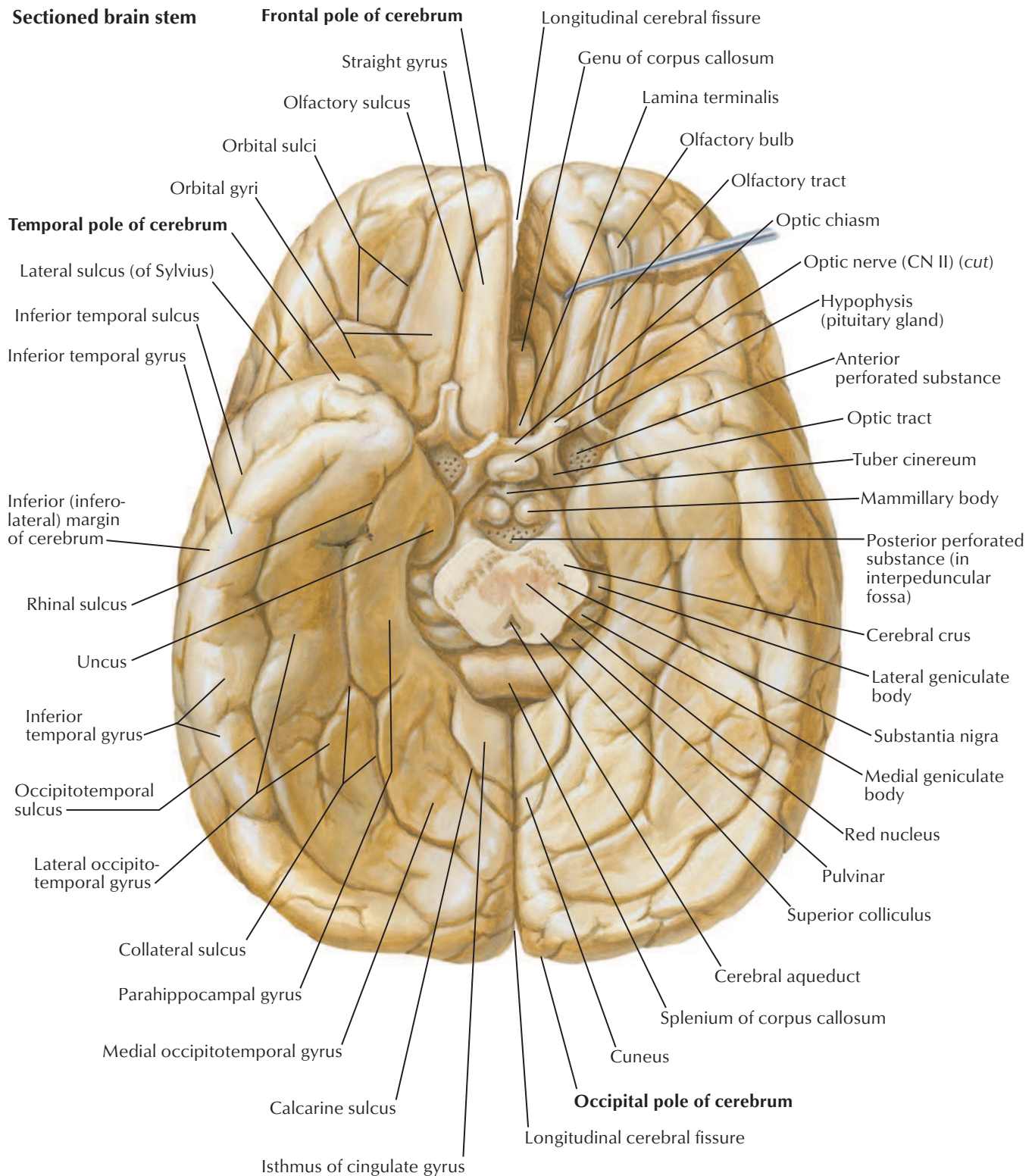


Sagittal section of brain in situ



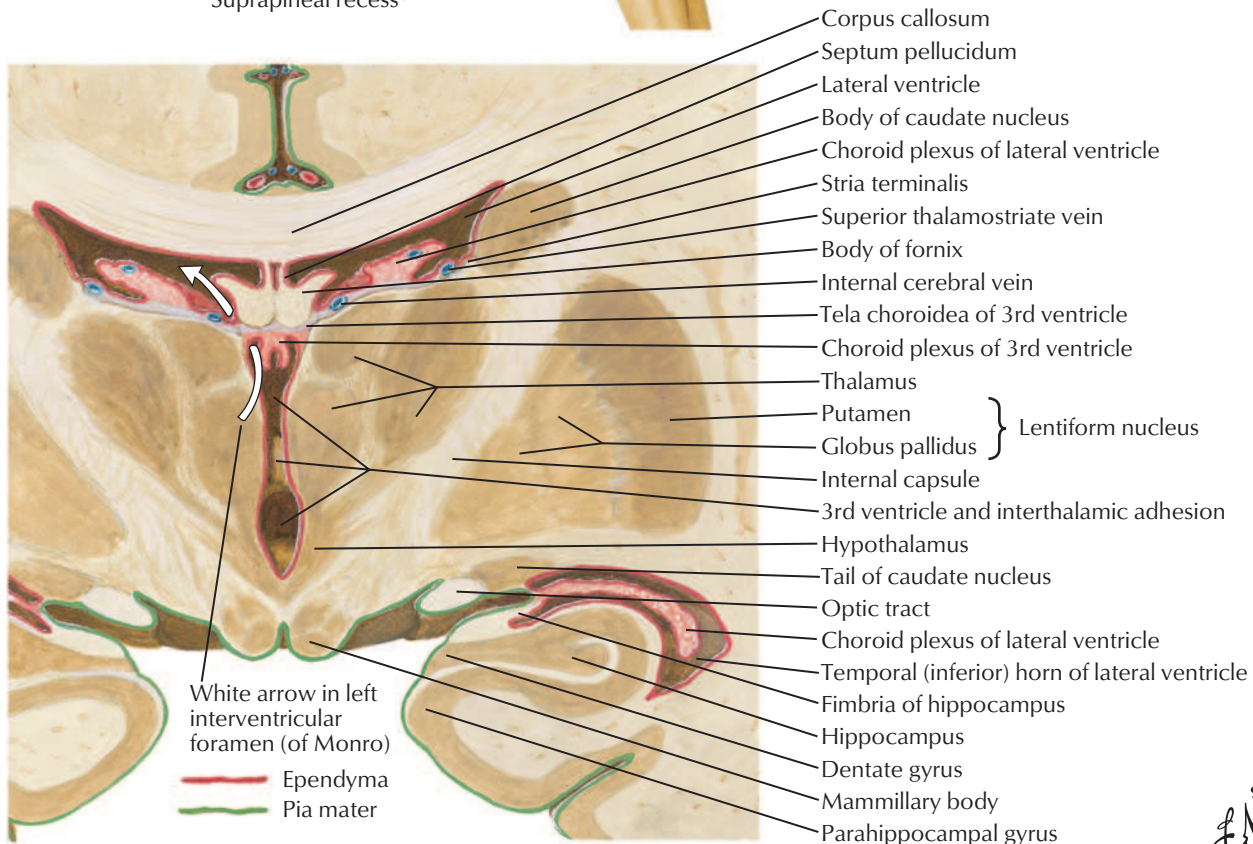
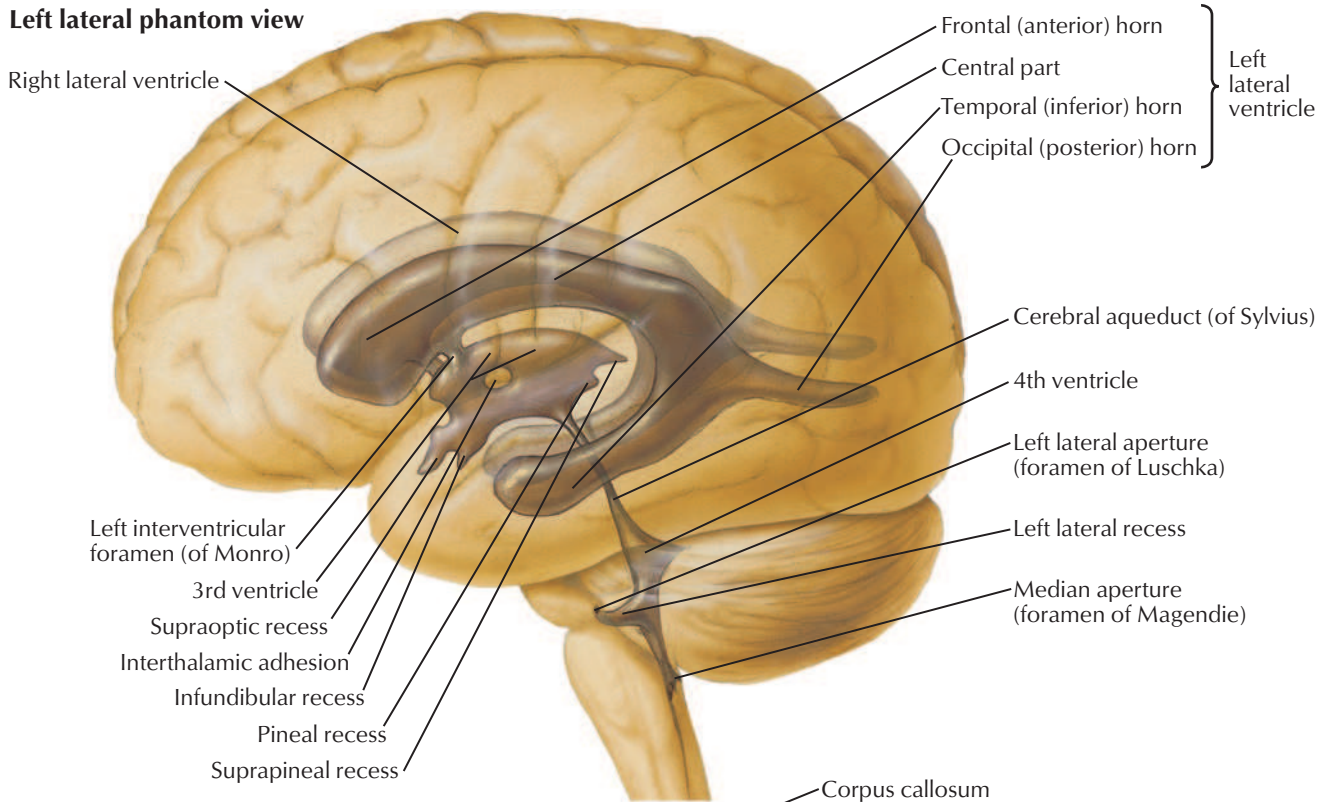
Medial surface of cerebral hemisphere: brain stem excised



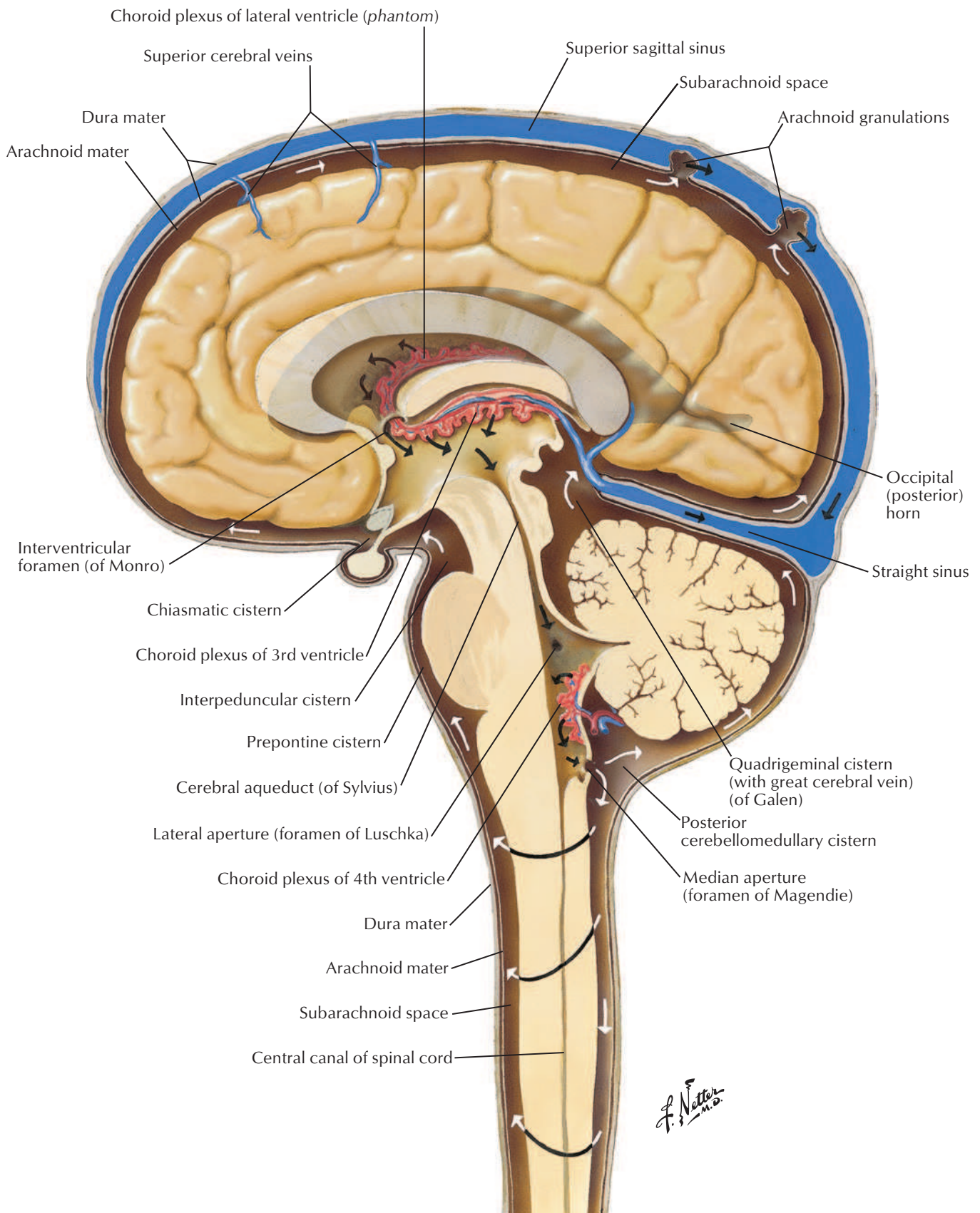


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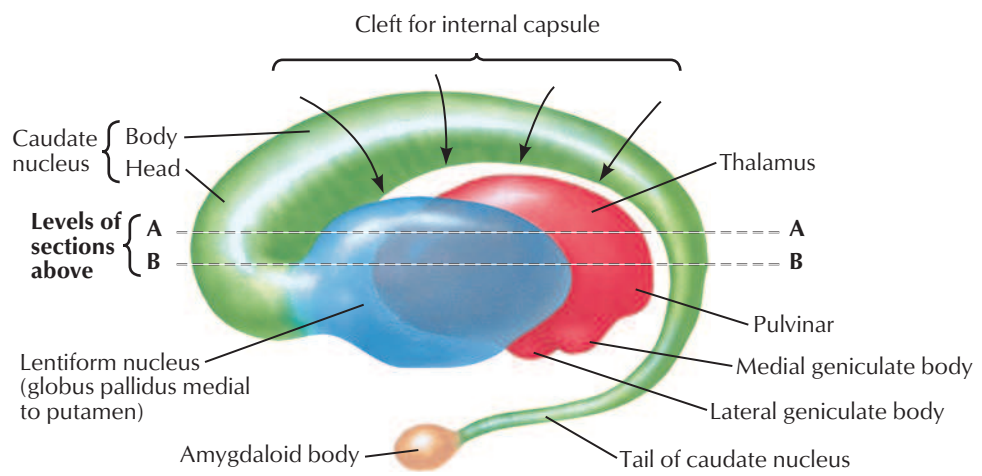
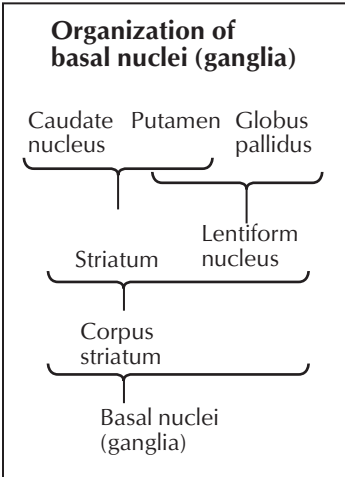
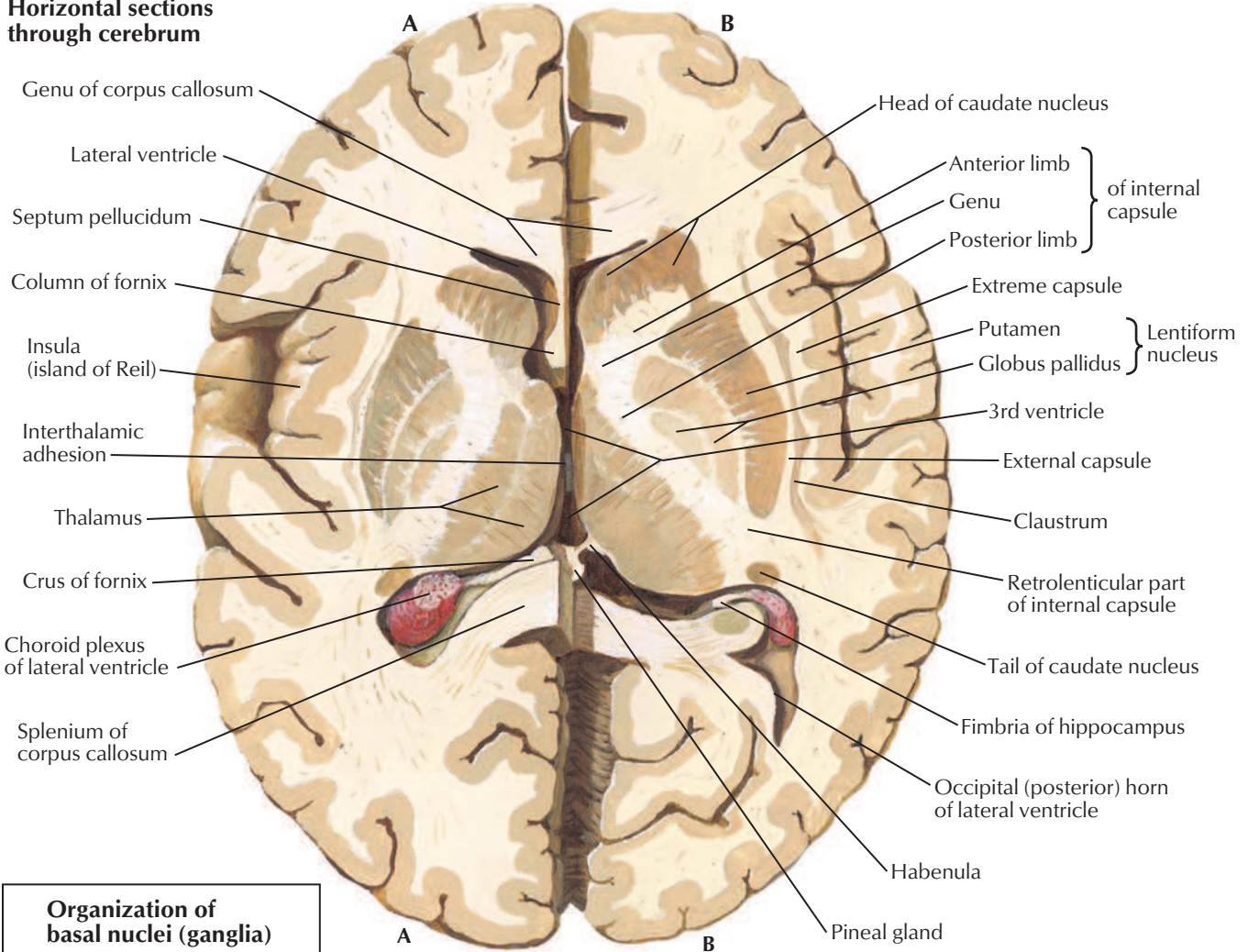
Left lateral phantom view



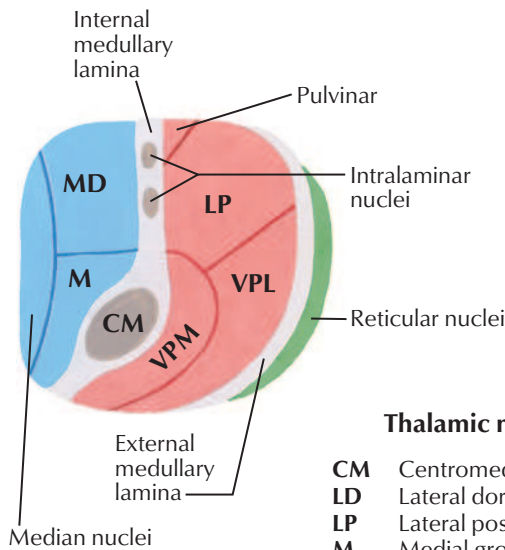
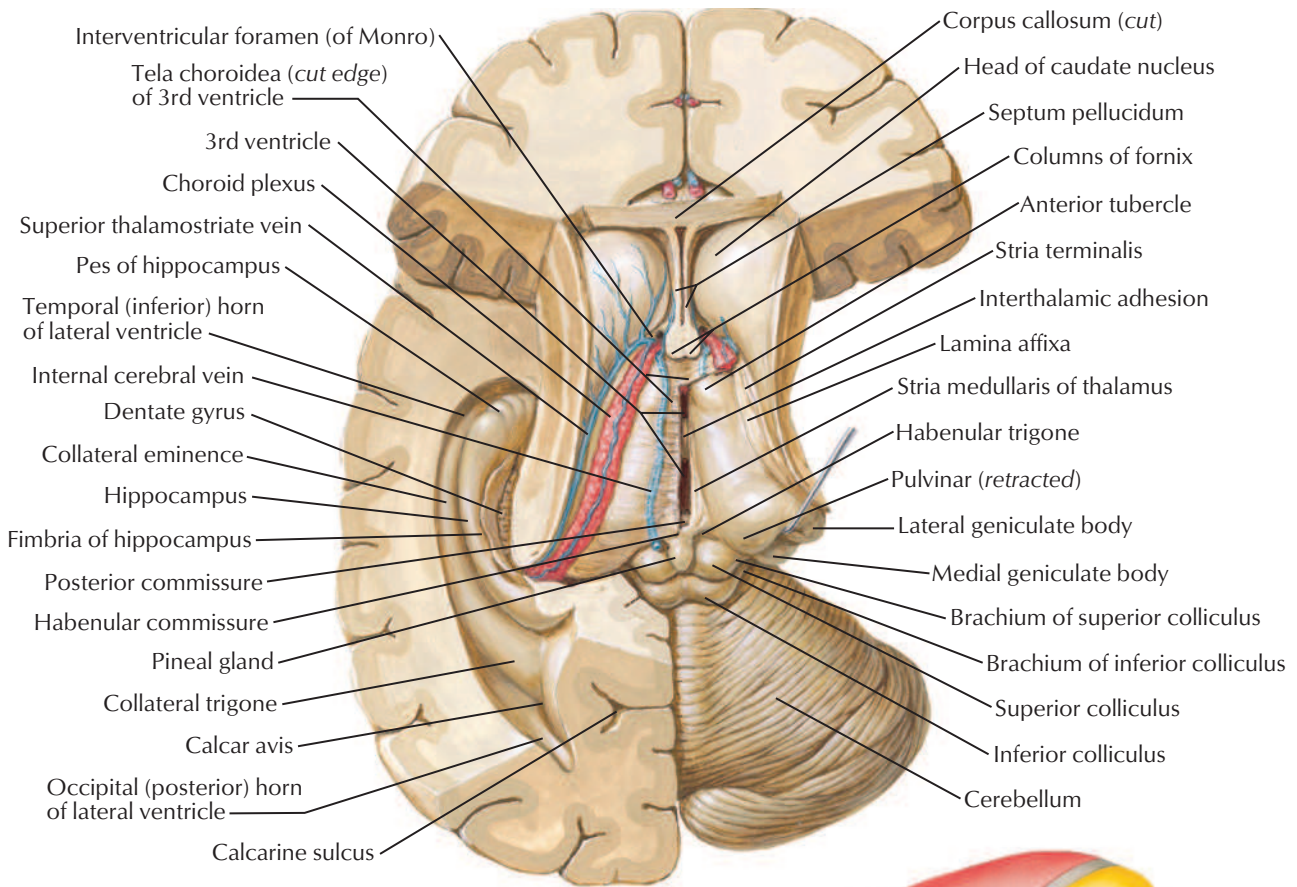
Coronal section of brain: posterior view



Horizontal sections through cerebrum

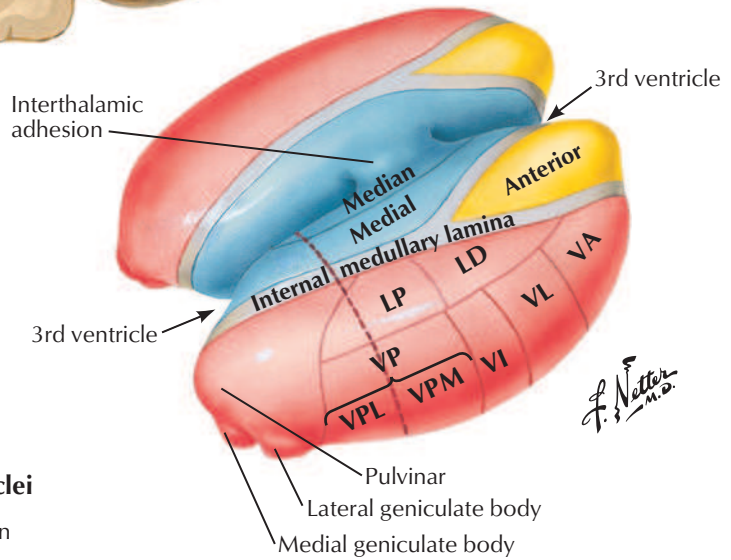


Interrelationship of thalamus, lentiform nucleus, caudate nucleus, and amygdaloid body (schema): left lateral view



Schematic section through thalamus
(at level of broken line shown in figure at right)

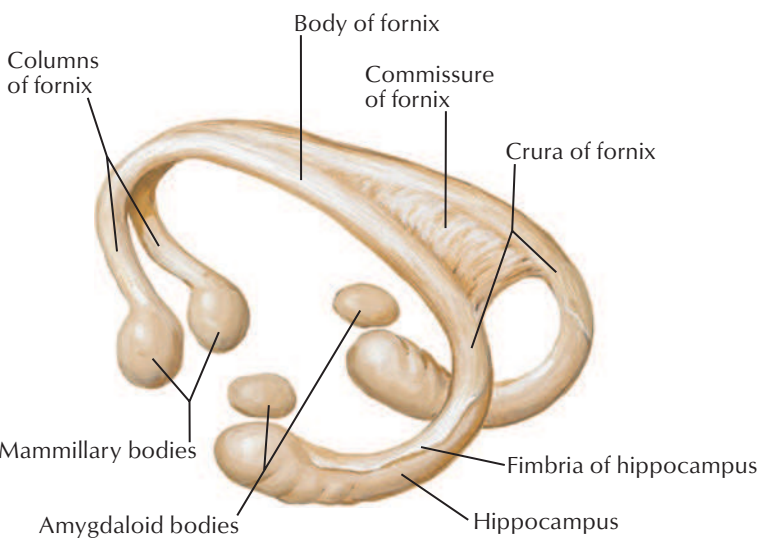
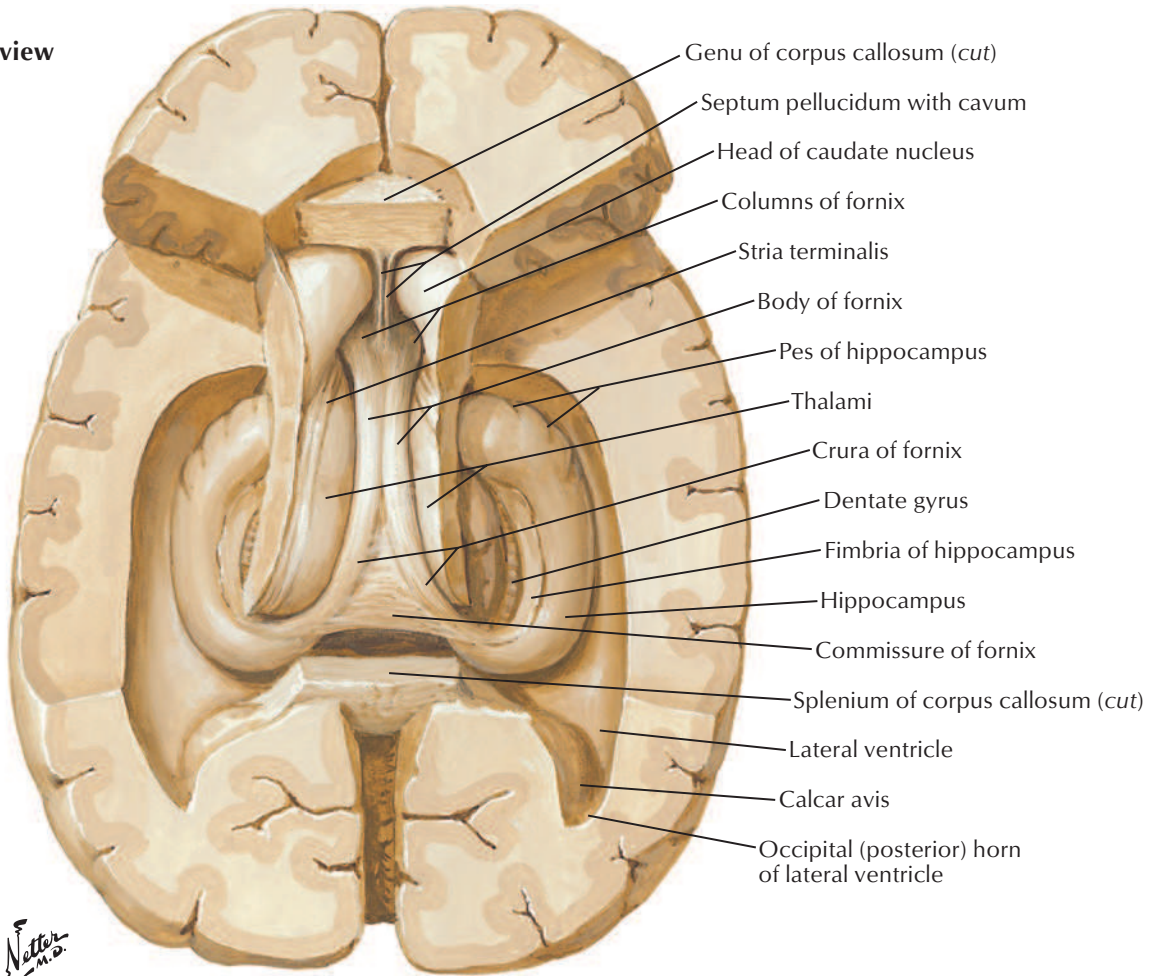
- Thalamic nuclei**
- CM Centromedian
 - LD Lateral dorsal
 - LP Lateral posterior
 - M Medial group
 - MD Medial dorsal
 - VA Ventral anterior
 - VI Ventral intermedial
 - VL Ventral lateral
 - VP Ventral posterior (ventrodorsal)
 - VPL Ventral posterolateral
 - VPM Ventral posteromedial



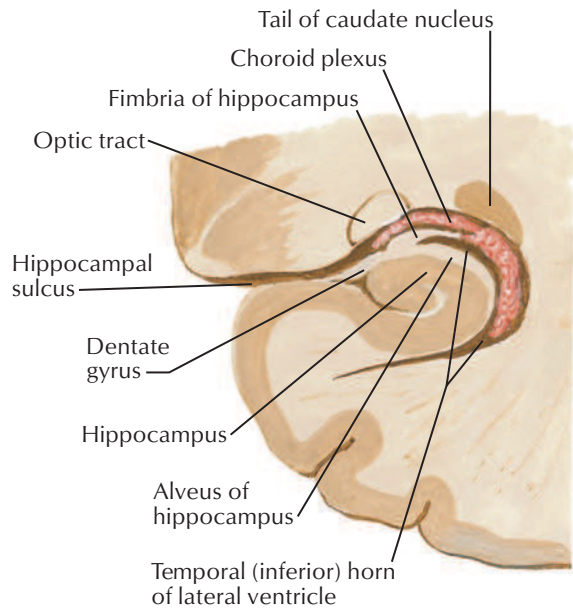
Schematic representation of thalamus
(external medullary lamina and reticular nuclei removed)

- Lateral cell mass
- Medial and median cell mass
- Anterior cell mass

Superior view

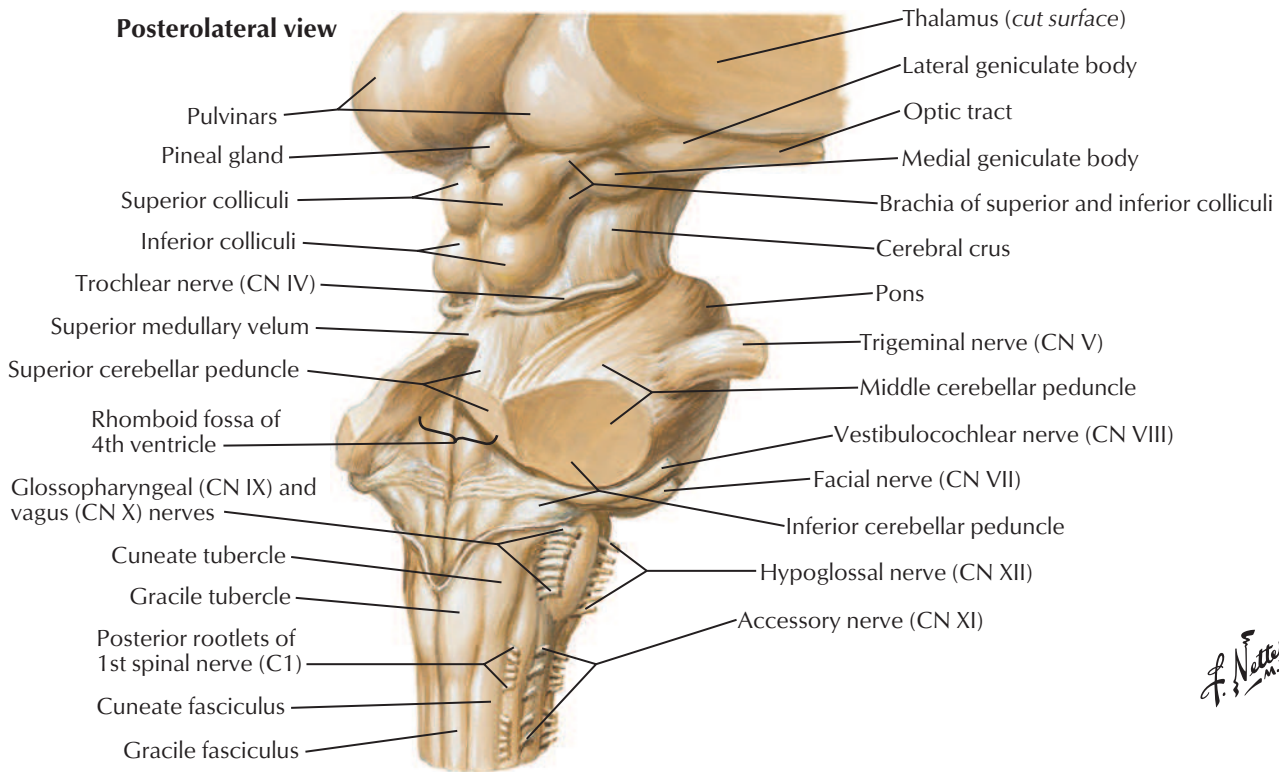


Fornix: schema



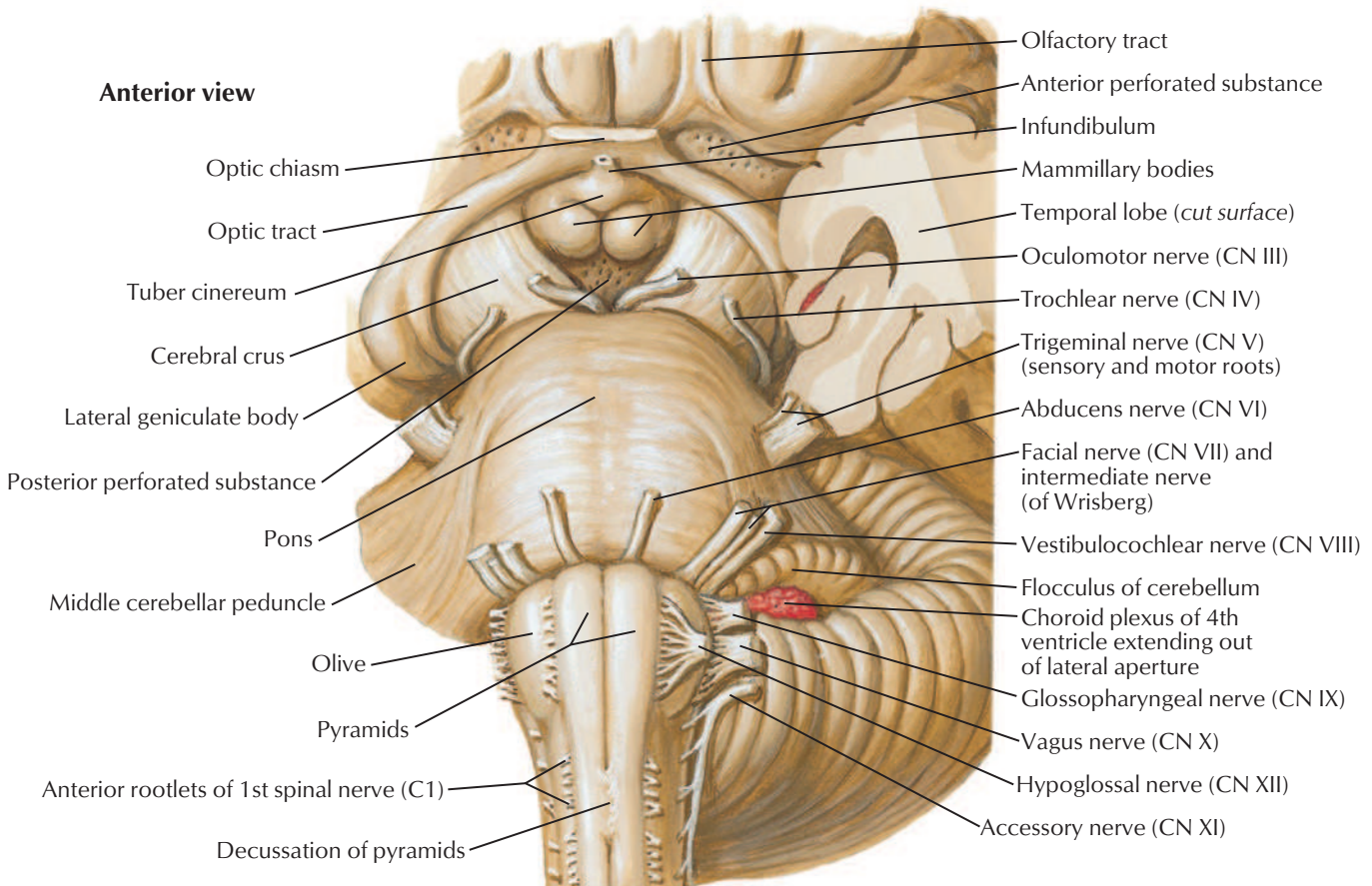
Coronal section: posterior view

Posterolateral view

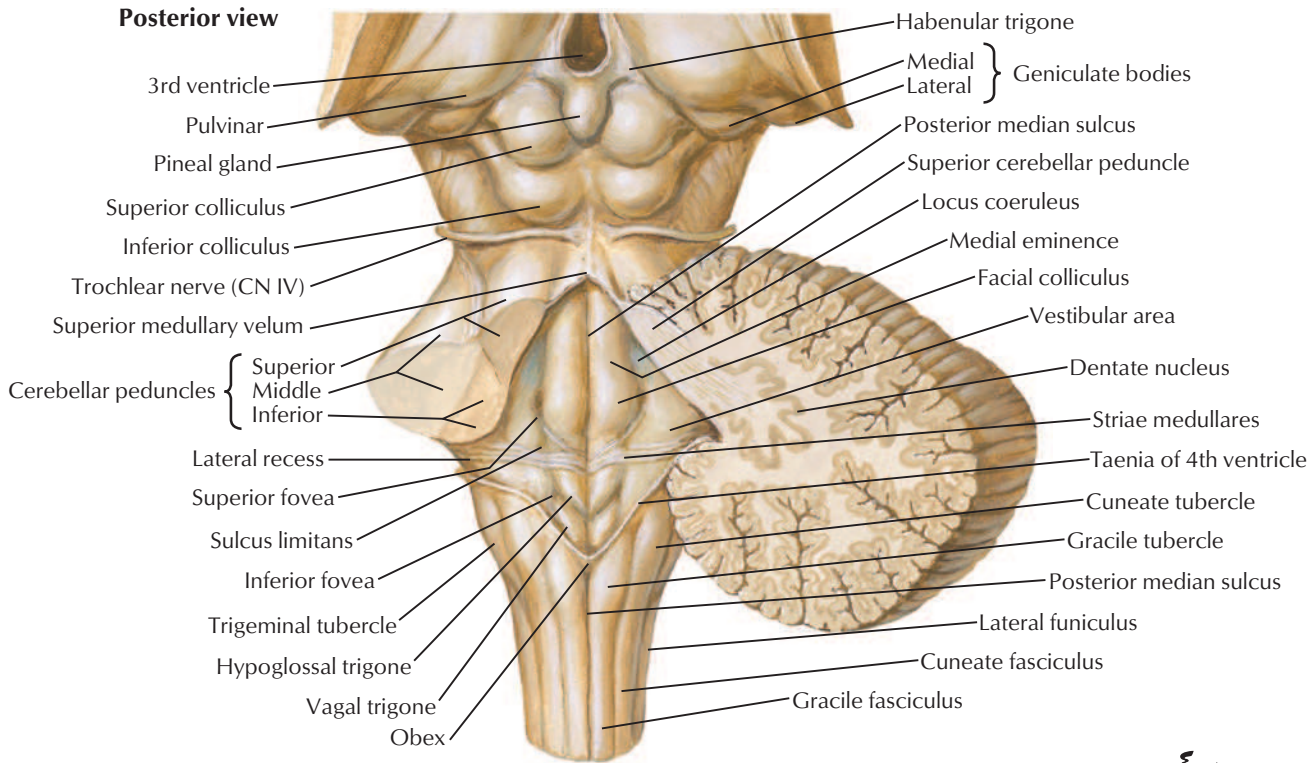


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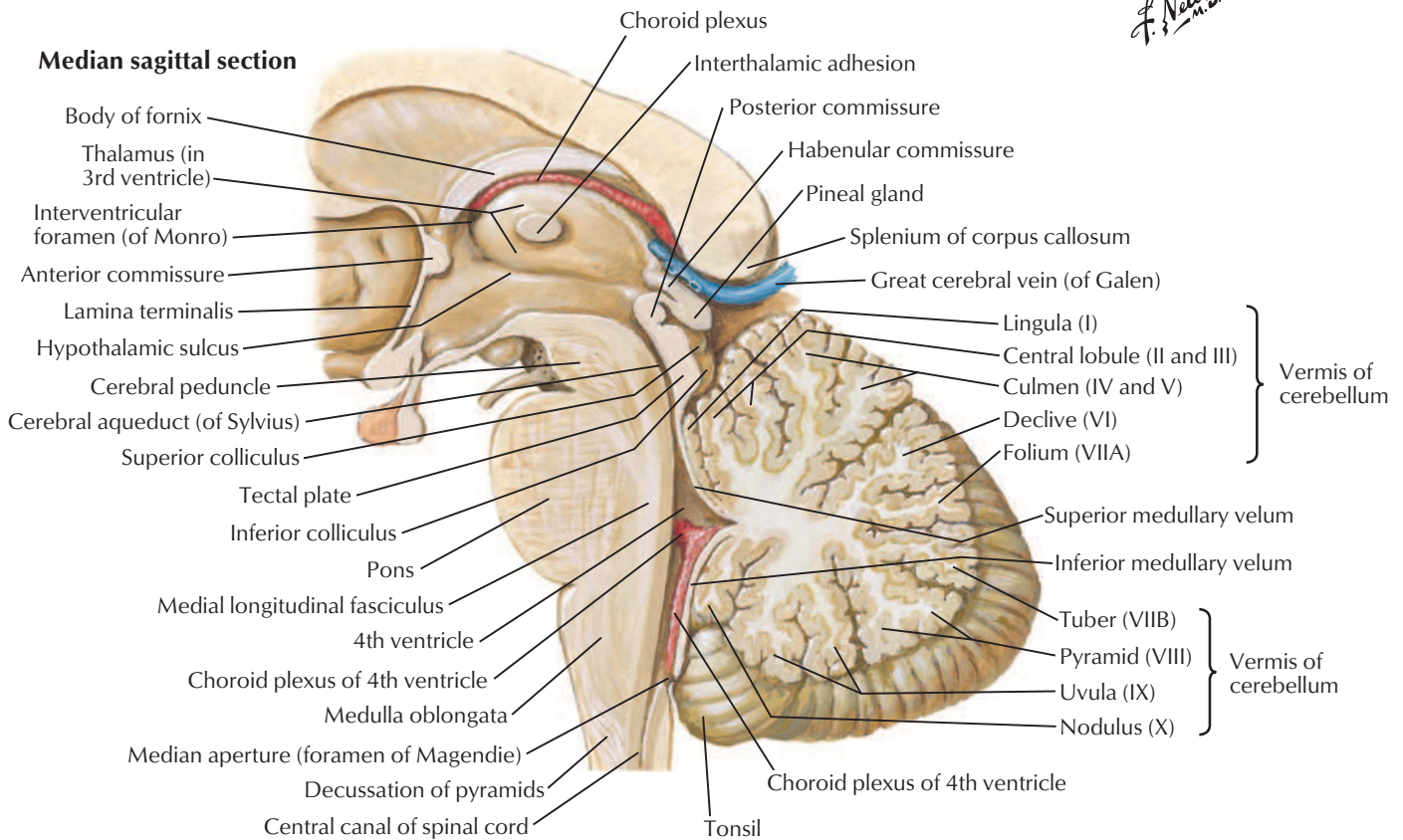
Anterior view



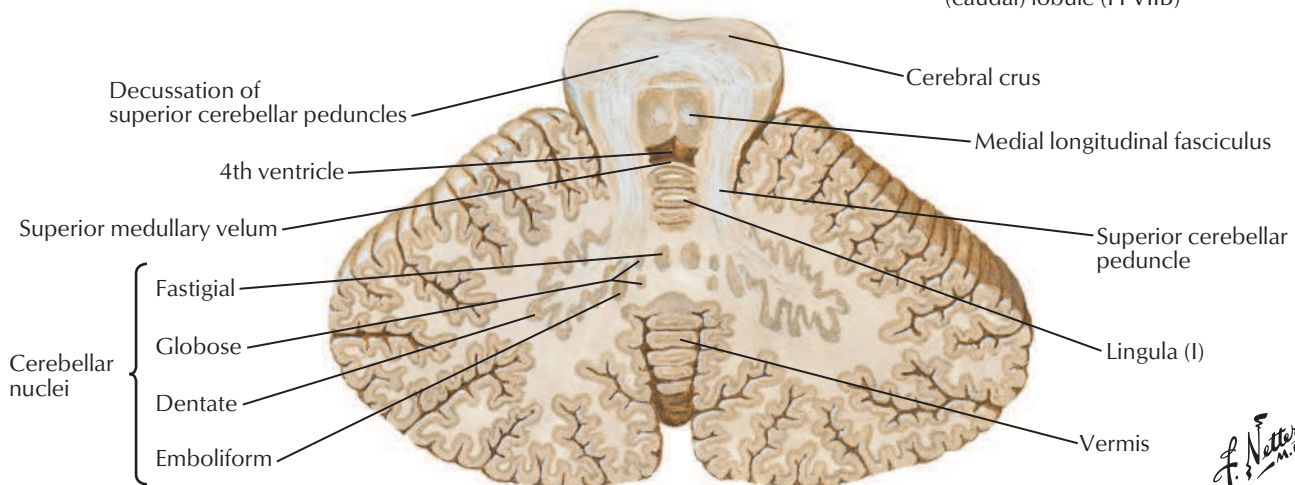
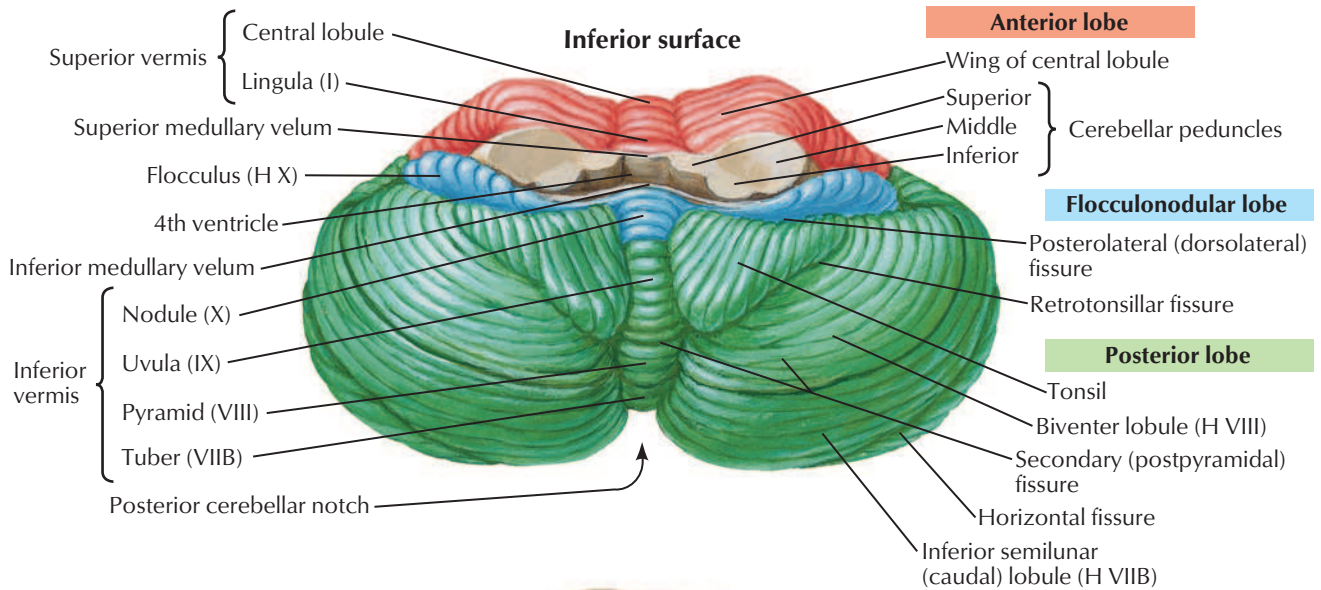
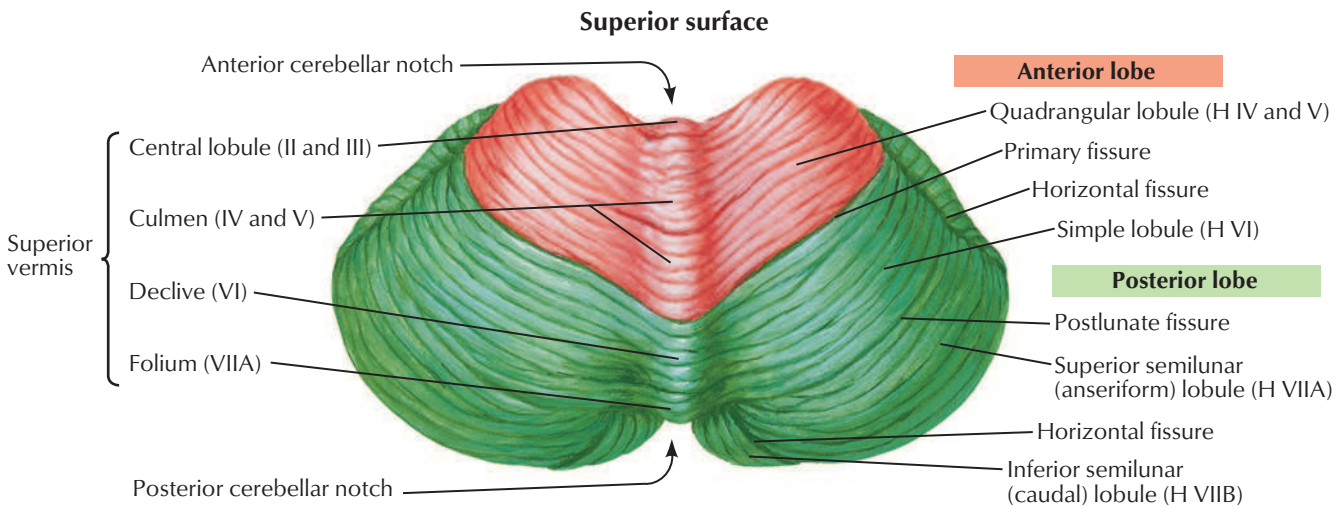
Posterior view



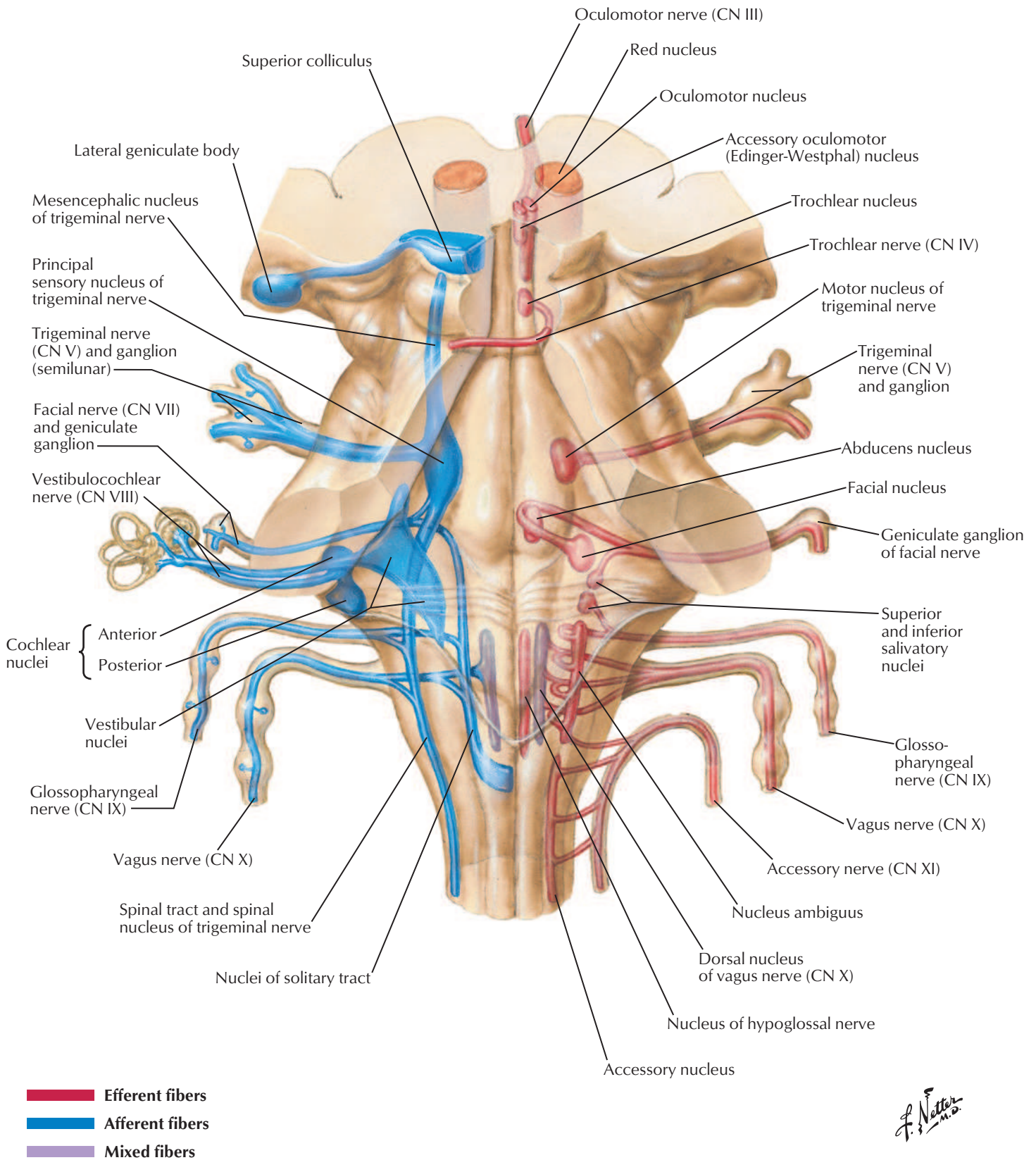
Median sagittal section

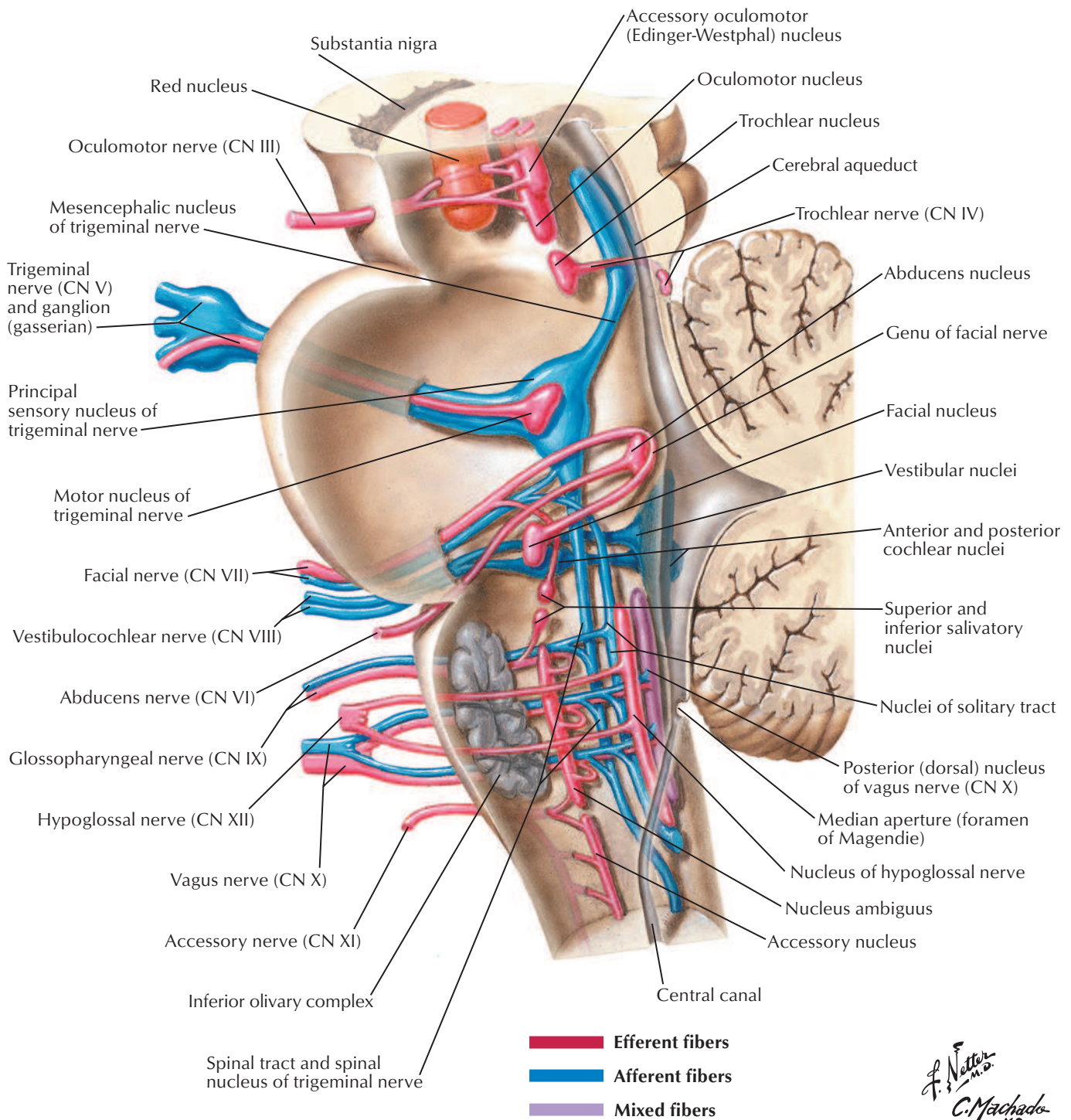


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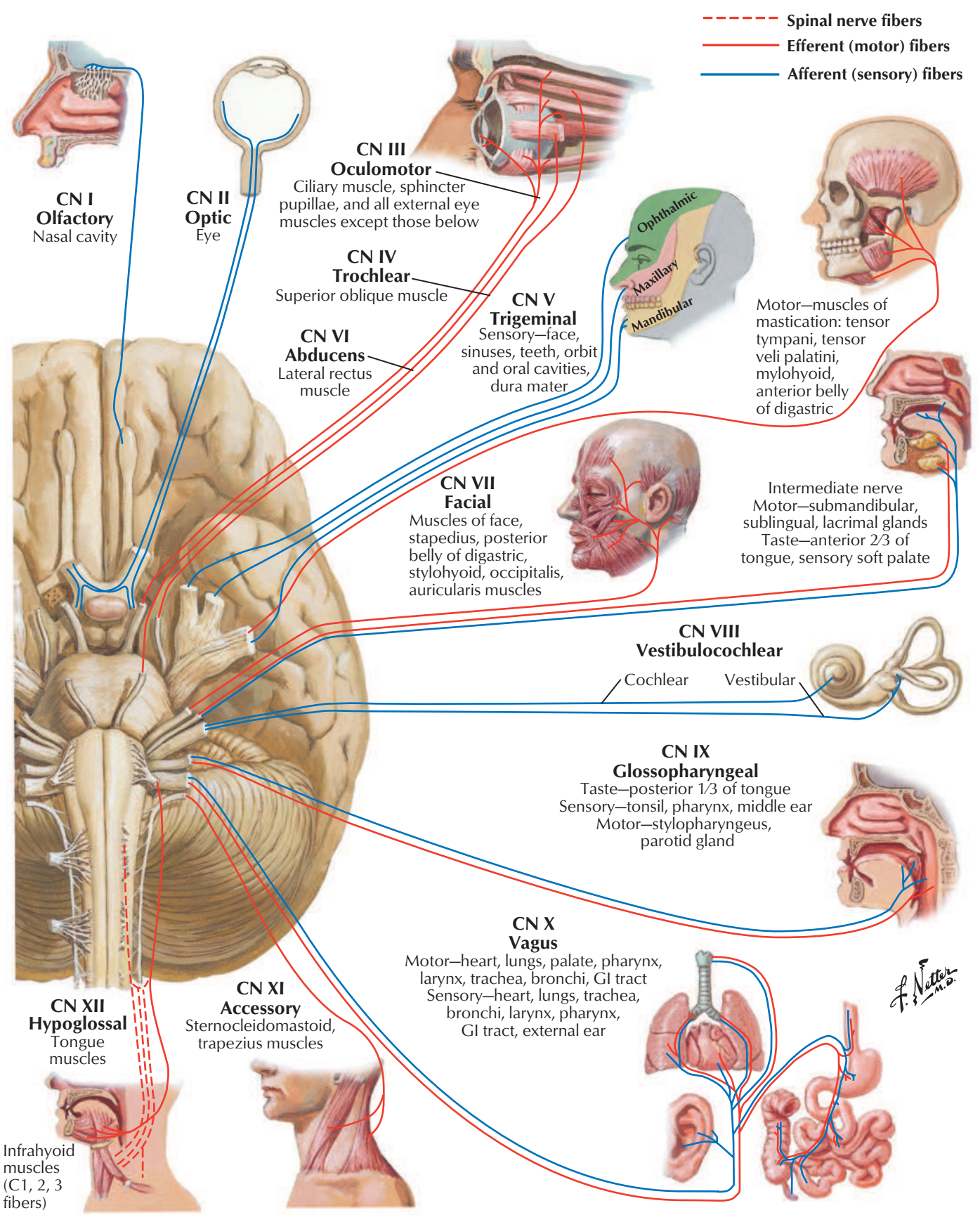
F. Netter M.D.



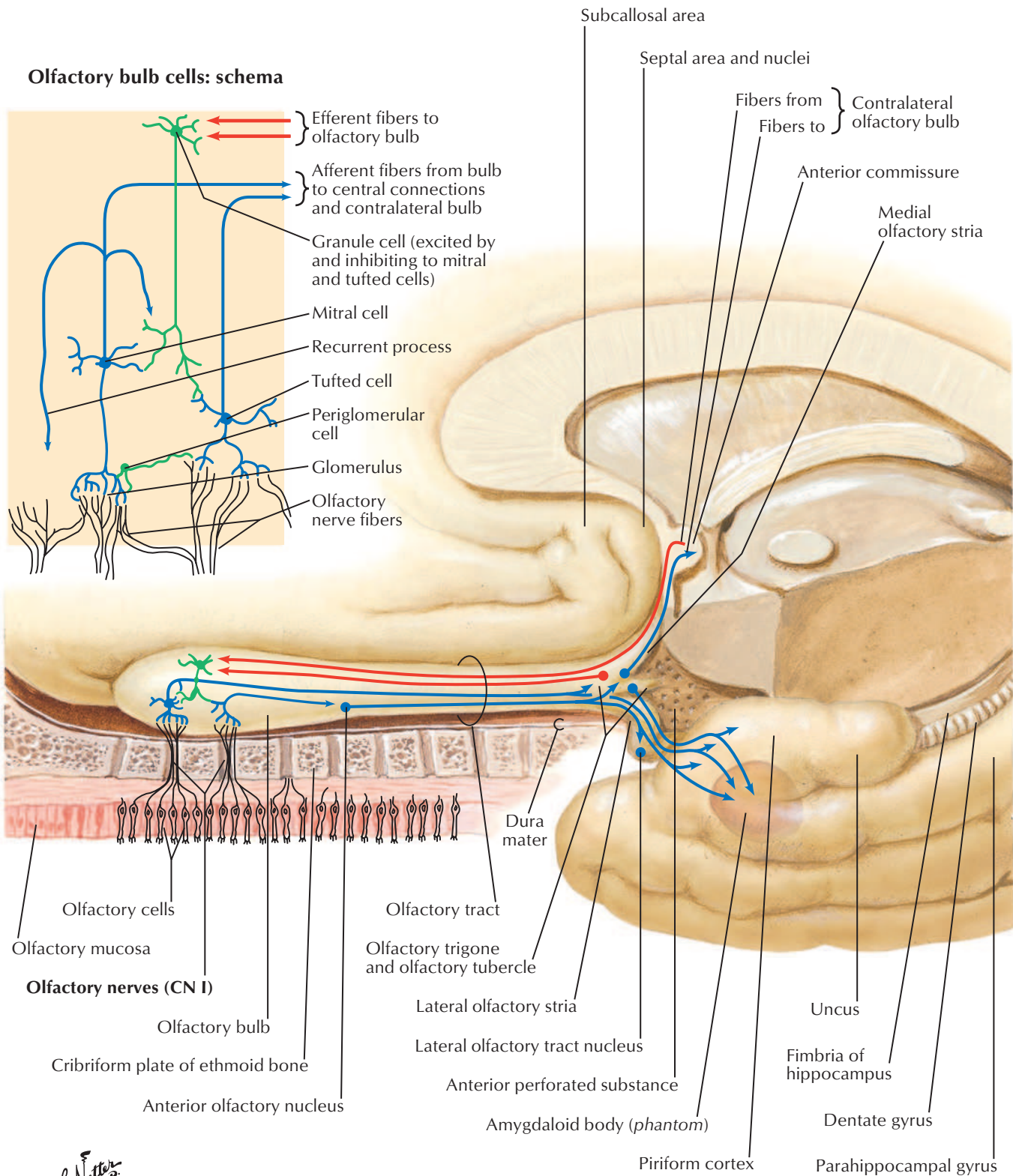


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Cranial Nerves (Motor and Sensory Distribution): Schema

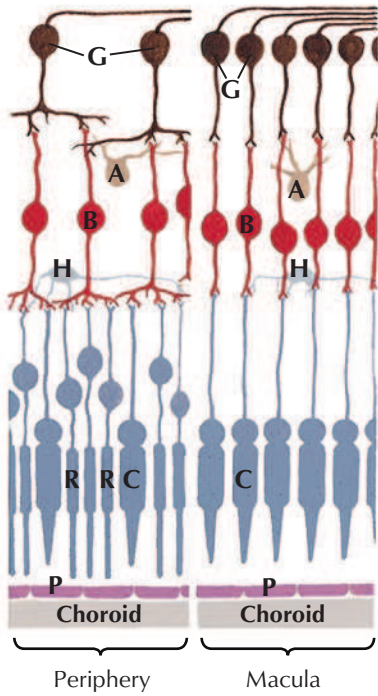


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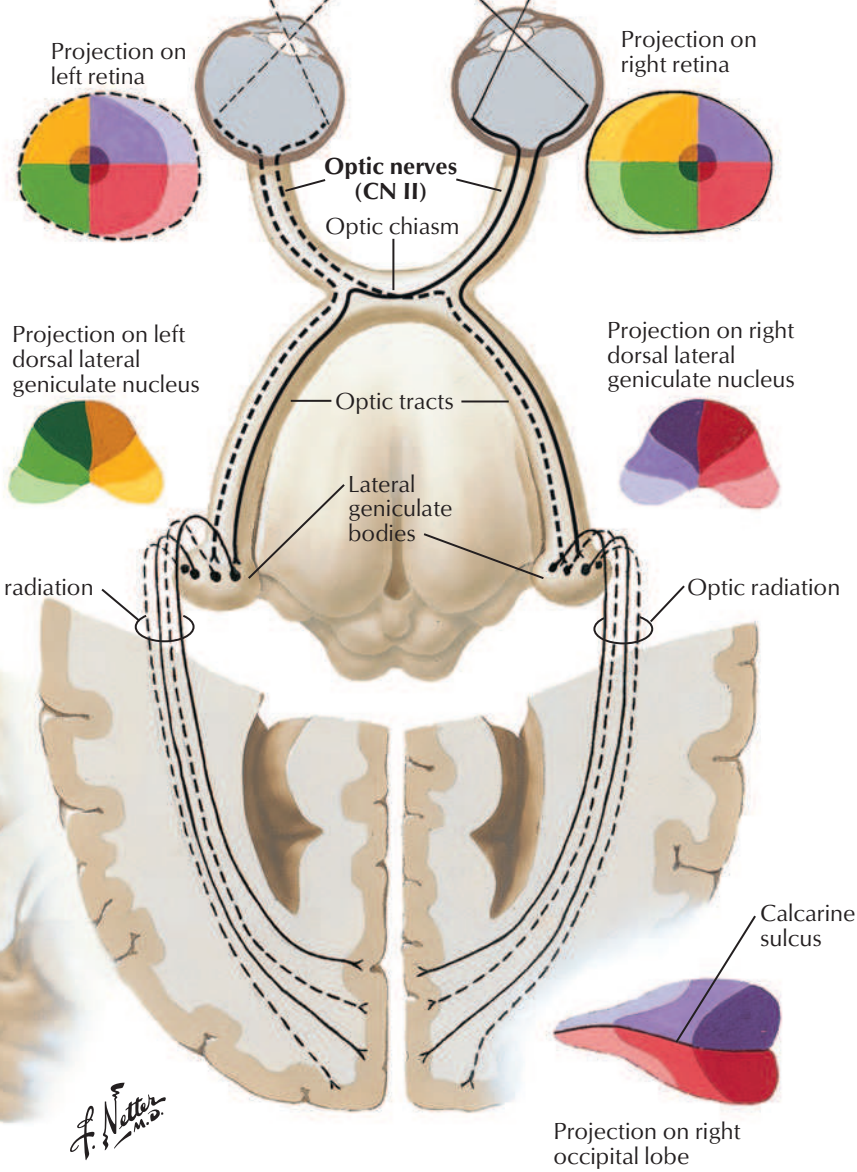
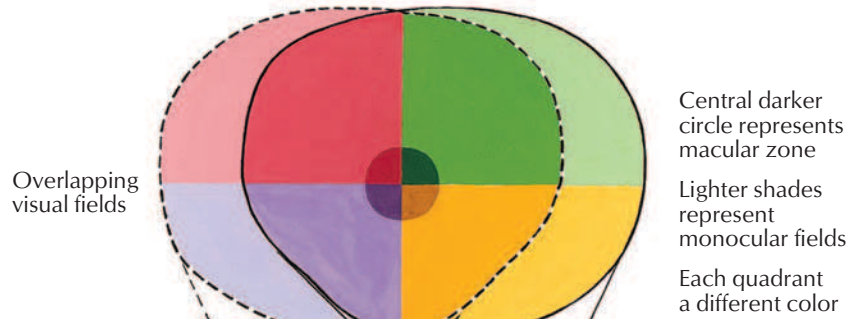
F. Netter M.D.

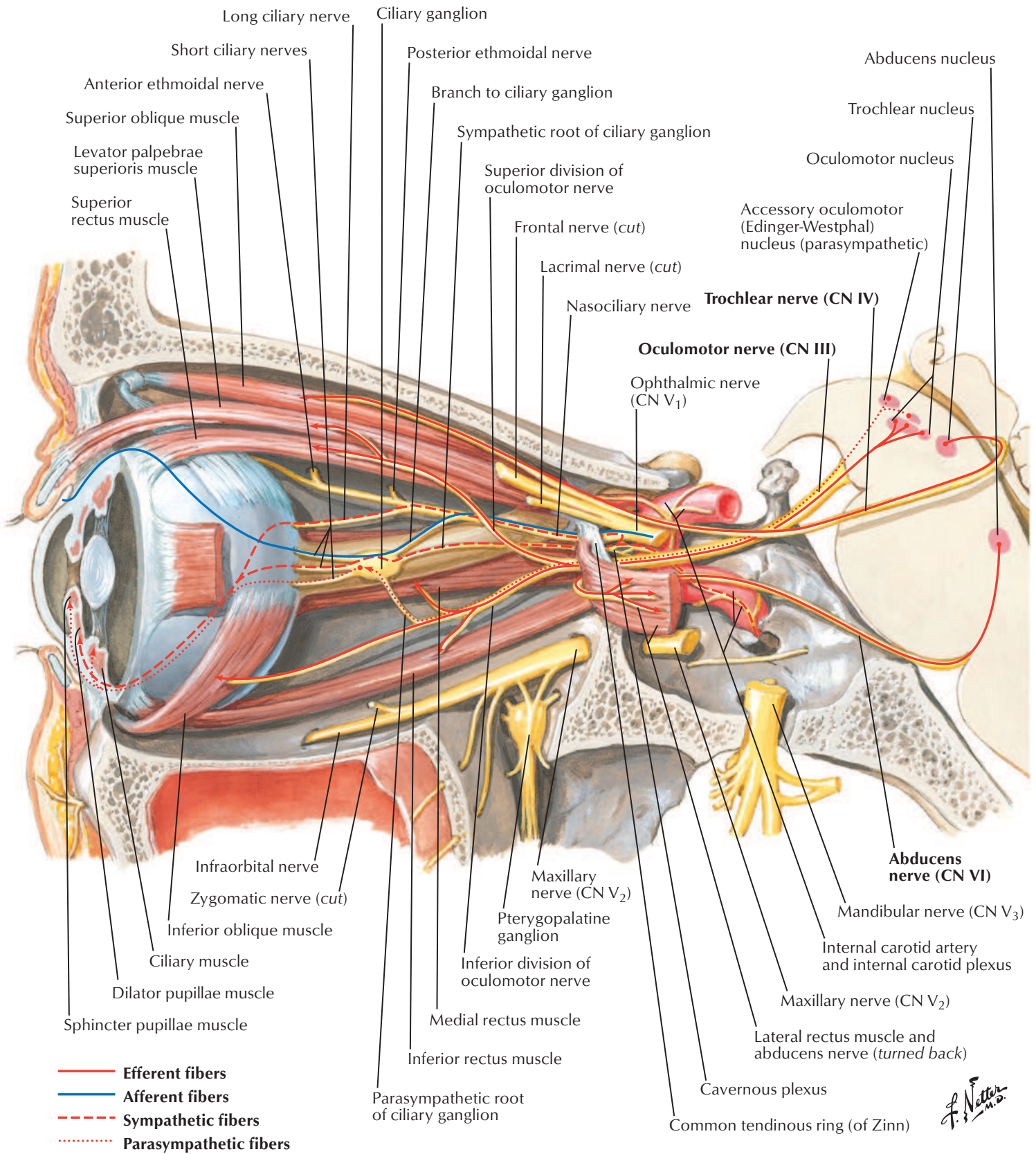
Optic Nerve (CN II) (Visual Pathway): Schema



Structure of retina: schema

- A Amacrine cells
- B Bipolar cells
- C Cones
- G Ganglion cells
- H Horizontal cells
- P Pigment cells
- R Rods

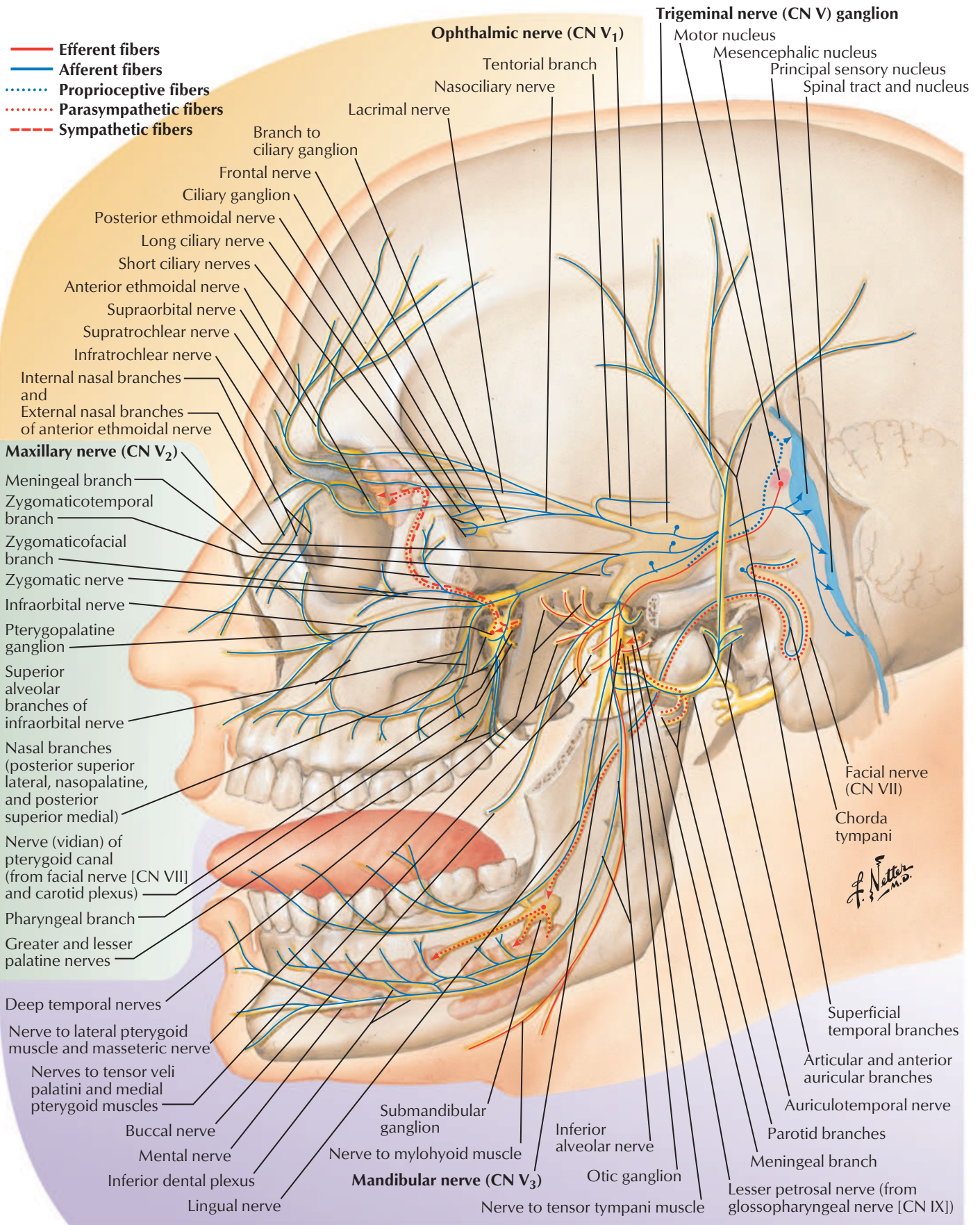


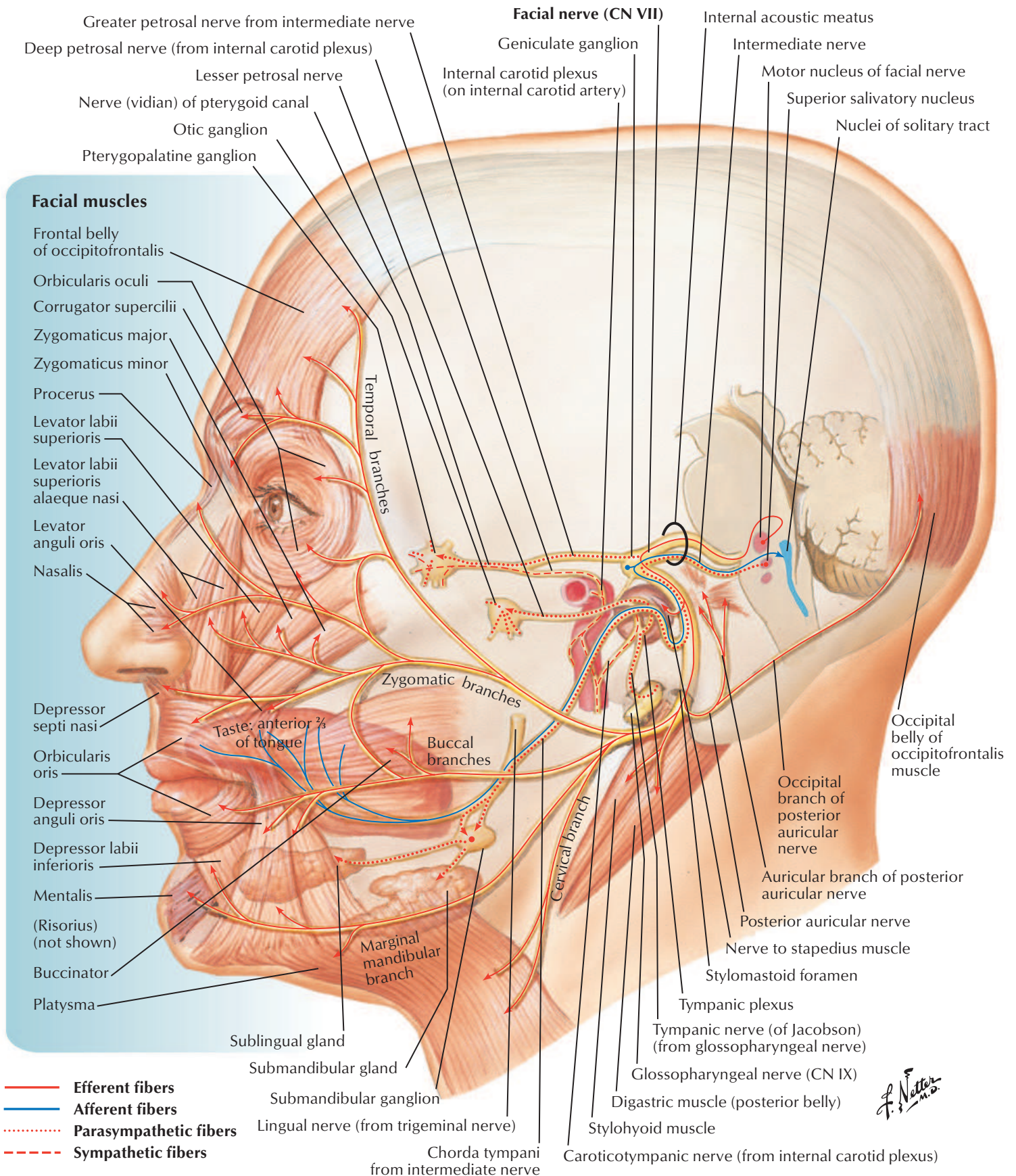


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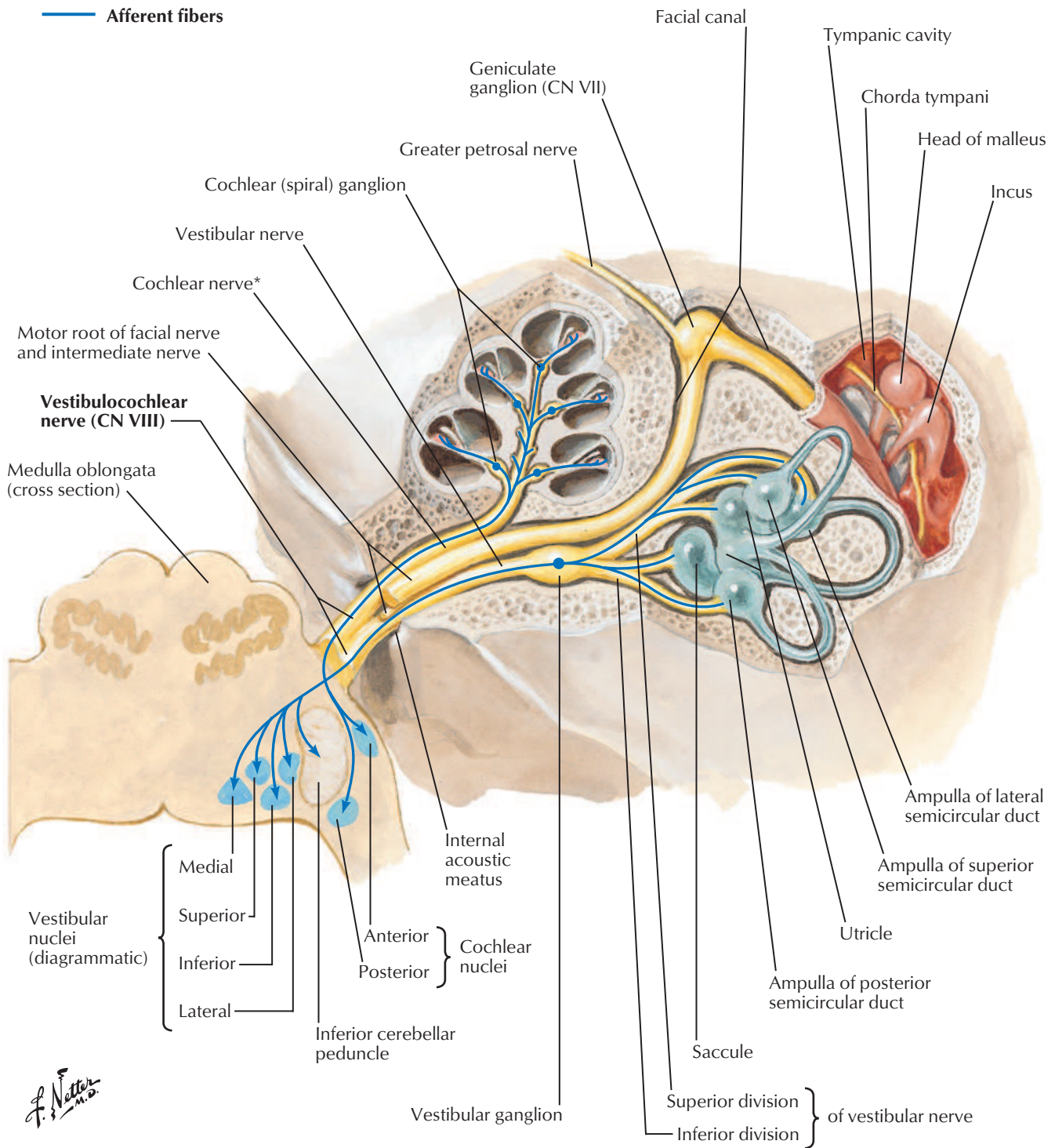
Trigeminal Nerve (CN V): Schema

See also [Plates 9, 59, 61](#)

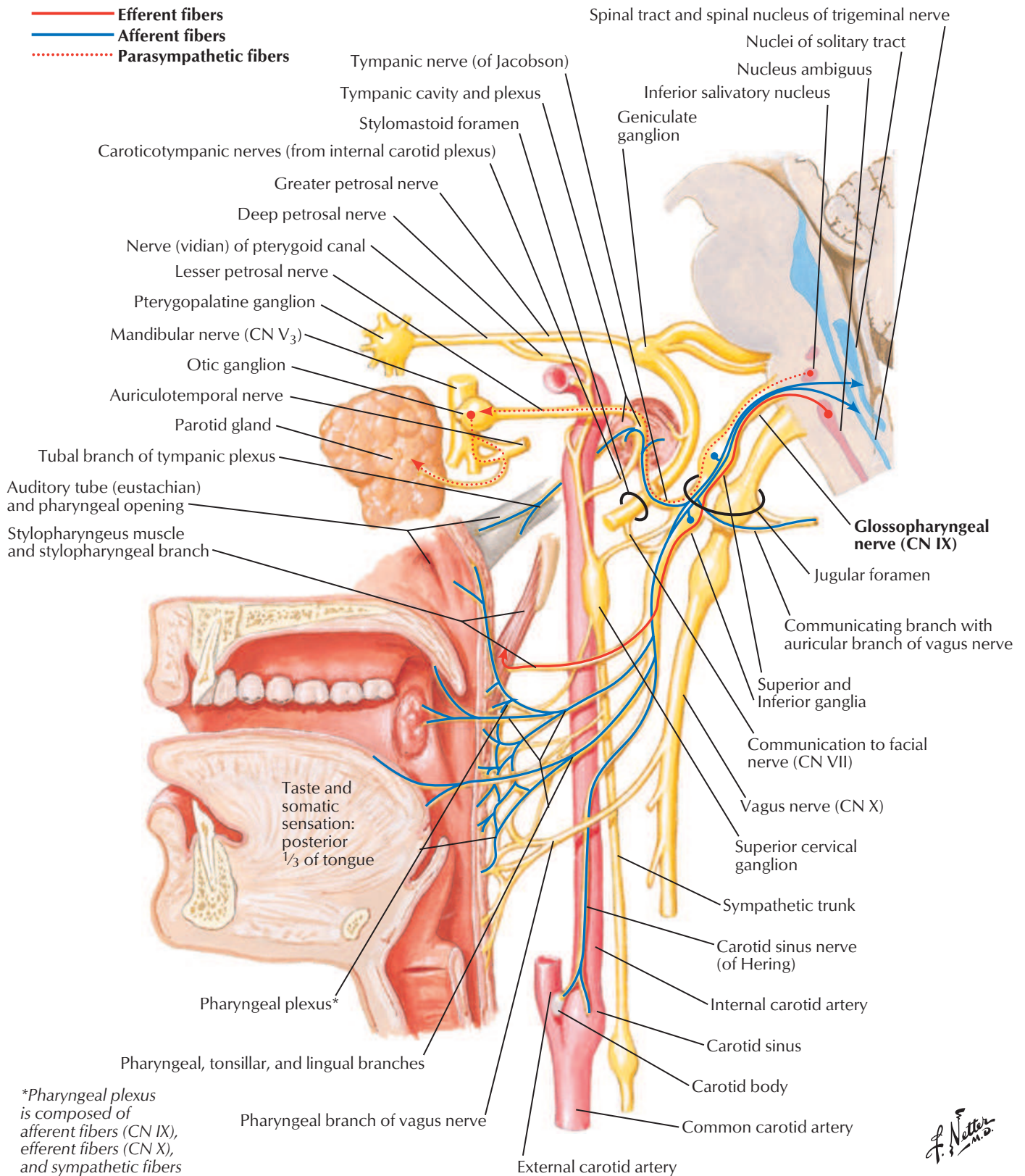




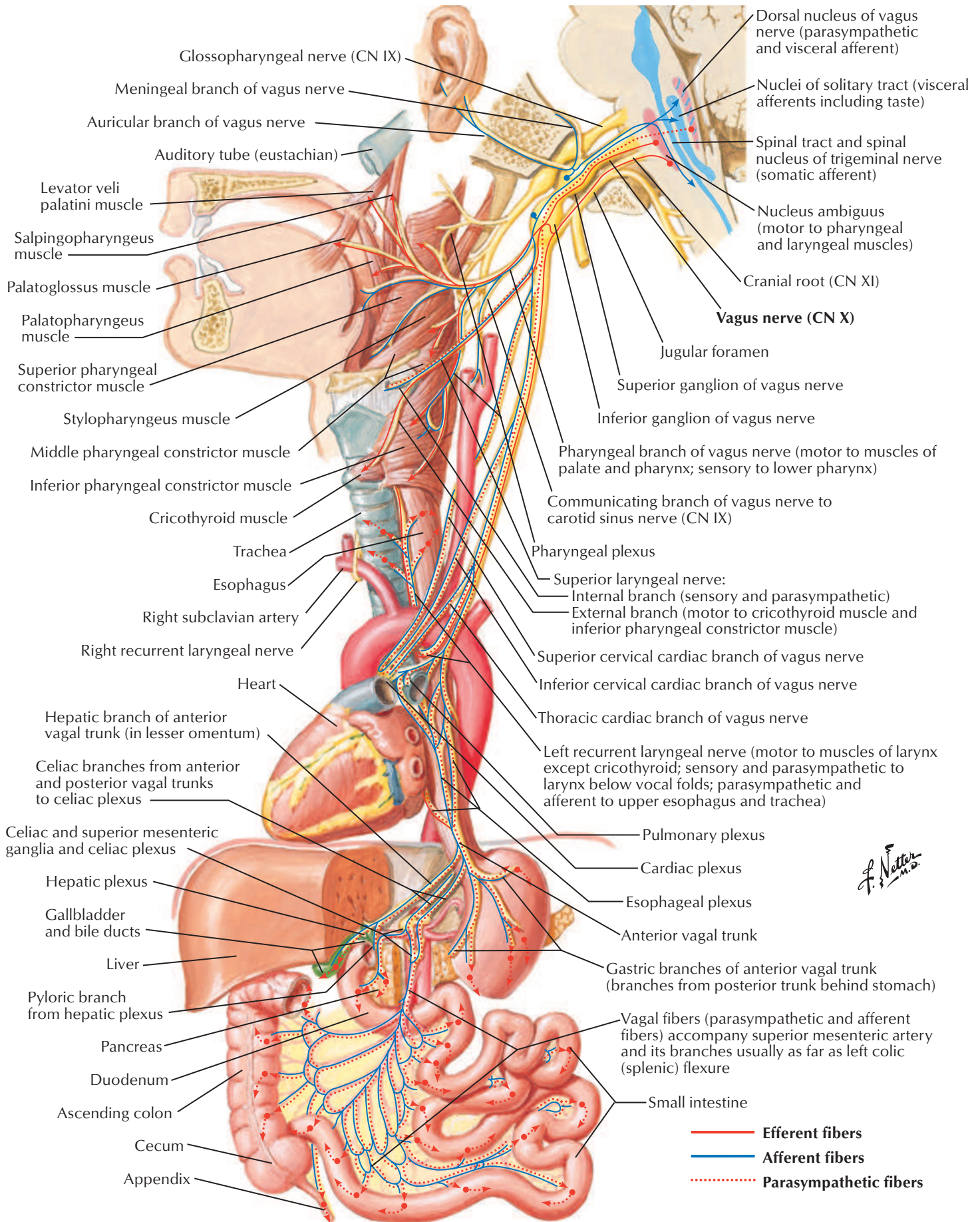
Vestibulocochlear Nerve (CN VIII): Schema

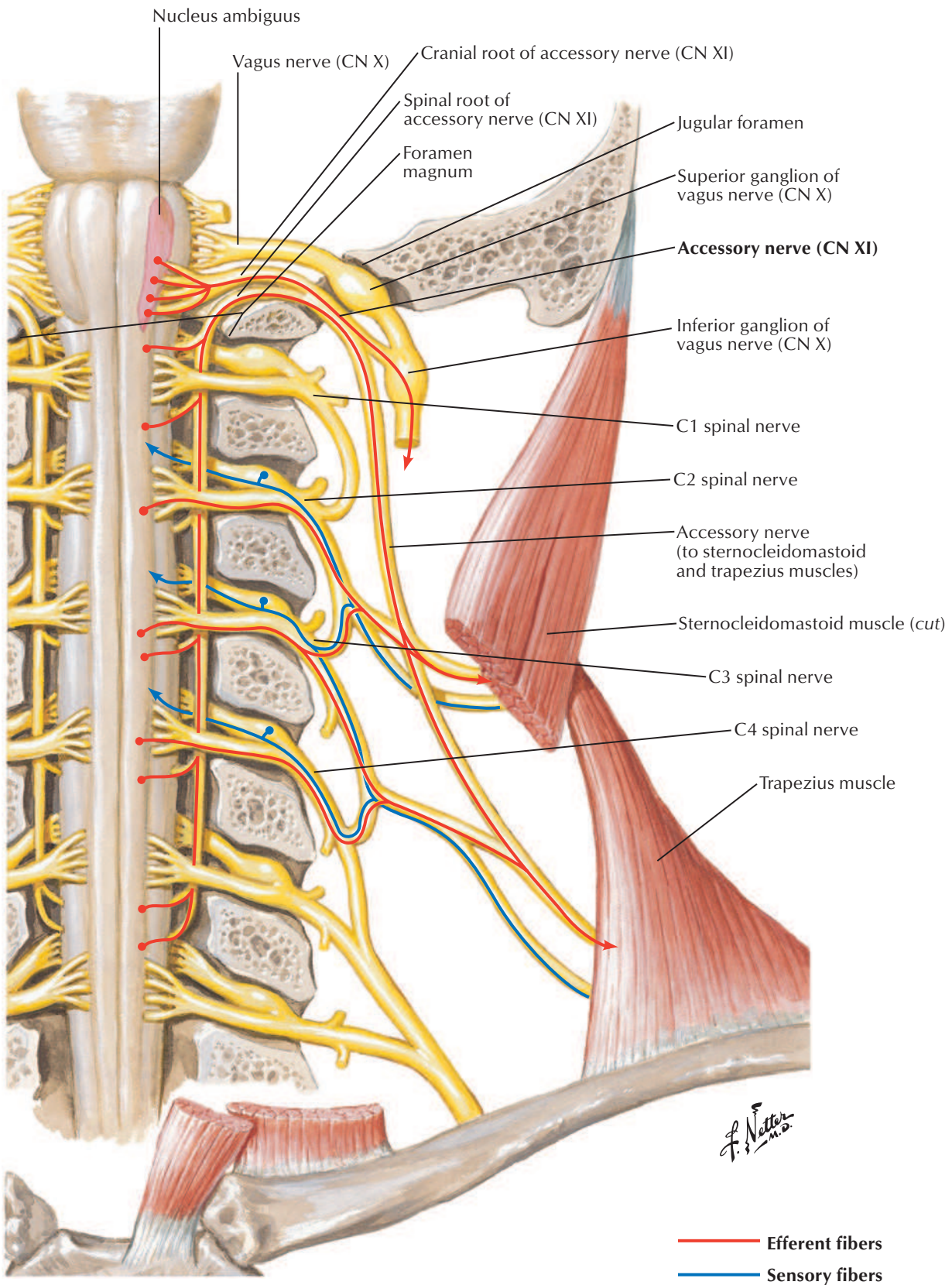


**Note: The cochlear nerve also contains efferent fibers to the sensory epithelium. These fibers are derived from the vestibular nerve while in the internal acoustic meatus.*



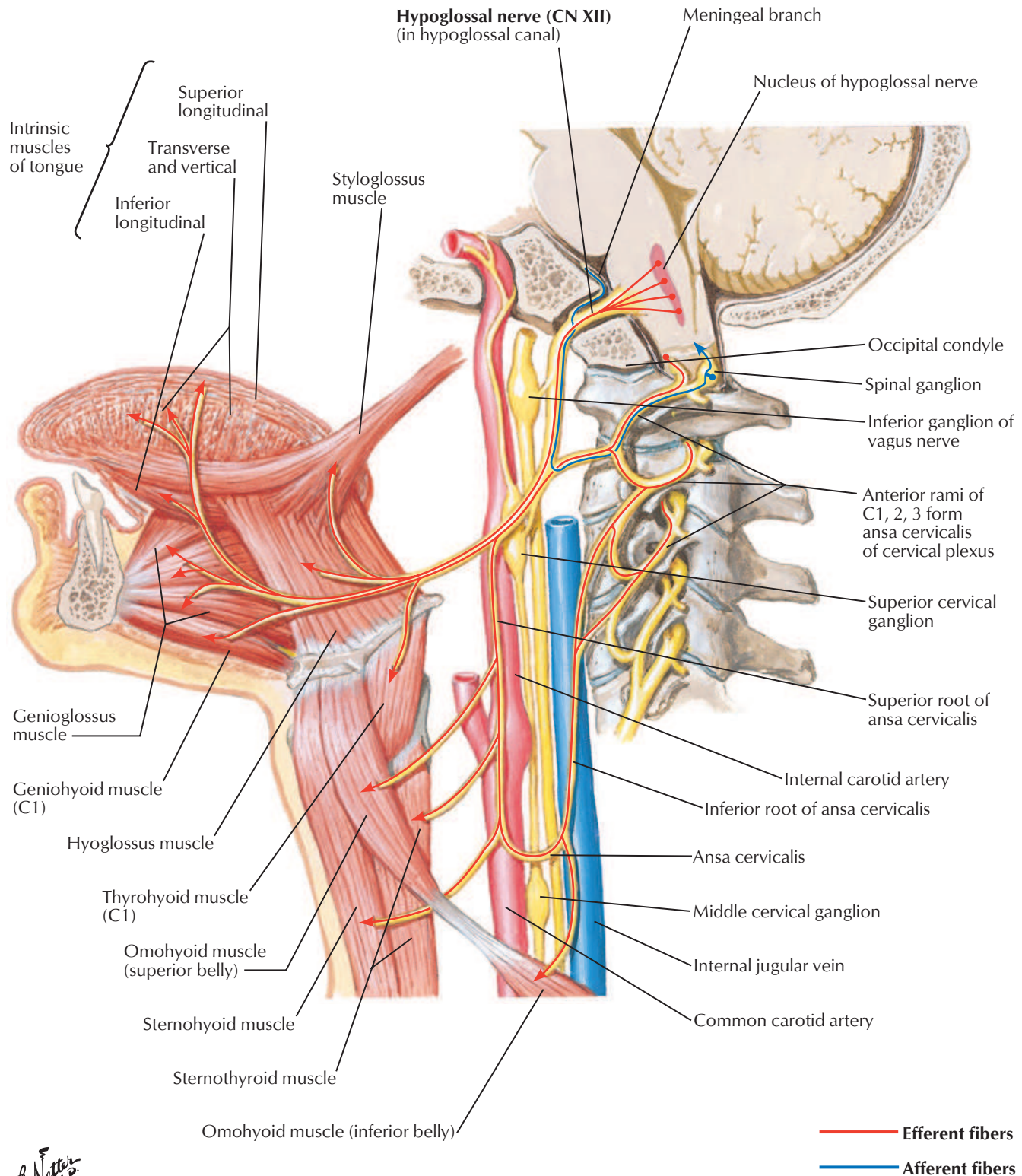
Vagus Nerve (CN X): Schema

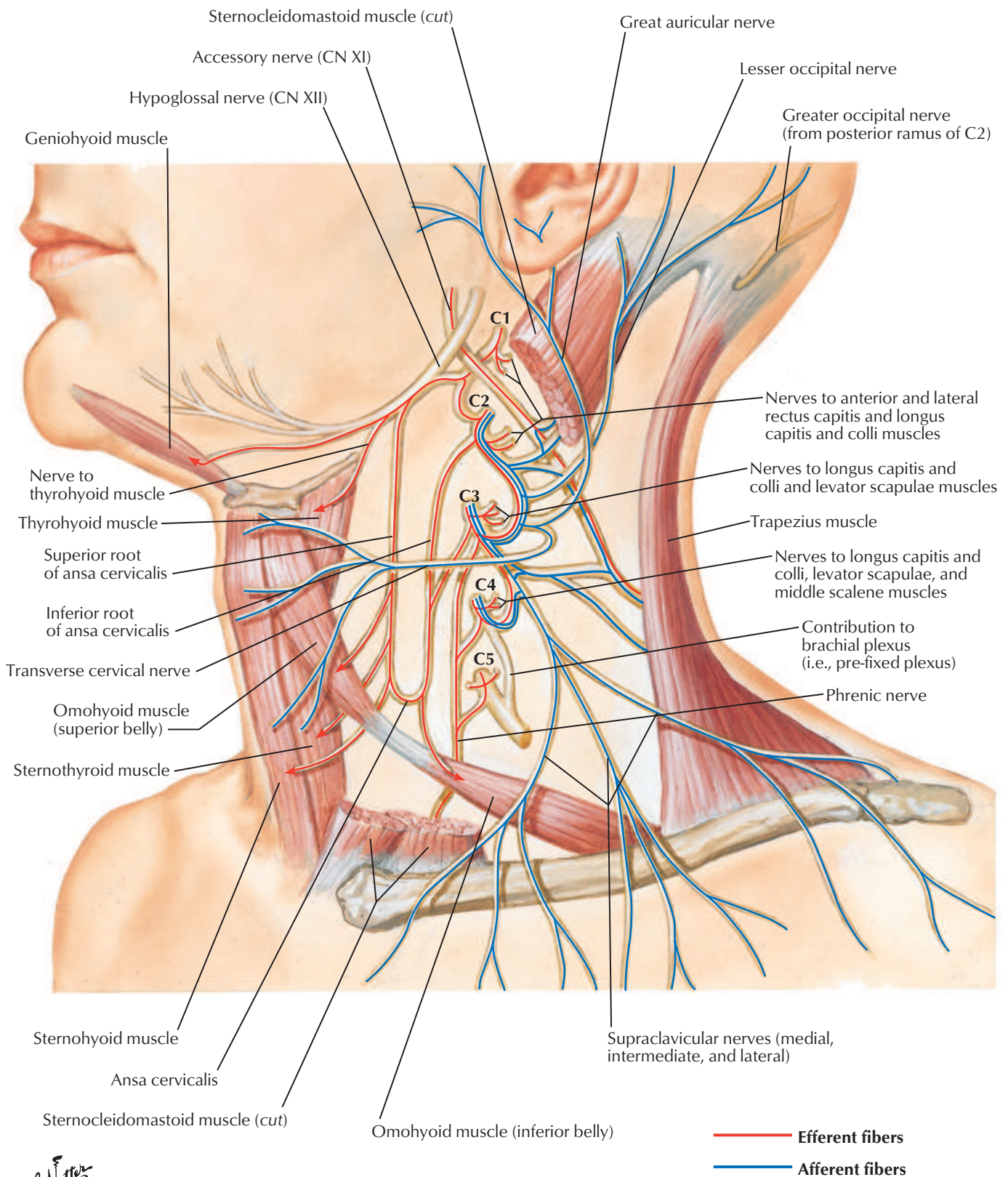




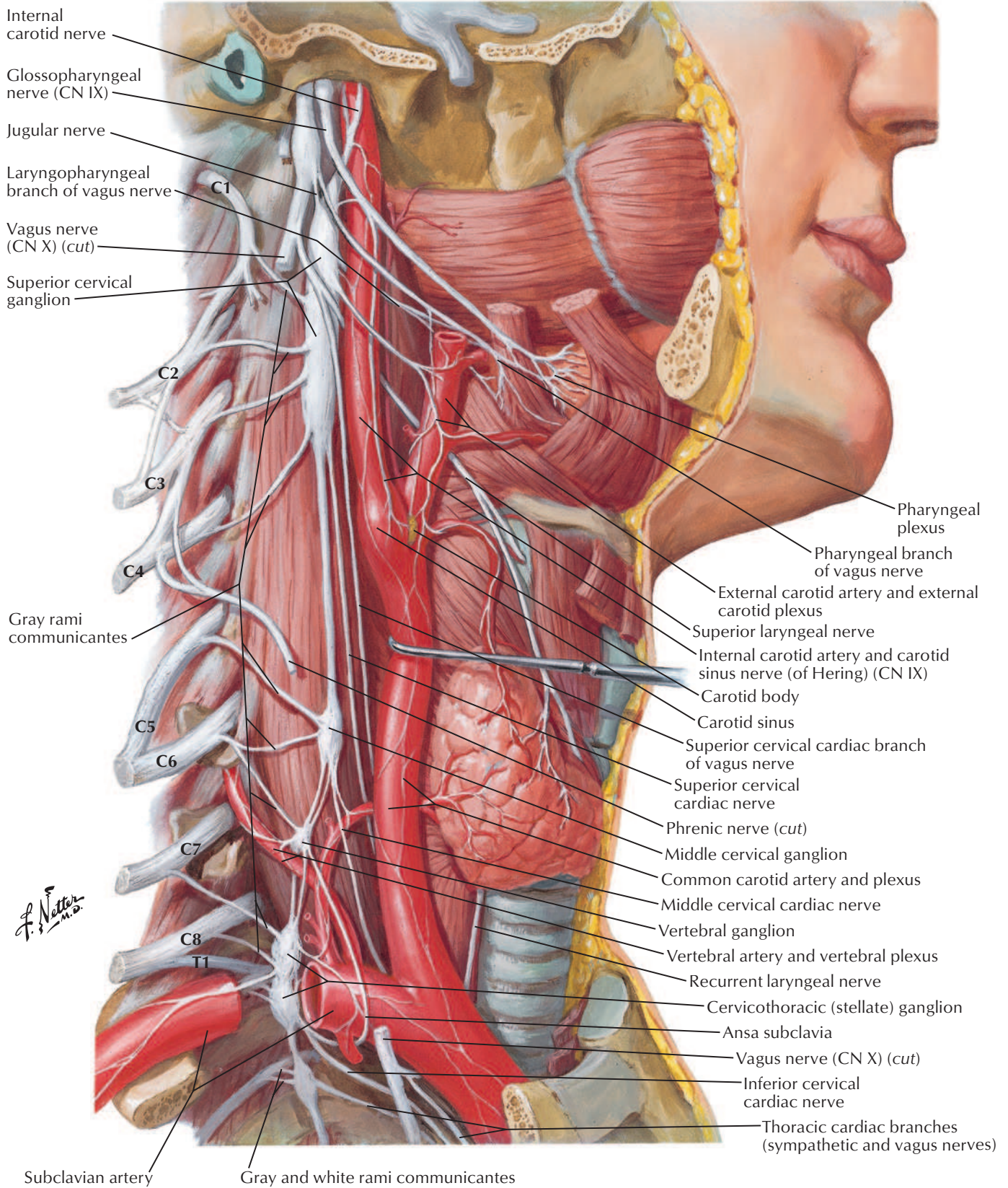
Hypoglossal Nerve (CN XII): Schema

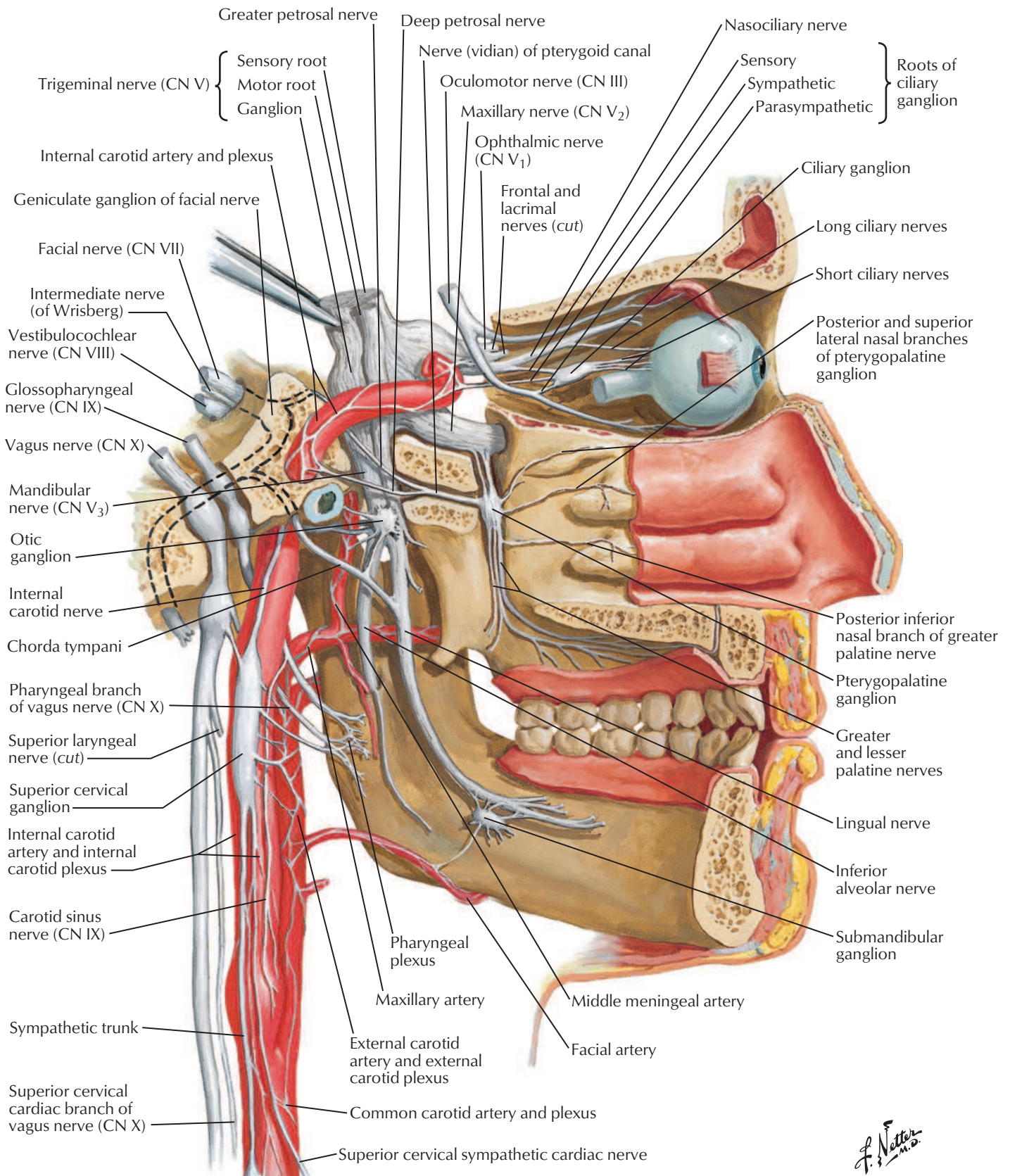
See also [Plate 39](#)





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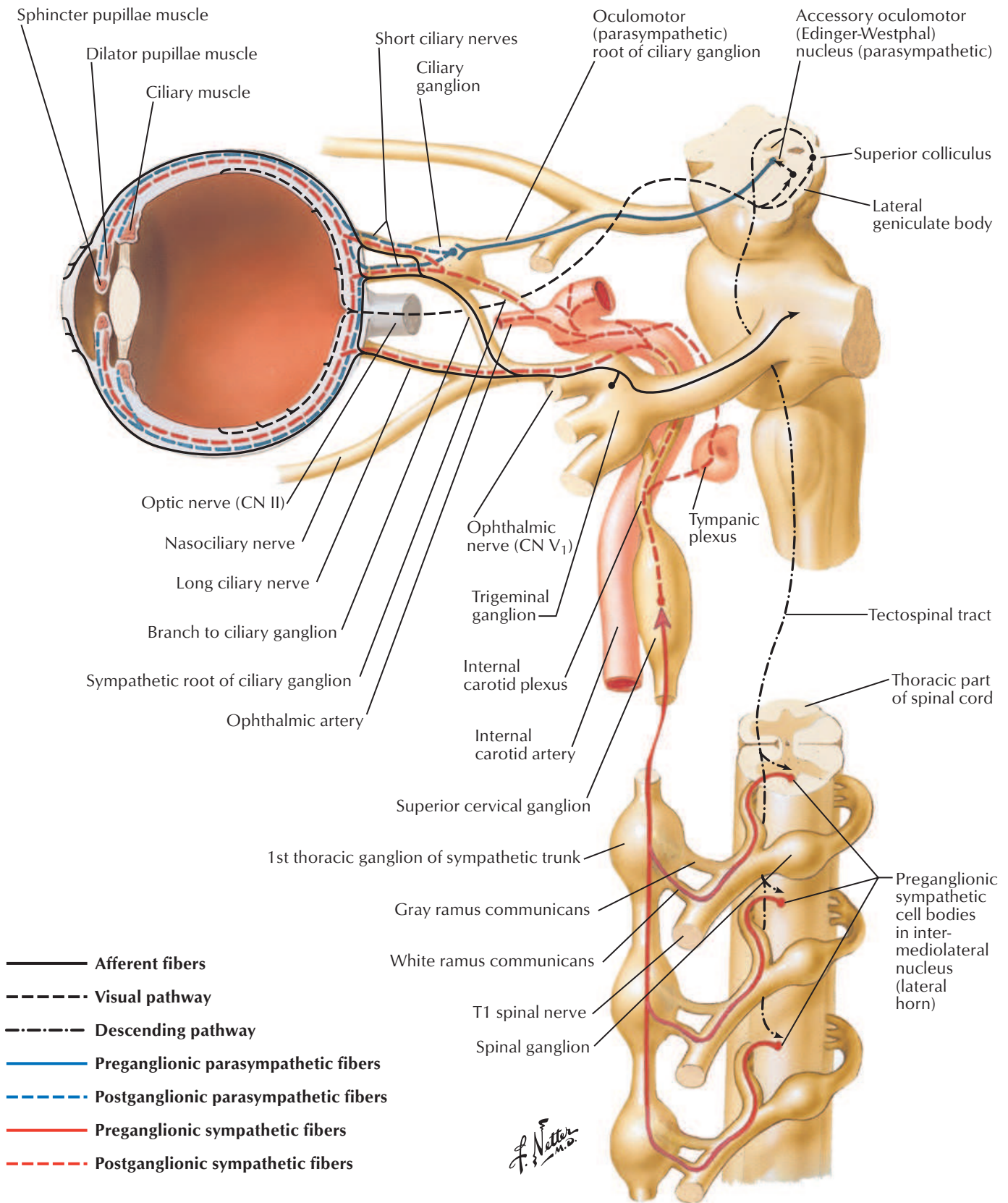


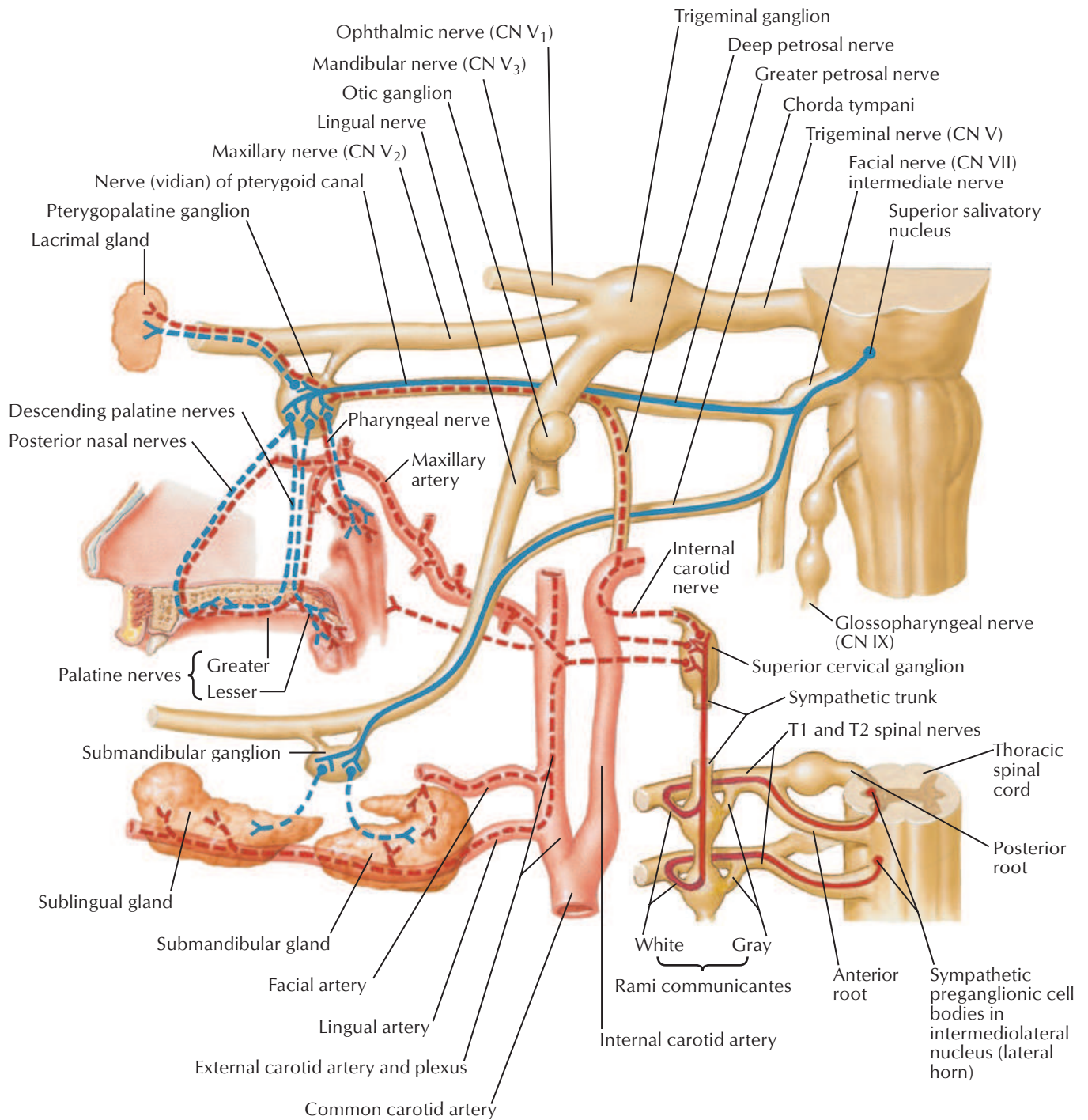


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Ciliary Ganglion: Schema

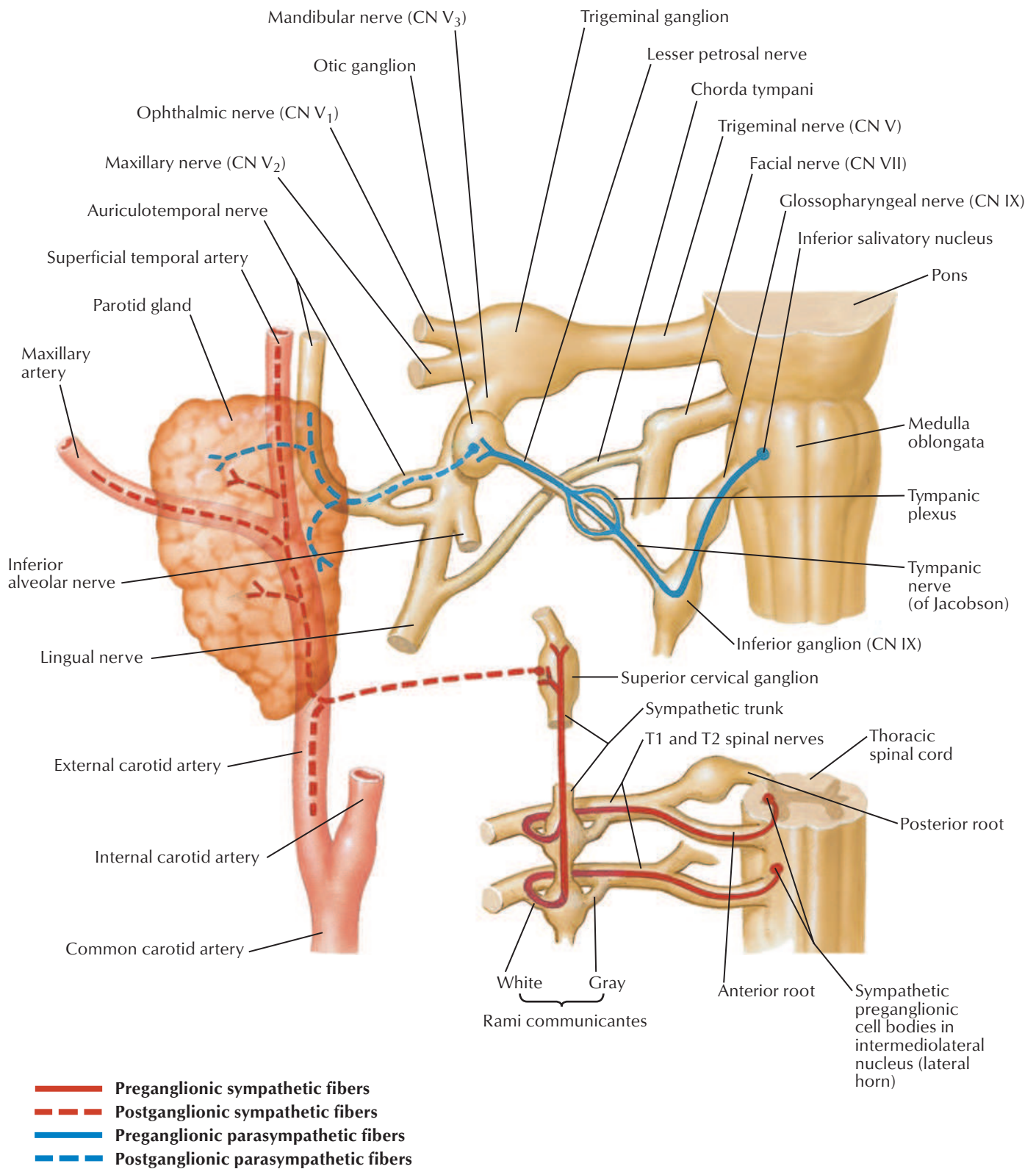
See also [Plate 62](#)

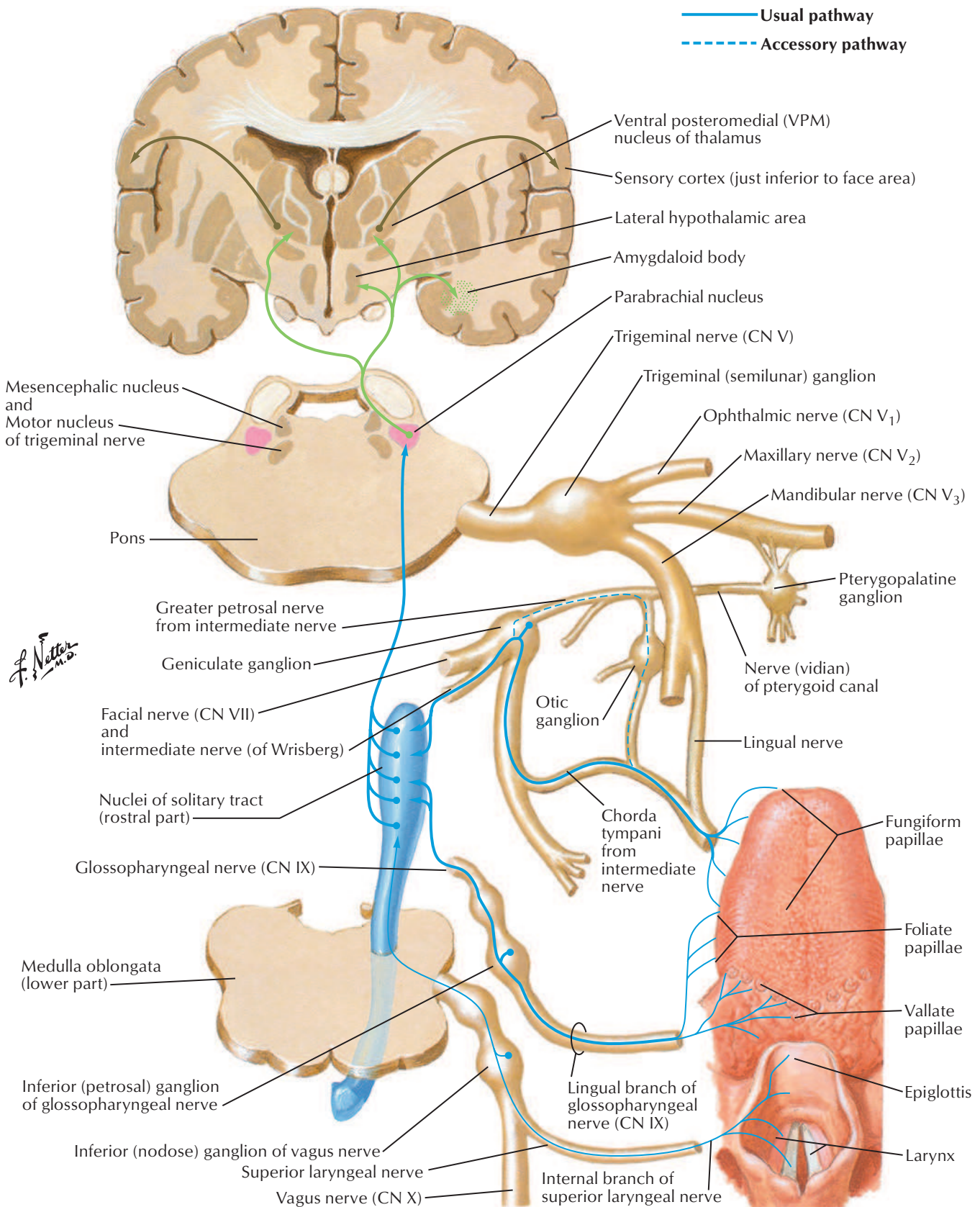




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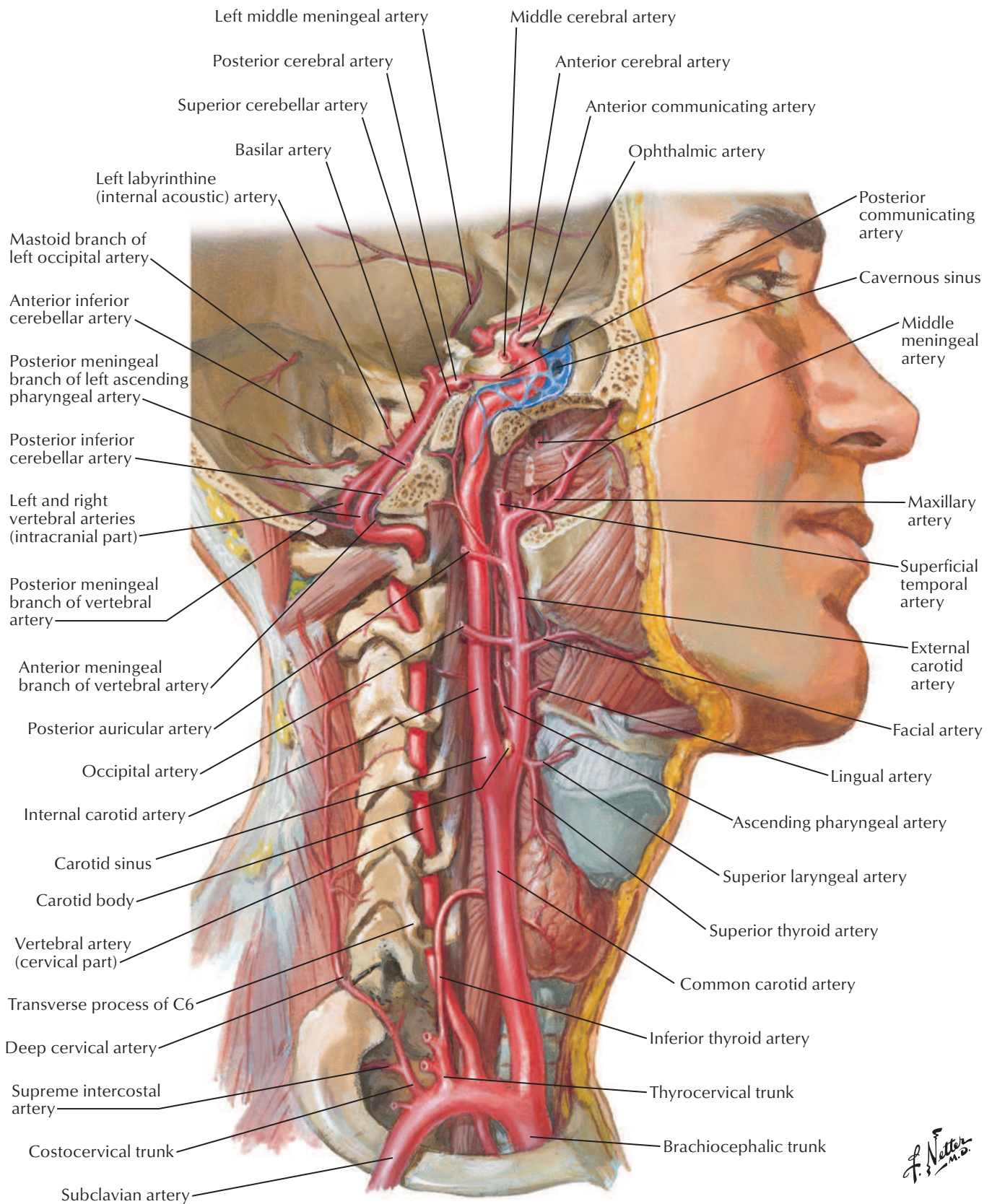
- Preganglionic sympathetic fibers
- - Postganglionic sympathetic fibers
- Preganglionic parasympathetic fibers
- - Postganglionic parasympathetic fibers

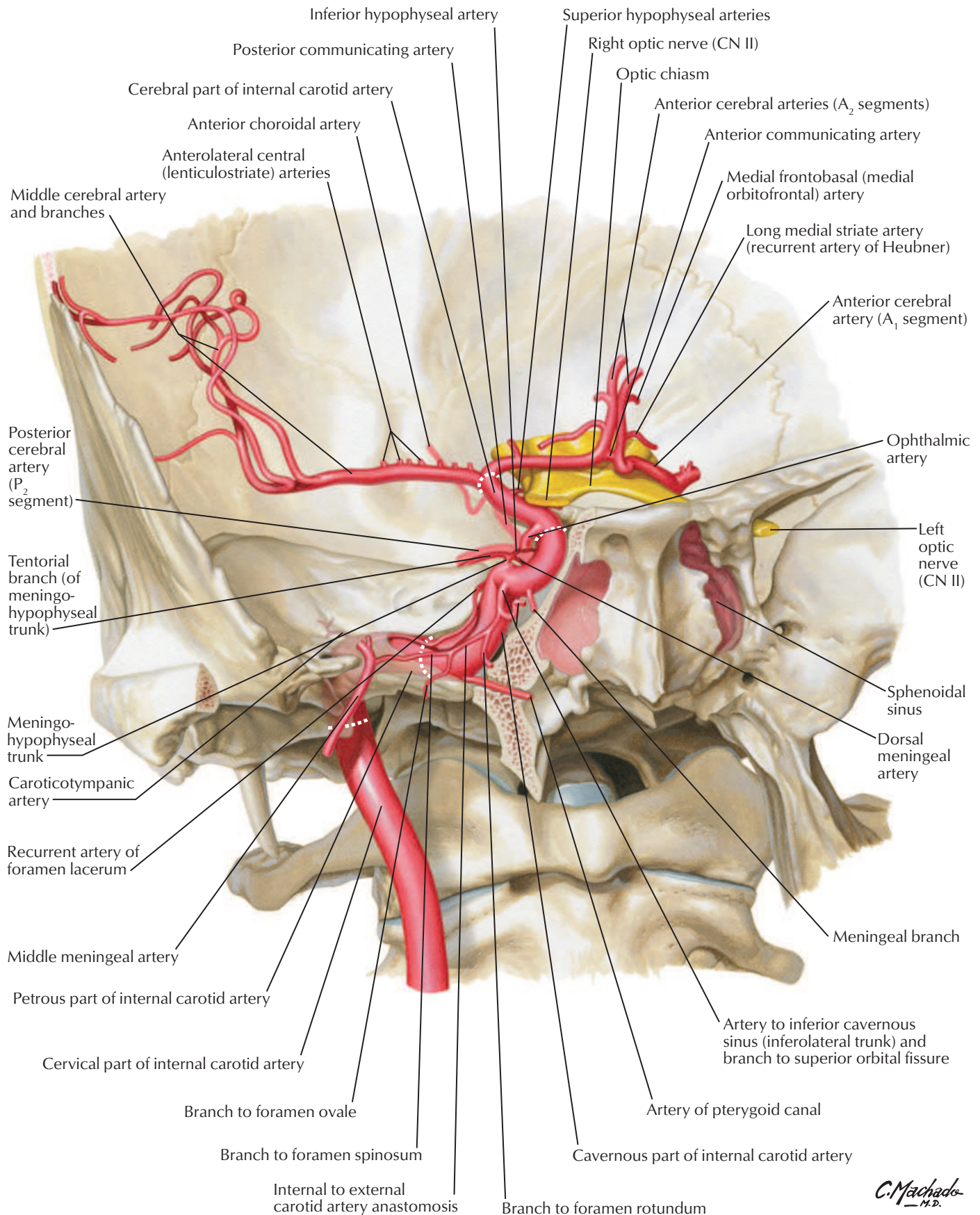




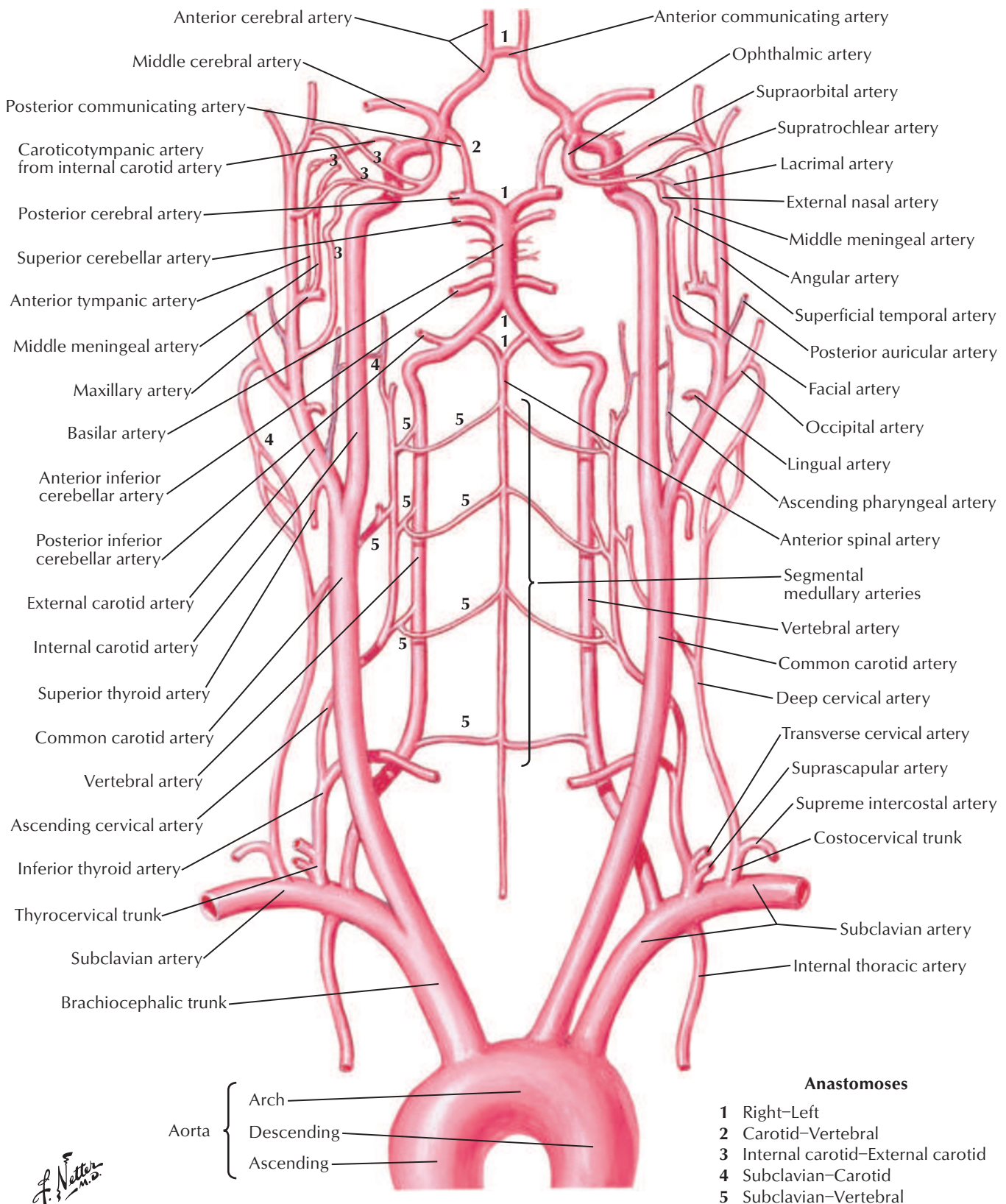
Arteries to Brain and Meninges

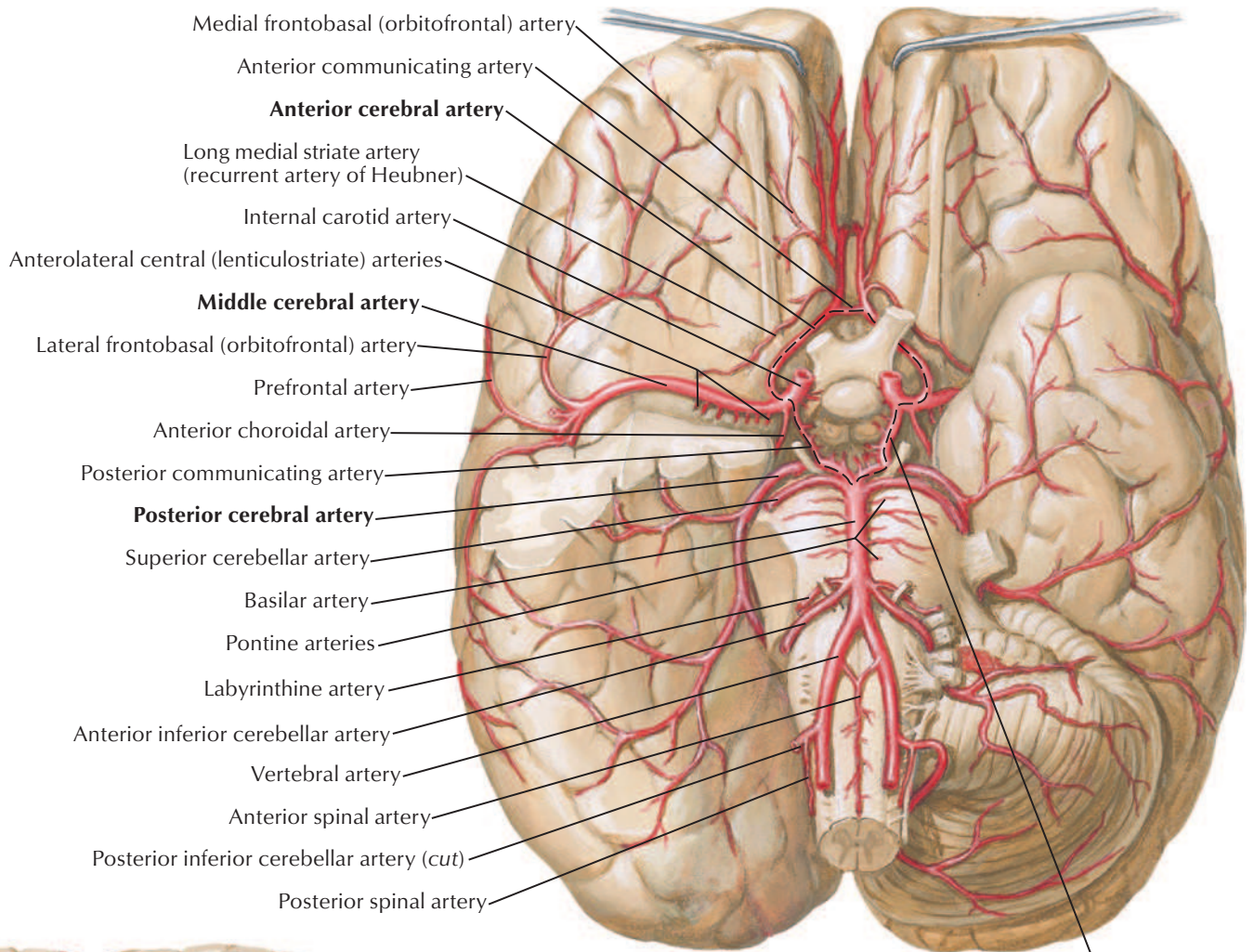
See also [Plates 41, 64, 148](#)



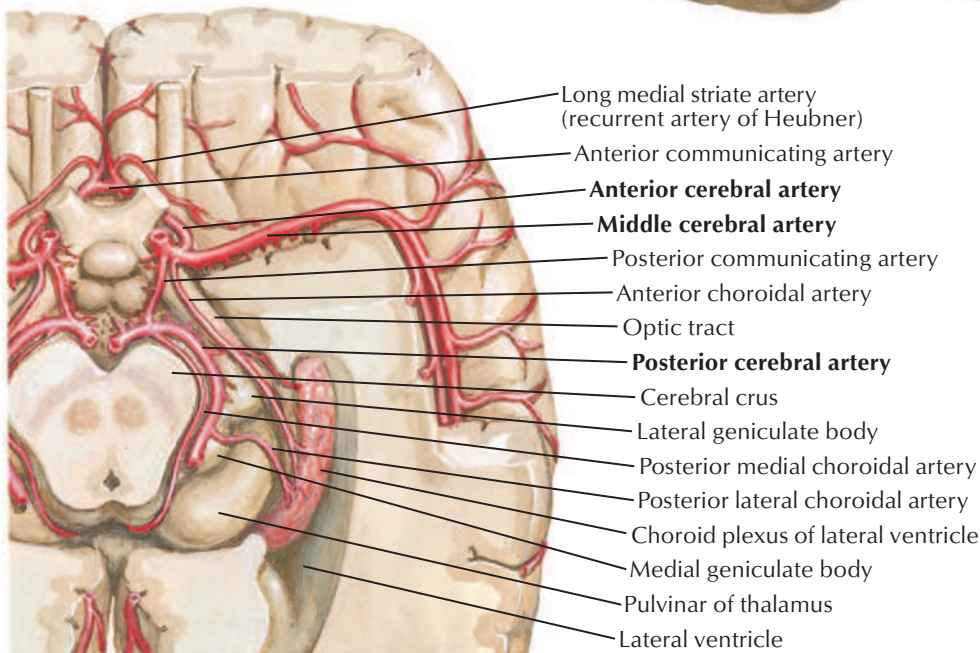


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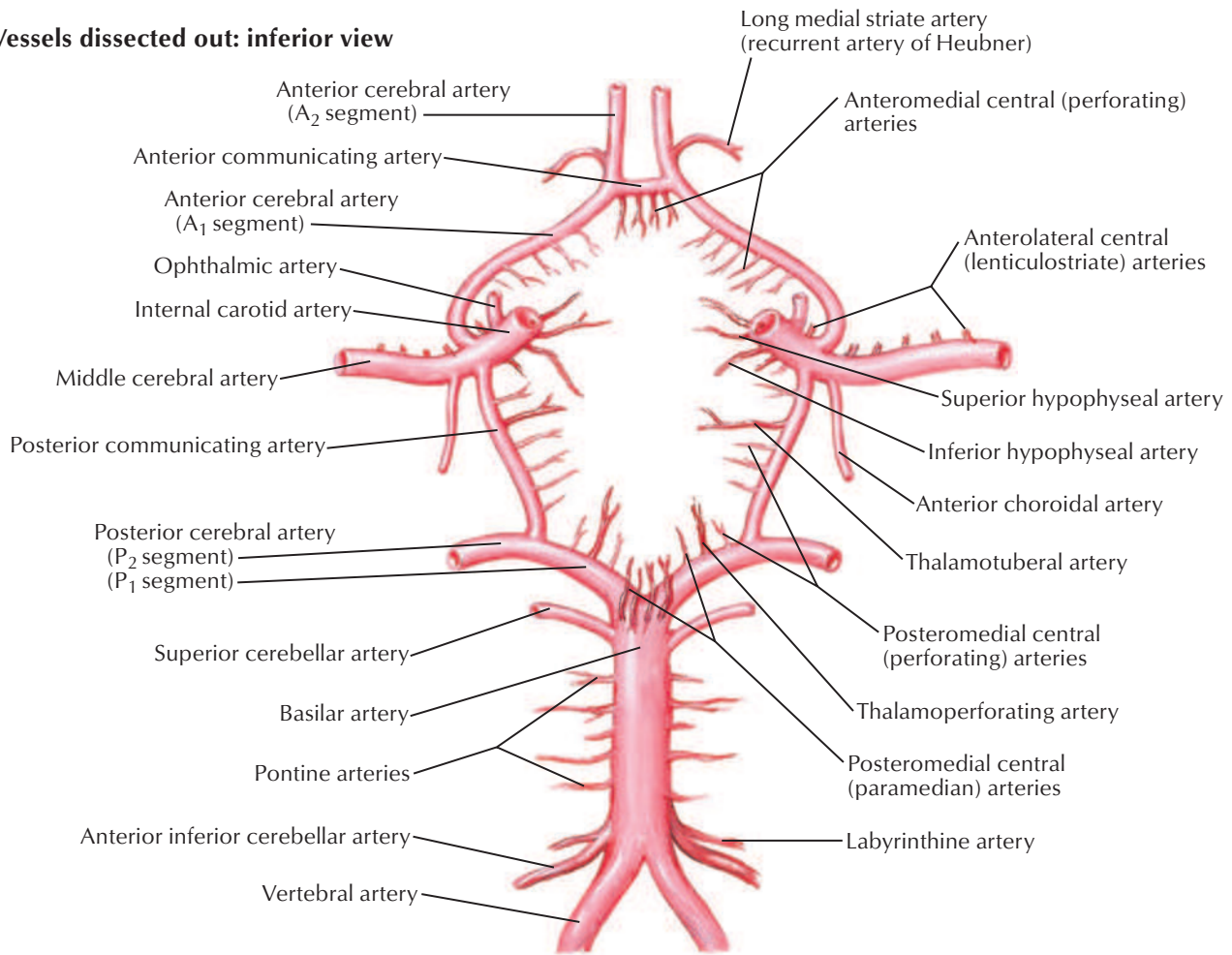


Cerebral arterial circle (of Willis) (broken line)

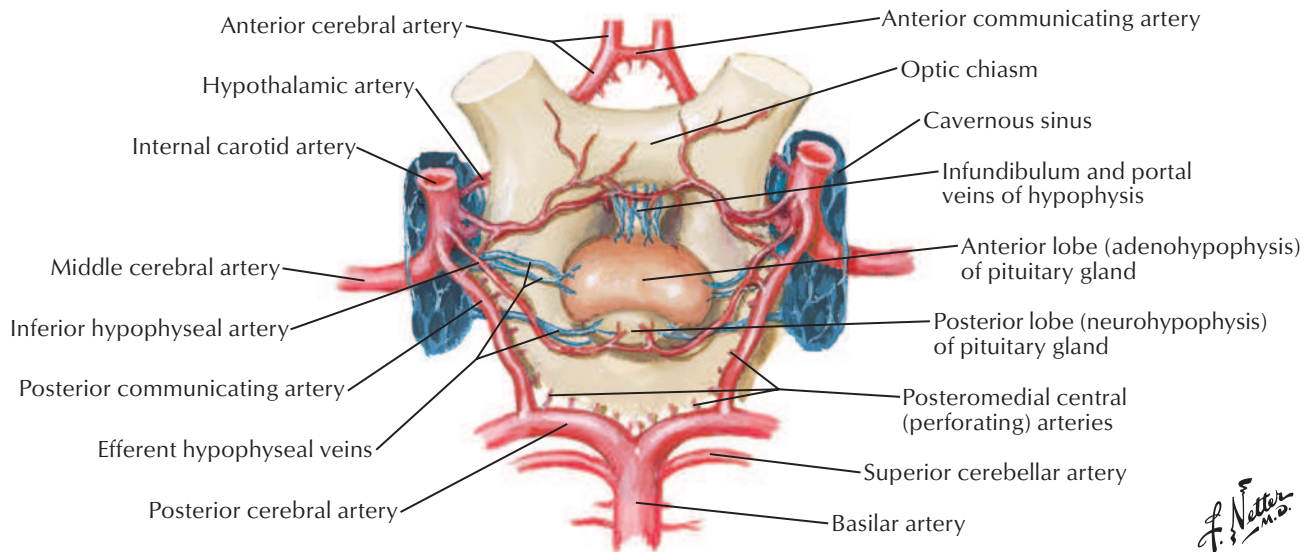


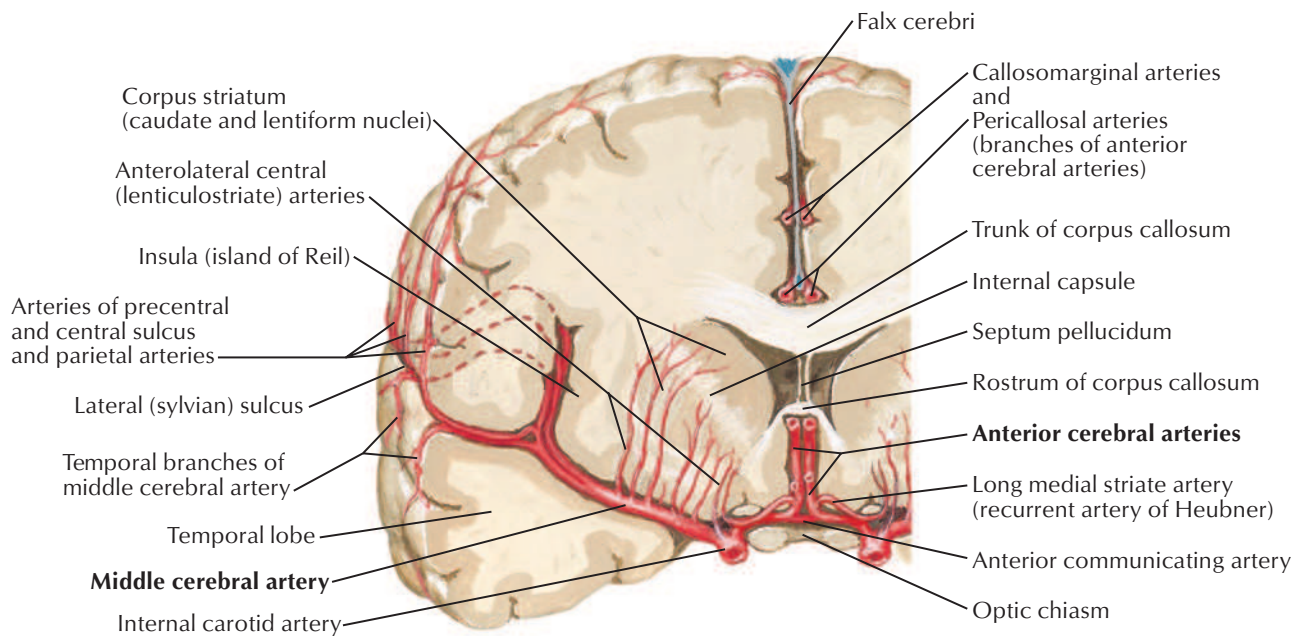
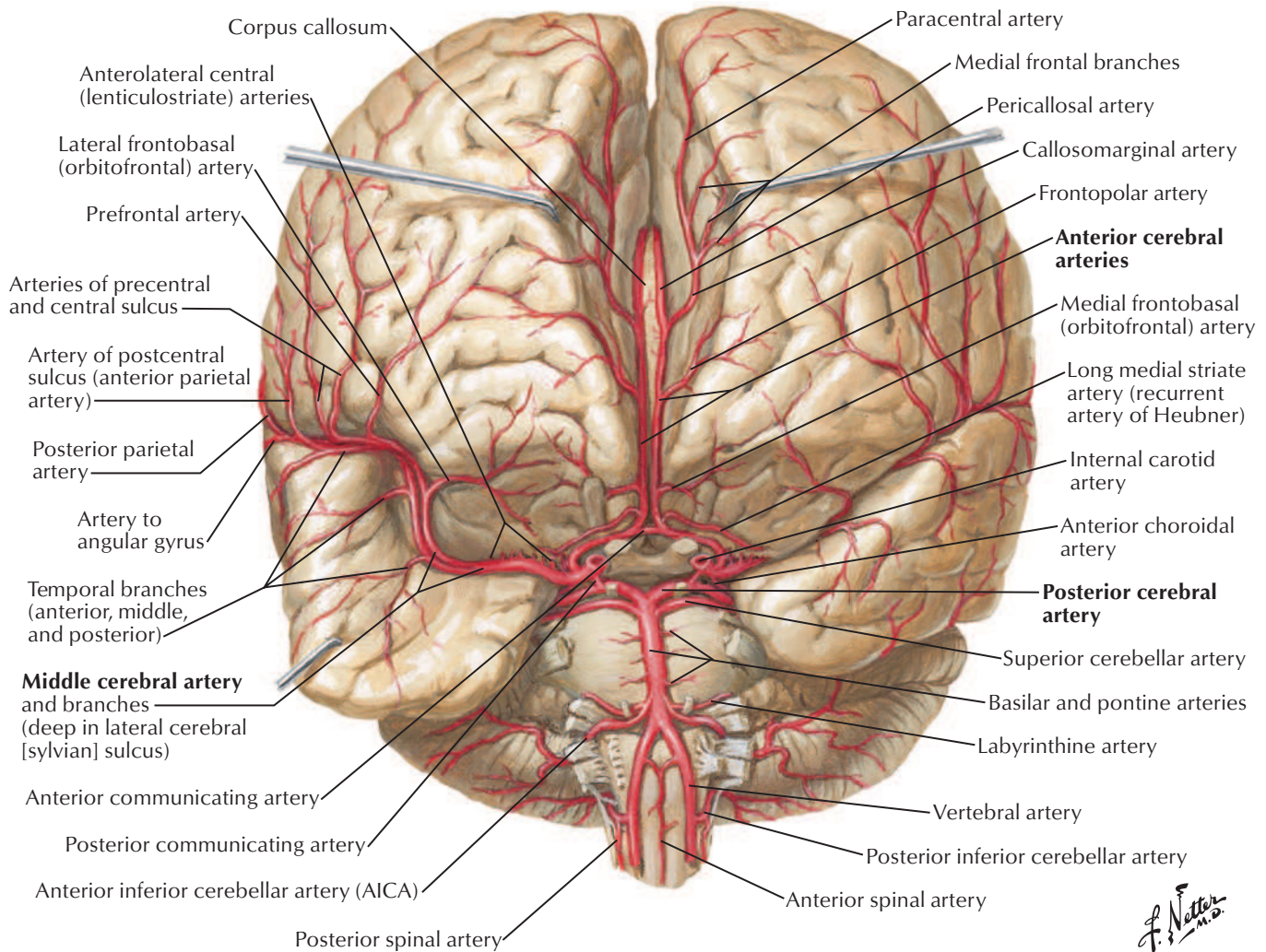
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Vessels dissected out: inferior view

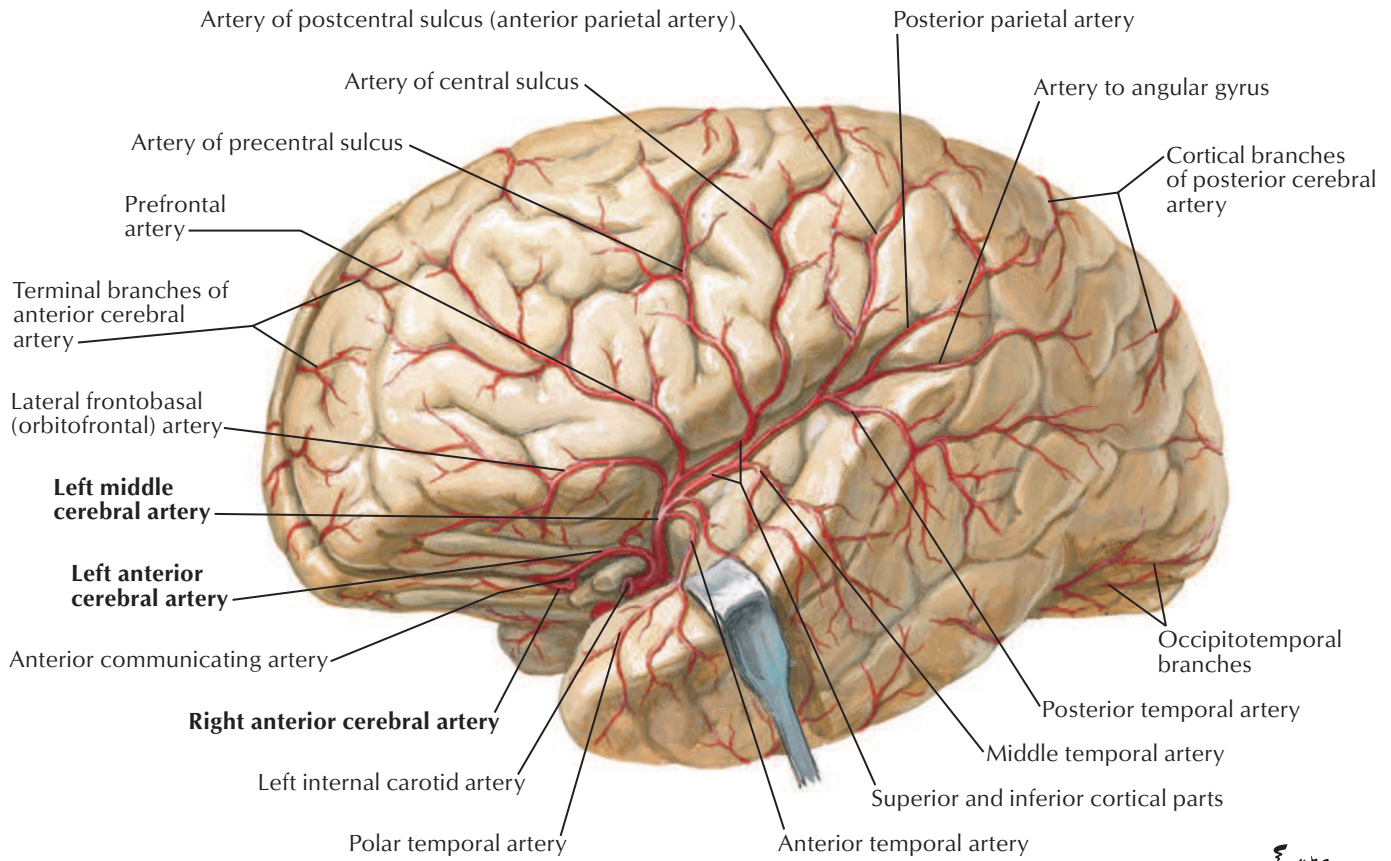
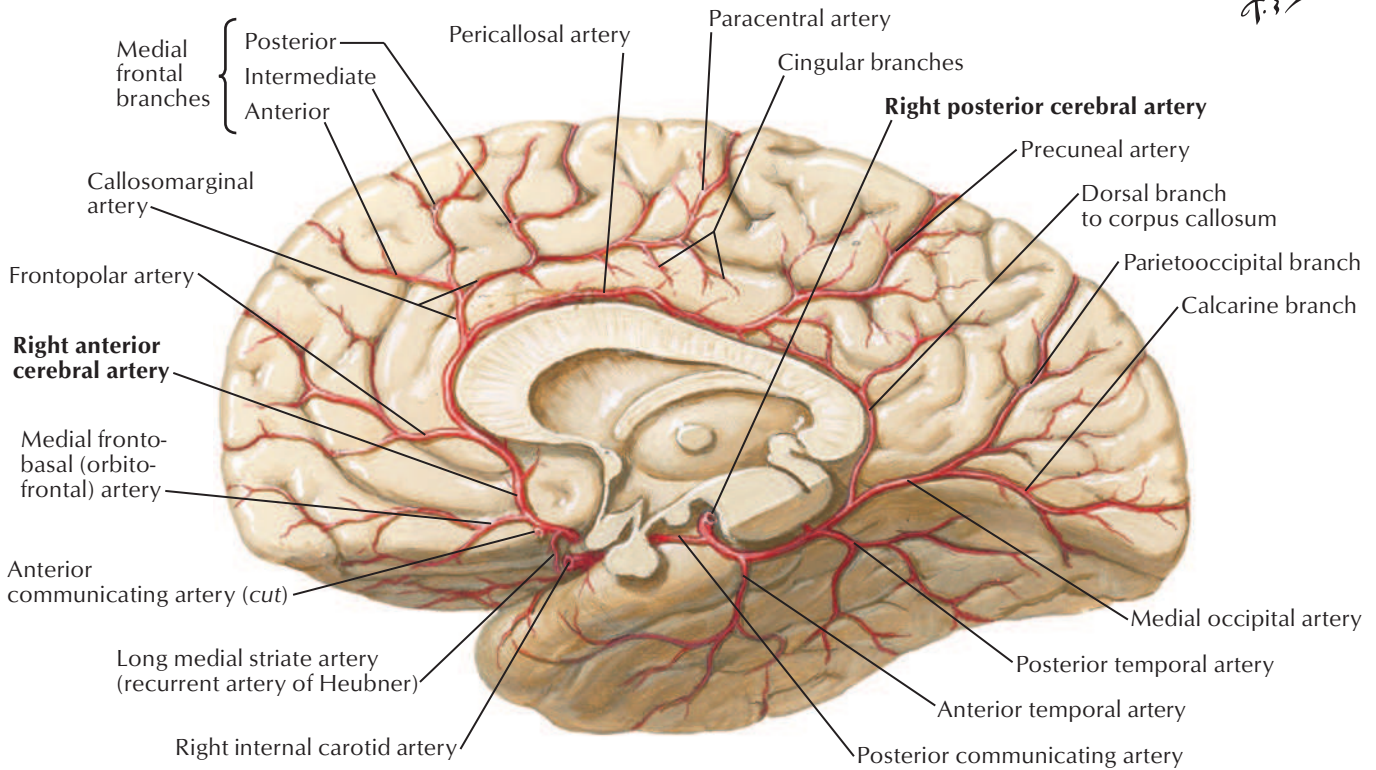


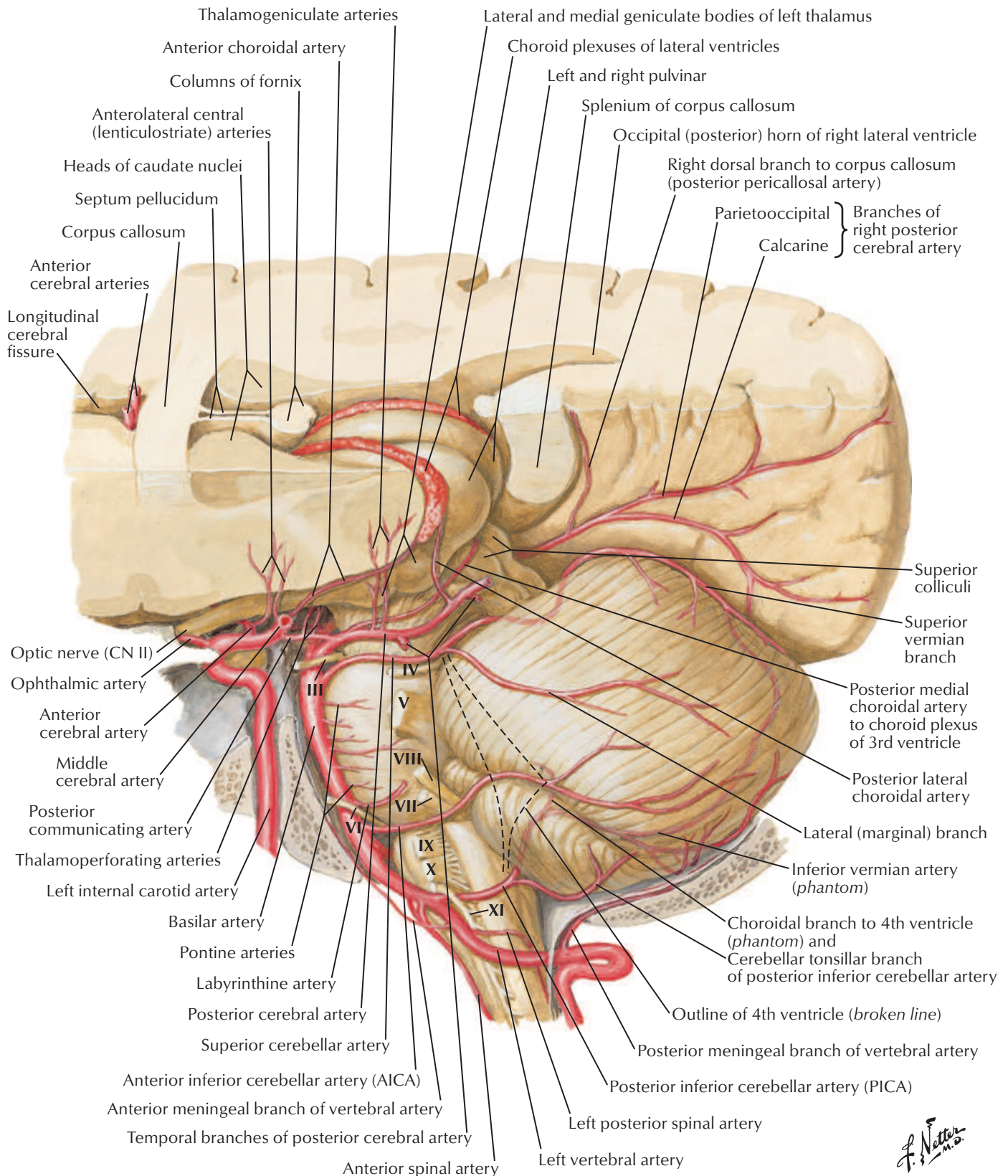
Vessels in situ: inferior view



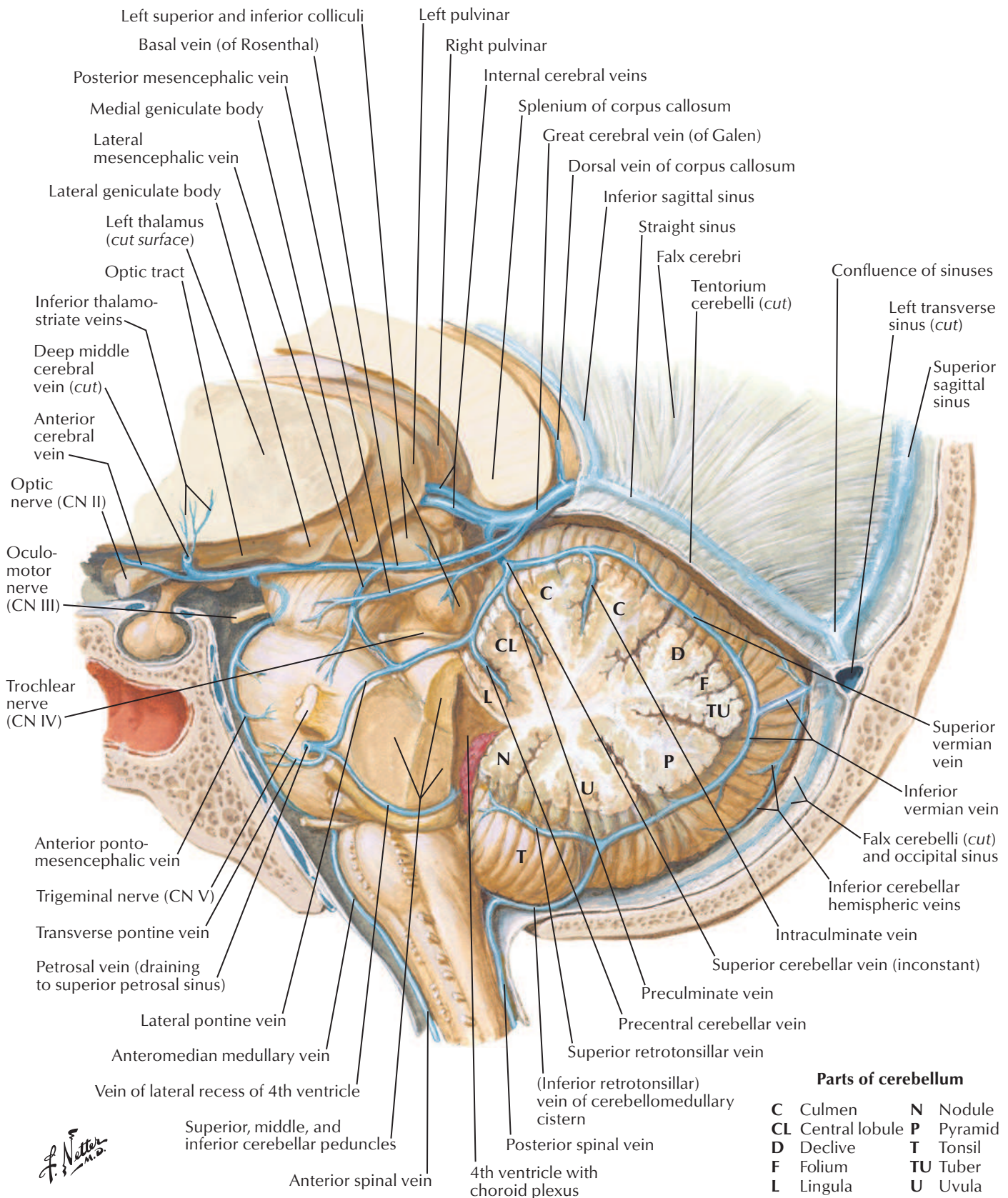


Arteries of Brain: Lateral and Medial Views

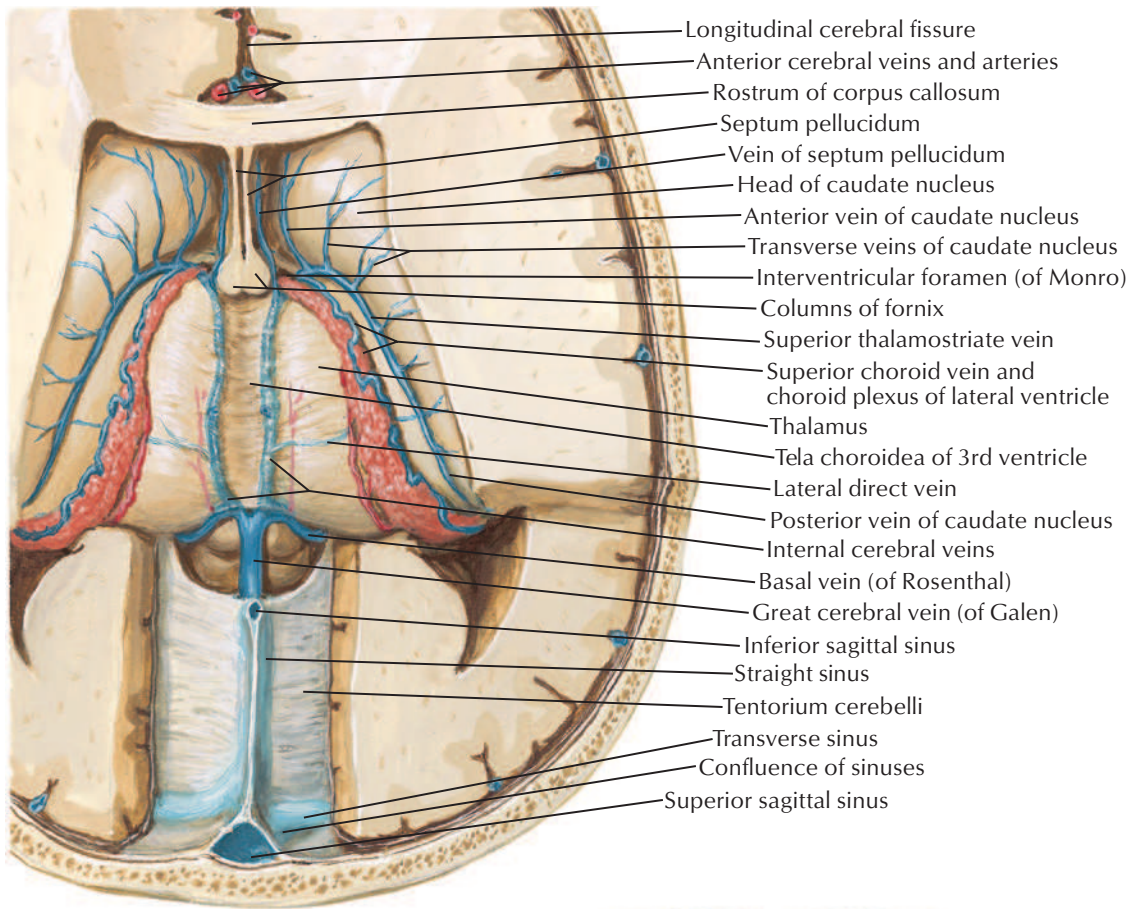


F. Netter M.D.

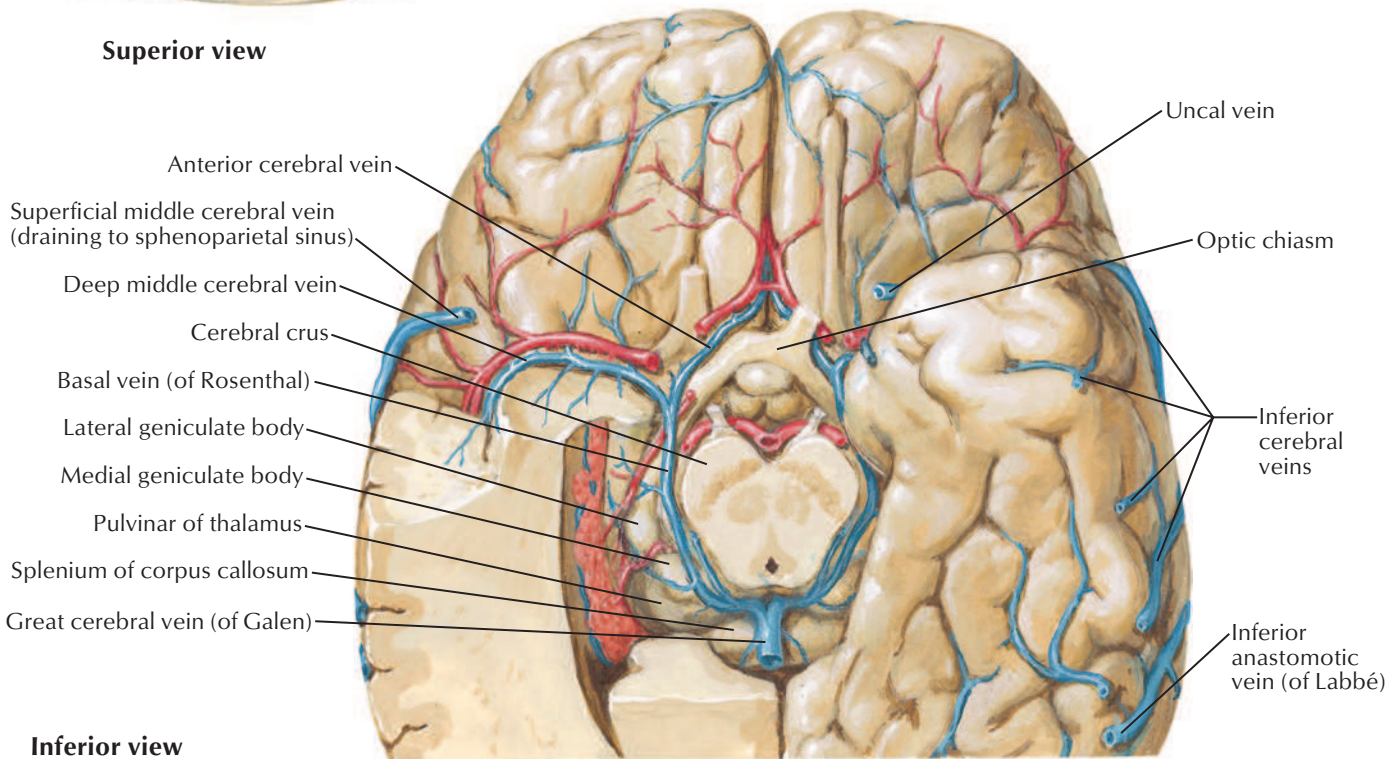


Parts of cerebellum

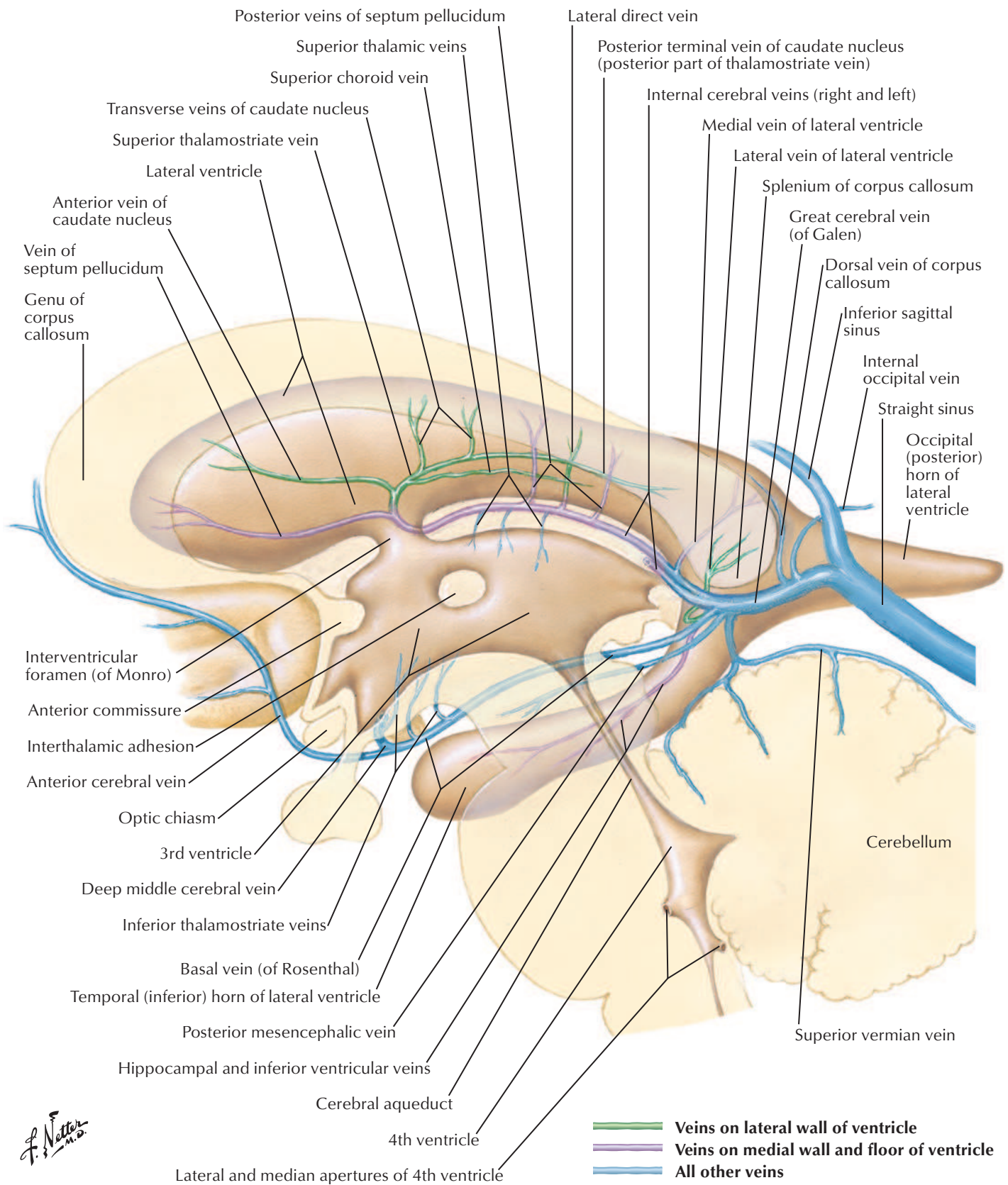
C	Culmen	N	Nodule
CL	Central lobule	P	Pyramid
D	Declive	T	Tonsil
F	Folium	TU	Tuber
L	Lingula	U	Uvula

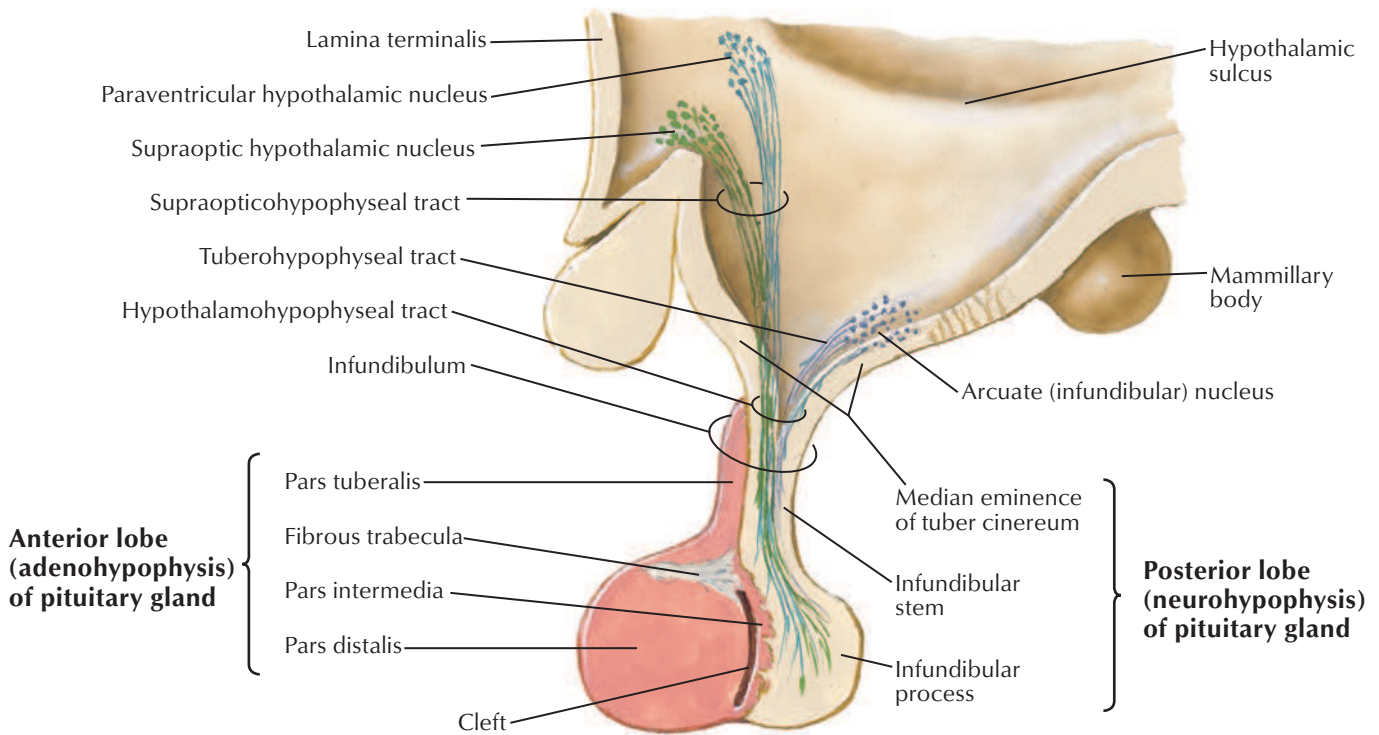
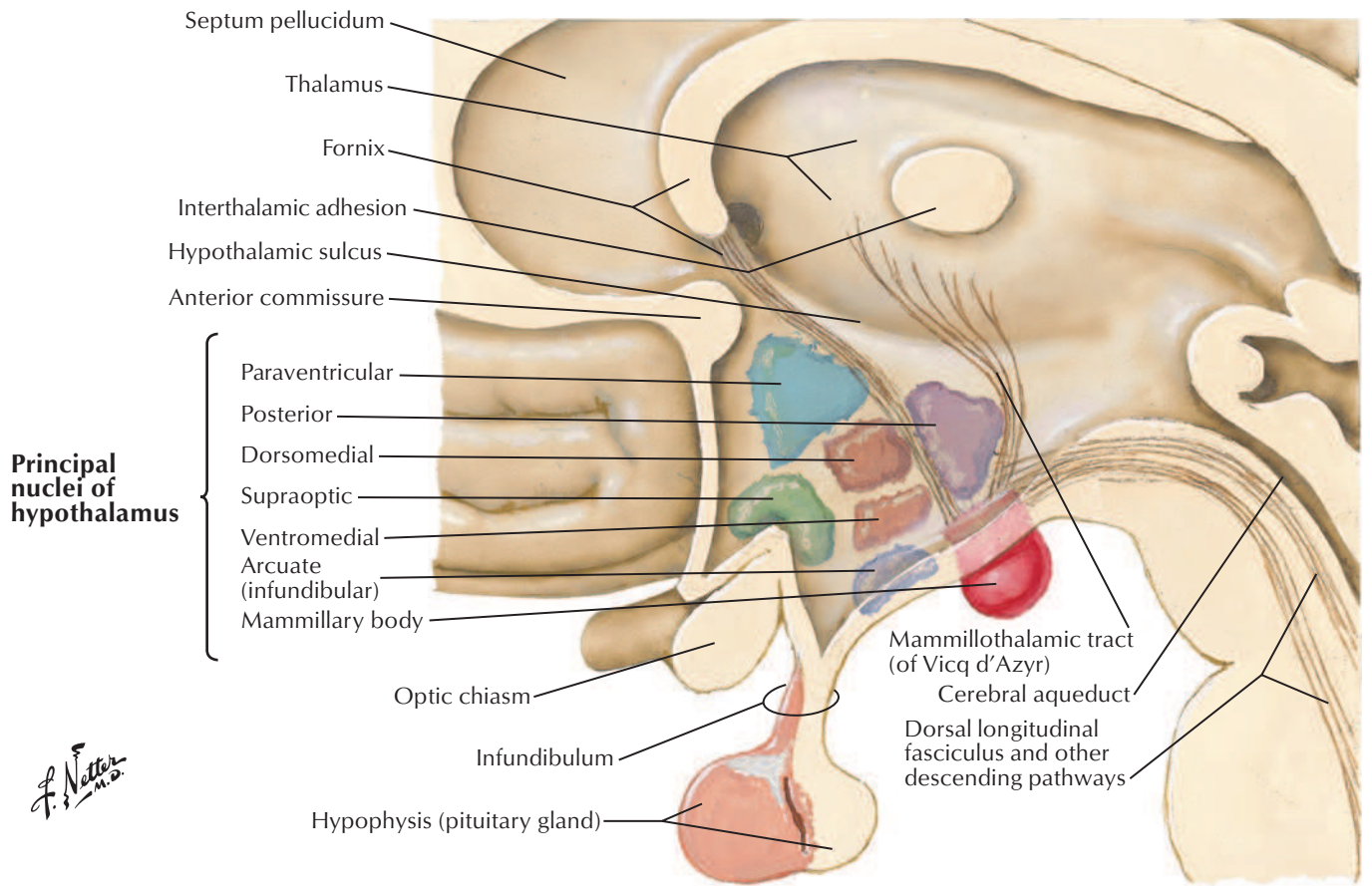


Superior view



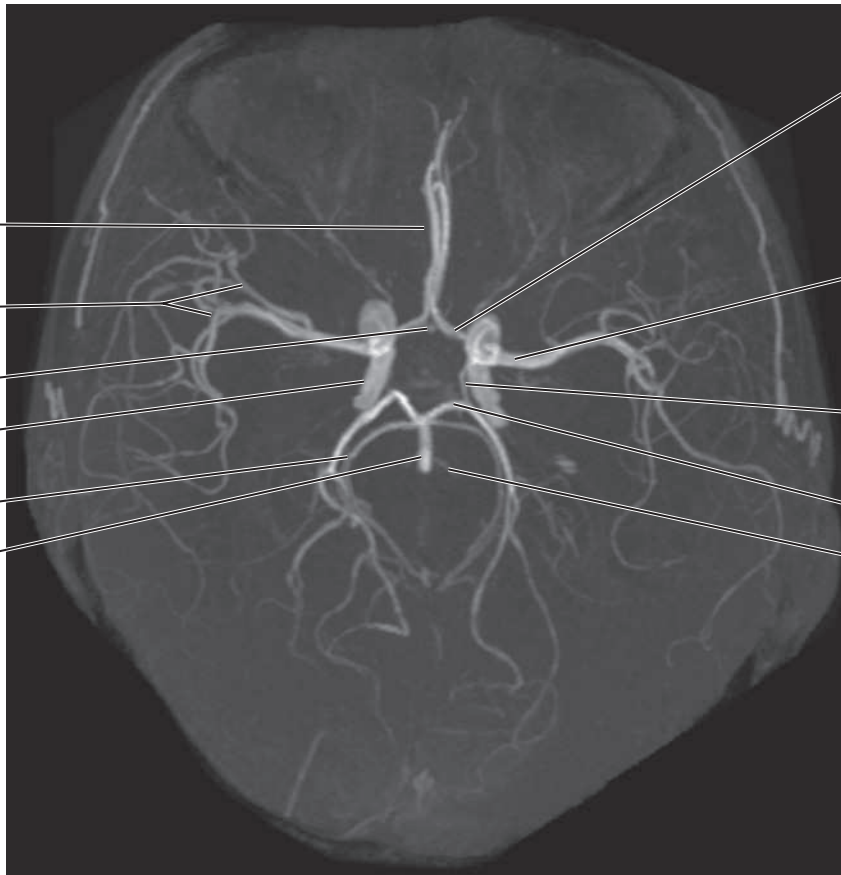
Inferior view





Magnetic resonance angiography (MRA) at level of circle of Willis (3D time-of-flight image without contrast)

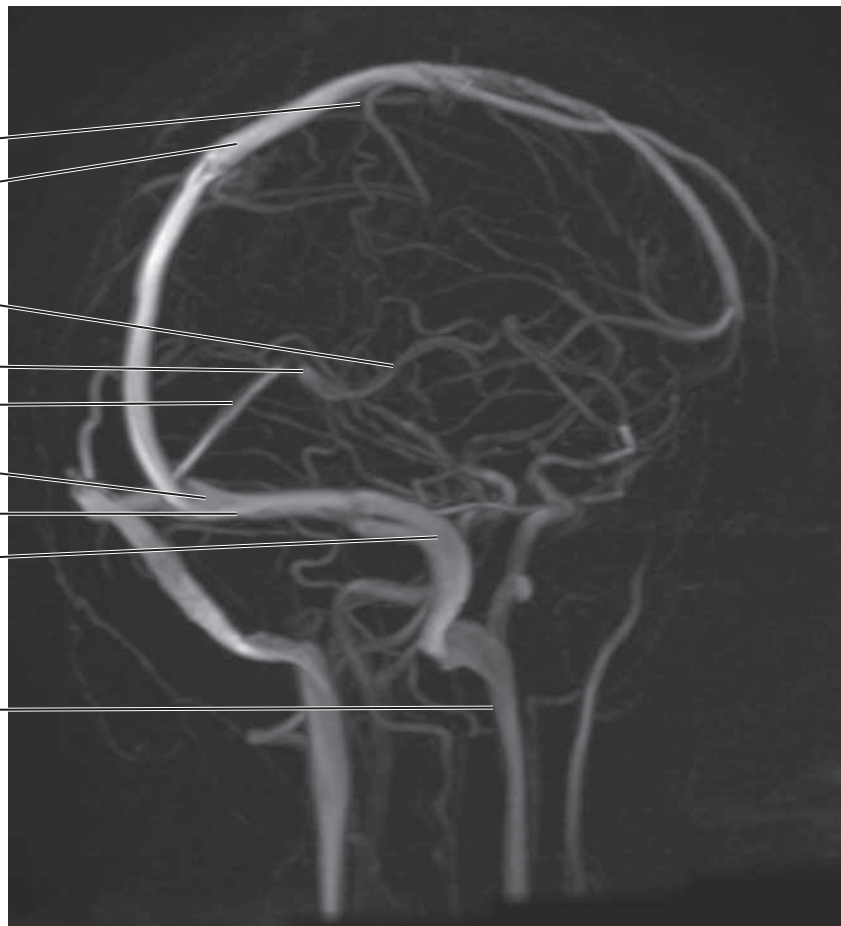
- Anterior cerebral artery (A2 segment)
- Middle cerebral artery (M2 segments)
- Anterior communicating artery
- Internal carotid artery
- Superior cerebellar artery
- Basilar artery



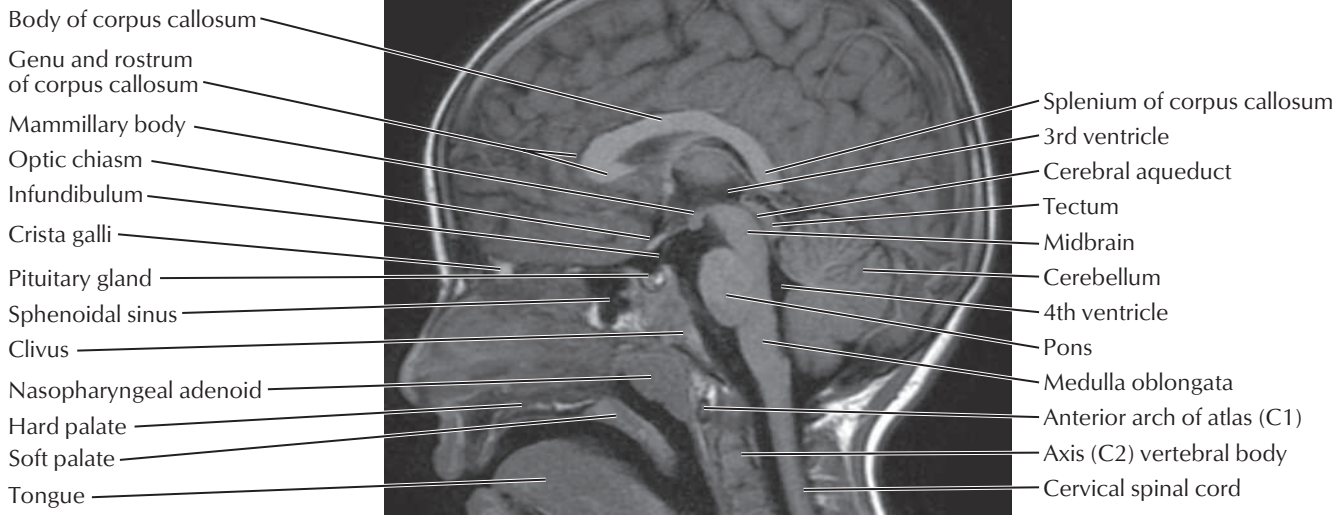
- Anterior cerebral artery (A1 segment)
- Middle cerebral artery (M1 segment)
- Posterior communicating artery
- Posterior cerebral artery
- Anterior inferior cerebellar artery

Magnetic resonance venography (MRV) (2D time-of-flight image without contrast)

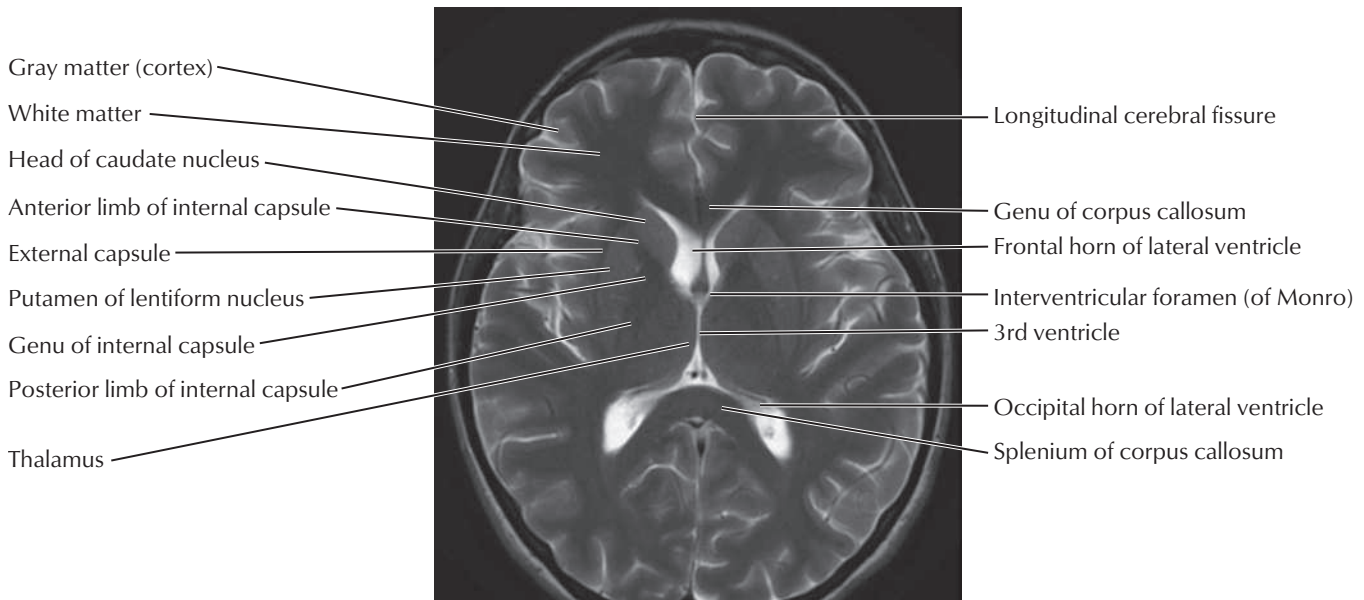
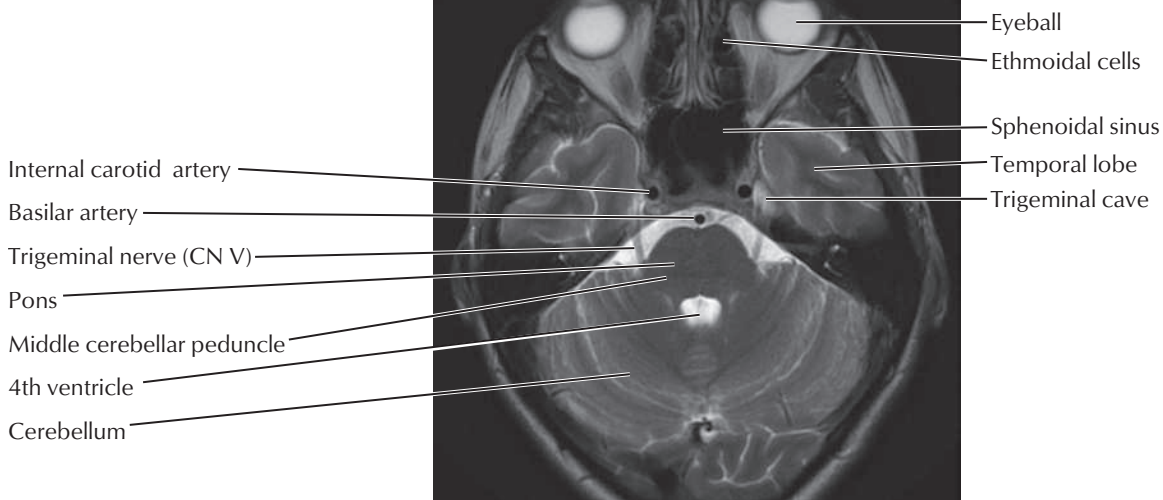
- Superior cerebral vein
- Superior sagittal sinus
- Internal cerebral vein
- Great cerebral vein (of Galen)
- Straight sinus
- Confluence of sinuses
- Transverse sinus
- Sigmoid sinus
- Internal jugular vein



T1-weighted MRI, sagittal view



T2-weighted, MRI axial views without contrast











ANATOMIC STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
SKELETAL SYSTEM		
 Orbit	Direct trauma to eye may result in “blowout” fracture; margin remains intact, but medial and/or inferior walls of orbit have fractured	11, 50
Pterion	Weak area of skull that is common site of fracture	13
Temporomandibular joint	Temporomandibular disorders are common source of pain and joint dysfunction	25
Cervical vertebrae	Degenerative changes cause narrowing of intervertebral foramina that may cause cervical radiculopathy	26–28
Cervical vertebrae	Bilateral fracture of pars interarticularis of C2 (spondylolysis) results from hyperextension of head on neck and results in spondylolisthesis of C2 (hangman’s fracture); fractures (common) are due to motor vehicle, snowmobile, and all-terrain vehicle accidents	26
Thyroid cartilage, cricoid cartilage	Palpable landmarks used for cricothyrotomy and tracheostomy	87, 90
Ear ossicles	Pathologic conditions involving ossicles (e.g., otosclerosis) can cause conductive hearing loss	105, 106
MUSCULAR SYSTEM		
Muscles of facial expression	Used to assess function of CN VII during cranial nerve examination; may become weak or paralyzed with CN VII dysfunction (e.g., Bell’s palsy)	31, 134
Sternocleidomastoid muscle	Palpated to identify “nerve point of neck” for administration of anesthesia to cervical plexus	39
Sternocleidomastoid, trapezius muscles	Used to assess function of CN XI during cranial nerve examination	39, 138
Muscles of mastication	Used to assess function of CN V (V ₃) during cranial nerve examination	55, 56
Levator veli palatini, musculus uvulae	Used to assess function of CN X during cranial nerve examination; contralateral deviation of uvula during elevation indicates CN X dysfunction	67
Genioglossus muscle	Used to assess CN XII function during cranial nerve examination; deviates to side of lesion when protruded following CN XII injury	70, 139
Levator palpebrae superioris, superior tarsal muscles	Muscles responsible for elevating eyelid; ptosis indicates pathologic change in CN III or sympathetics (superior tarsal muscle)	94, 96
Eye muscles	Used to assess function of CN III, CN IV, and CN VI during cranial nerve examination	96, 98
Dilator pupillae muscle	Important in assessment of sympathetic function in head; lack of dilation indicates interruption in sympathetic outflow (e.g., Horner’s syndrome)	101, 132
Sphincter pupillae muscle	Involved in pupillary light reflex and accommodation reflex	101, 132
RESPIRATORY SYSTEM		
 Paranasal sinuses	Cavities in skull; prone to mucosal inflammation due to bacterial or viral infection	49, 50
DIGESTIVE SYSTEM		
 Parotid gland	Swelling of gland due to infection (e.g., mumps) may compress branches of facial nerve, producing facial muscle weakness	53, 54

Table 2.1

ANATOMIC STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 ENDOCRINE SYSTEM		
Thyroid gland	Common site of cancer; removed with thyroidectomy	87
 NERVOUS SYSTEM		
Accessory nerve (CN XI)	Lymph node biopsy in posterior cervical triangle can cause iatrogenic injury of CN XI	39
Cervical plexus	Cervical plexus blocks are performed for neck procedures	39, 40
Trigeminal nerve (CN V)	Branches of CN V are anesthetized for procedures on face or anterior scalp	42, 133
Olfactory nerve (CN I)	One of most commonly injured cranial nerves; can be avulsed at cribriform plate following falls	46, 130
Facial nerve (CN VII)	Idiopathic unilateral facial nerve palsy (Bell's palsy) can result in inability to fully close eye and result in desiccated cornea ipsilaterally	54
Recurrent laryngeal nerve	May be compressed or damaged by procedures in neck (e.g., thyroidectomy), aortic arch aneurysm, or lung cancer, producing hoarseness of voice	88, 89
Oculomotor nerve (CN III), trochlear nerve (CN IV), and abducens nerve (CN VI)	Cavernous sinus thrombosis can result in dysfunction of extraocular muscles caused by compression of one, two, or all three nerves	115
Superior colliculus and cerebral aqueduct	Tumor of midbrain can result in compression of cerebral aqueduct, with resultant hydrocephalus	120
Optic nerve (CN II)	One early sign of growing pituitary gland mass is bitemporal hemianopsia	131, 151
Optic nerve (CN II)	One of first signs of ophthalmic artery aneurysm is visual loss due to compression of overlying optic nerve	148
 CARDIOVASCULAR SYSTEM		
Right internal and external jugular veins	Examined to assess jugular venous pulse; internal jugular vein is preferred because it is in line with superior vena cava; external jugular vein may be used instead as the internal jugular vein is very difficult to visualize	38
Internal jugular vein, subclavian vein	Used to obtain venous access via insertion of central venous catheter	38, 84
Inferior thyroid artery	At risk during thyroidectomy; must be preserved to maintain blood supply to parathyroid glands	40, 88
Common carotid artery	Palpated in neck to assess carotid pulse; prone to atherosclerotic thickening of vessel wall	41
Anterior ethmoidal, sphenopalatine, and facial arteries	Anastomosis site of these vessels in nasal vestibule is common site of nosebleed (epistaxis)	47
Pterygoid venous plexus	Common route for spread of infection due to connections between face, orbit, and venous sinuses	84, 99
Ophthalmic artery	Primary source of blood to retina; blindness may occur if artery is occluded	99, 103
Arteries of scalp	Lacerations bleed profusely owing to rich blood supply; vessels do not retract in dense connective tissue layer of scalp	111
Superior cerebral veins	May be torn from their junction with superior sagittal sinus, producing subdural hematoma	112, 113, 114, 120

ANATOMIC STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 CARDIOVASCULAR SYSTEM—Continued		
Middle meningeal artery	Trauma to skull can tear middle meningeal artery, causing epidural hematoma	112
Dural venous sinuses	Infections in head may spread to sinuses, causing dural sinus thrombosis; cavernous sinus is most common site	114, 115
Cavernous sinus	Fistula (anastomosis) between internal carotid artery and cavernous sinus may form, especially following trauma	115, 151
Carotid sinus	Compressed during carotid sinus massage	141
Cerebral arterial circle of Willis	Common site of aneurysms; rupture produces subarachnoid hemorrhage	150
 LYMPHATIC SYSTEM		
Thoracic duct	May be injured in neck at junction of internal jugular and subclavian veins	85
Superior and inferior deep nodes	Palpated during neck examination to assess size	85, 86

*Selections were based largely on clinical data and commonly discussed clinical correlations in gross anatomy courses.

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Auricularis anterior	External ear	Temporal fascia, epicranial aponeurosis	Anterior part of medial surface of helix of ear	Posterior auricular and temporal branches of facial nerve	Auricular branch of posterior auricular artery, parietal branch of superficial temporal artery	Elevates and draws auricle forward
Auricularis posterior	External ear	Base of mastoid process	Lower part of cranial surface of auricle	Posterior auricular and temporal branches of facial nerve	Auricular branch of posterior auricular artery, parietal branch of superficial temporal artery	Retracts and elevates auricle
Auricularis superior	External ear	Temporal fascia, epicranial aponeurosis	Upper part of medial surface of auricle	Posterior auricular and temporal branches of facial nerve	Auricular branch of posterior auricular artery, parietal branch of superficial temporal artery	Retracts and elevates auricle
Buccinator	Facial expression	Posterior portion of alveolar process of maxillary bone and mandible opposite sockets of molar teeth, anterior border of pterygomandibular raphe	Angle of mouth	Buccal branches of facial nerve	Muscular branches of facial artery, buccal branch of maxillary artery	Compresses cheeks, expels air between lips, aids in mastication
Ciliary	Intrinsic eye	Corneoscleral junction	Ciliary body	Parasympathetic fibers via short ciliary nerves (CN III)	Ophthalmic artery	Constricts ciliary body and lens rounds up (accommodation)
Corrugator supercillii	Facial expression	Medial part of supraorbital margin	Skin of medial half of eyebrow	Zygomatic and temporal branches of facial nerve	Zygomatic and anterior branches of superficial temporal artery	Draws eyebrows downward and medially, produces vertical wrinkles of skin between eyebrows
Cricothyroid	Laryngeal	Anterior cricoid cartilage	Inferior border of thyroid cartilage and its inferior horn	External branch of superior laryngeal nerve	Superior and inferior thyroid arteries	Lengthens and tenses vocal ligaments
Depressor anguli oris	Facial expression	Continuous with platysma muscle on oblique line of mandible	Angle of mouth into orbicularis oris muscle and skin	Mandibular and buccal branches of facial nerve	Inferior labial artery of facial artery	Depresses angle of mouth
Depressor labii inferioris	Facial expression	Lateral surface of mandible between symphysis and mental foramen deep to depressor anguli oris	Skin to lower lip, mingling with orbicularis oris muscle, medial fibers joining those of opposite side	Mandibular and buccal branches of facial nerve	Inferior labial artery of facial artery	Depresses lower lip and draws it lateralward
Depressor septi nasi	Facial expression	Incisive fossa of maxillary bone	Septum and posterior part of ala of nose	Zygomatic and buccal branches of facial nerve	Superior labial artery of facial artery	Narrows nostril, draws septum downward
Digastric	Suprahyoid	<i>Anterior belly:</i> digastric fossa of mandible <i>Posterior belly:</i> mastoid notch of temporal bone	Intermediate tendon attached to body of hyoid	<i>Anterior belly:</i> nerve to mylohyoid muscle <i>Posterior belly:</i> facial nerve	<i>Anterior belly:</i> branches of submental artery <i>Posterior belly:</i> muscular branches of posterior auricular artery, muscular branches of occipital artery	Raises hyoid bone and base of tongue, steadies hyoid bone, opens mouth by lowering mandible
Dilator pupillae	Intrinsic eye	Radial fibers in iris	Blends with sphincter pupillae fibers	Sympathetic fibers from superior cervical ganglion	Ophthalmic artery	Dilates pupil
Frontal belly of occipitofrontalis	Facial expression	Epicranial aponeurosis at level of coronal suture	Skin of frontal region, epicranial aponeurosis	Temporal branches of facial nerve	Frontal branch of superficial temporal artery	Horizontally wrinkles skin of forehead, raises eyebrows
Genioglossus	Extrinsic tongue	Mental spine of mandible	Dorsum of tongue, hyoid bone	Hypoglossal nerve (CN XII)	Sublingual and submental arteries	Depresses and protrudes tongue

Variations in spinal nerve contributions to the innervation of muscles, their arterial supply, their attachments, and their actions are common themes in human anatomy. Therefore, expect differences between texts and realize that anatomical variation is normal.

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Geniohyoid	Suprahyoid	Inferior genial tubercle on back of symphysis of mandible	Anterior surface of body of hyoid bone	Branch of C1 through hypoglossal nerve (CN XII)	Sublingual branch of lingual artery	Elevates hyoid bone and depresses mandible
Hyoglossus	Extrinsic tongue	Body and greater horn of hyoid bone	Lateral and inferior aspect of tongue	Hypoglossal nerve (CN XII)	Sublingual and submental arteries	Depresses and retracts tongue
Inferior longitudinal lingual muscle	Intrinsic tongue	Under surface of tongue between genioglossus and hyoglossus	Apex of tongue blending with styloglossus	Hypoglossal nerve (CN XII)	Deep lingual branch of lingual artery, branches from facial artery	Shortens tongue, turns tip and sides downward
Inferior oblique	Extraocular; eyelid	Anterior floor of orbit lateral to nasolacrimal canal	Lateral sclera deep to lateral rectus muscle	Oculomotor nerve (CN III), inferior division	Ophthalmic artery	Abducts, elevates, and laterally rotates eyeball
Inferior pharyngeal constrictor	Circular pharyngeal	Oblique line of thyroid cartilage and cricoid cartilage	Median raphe of pharynx	Vagus nerve via pharyngeal plexus	Ascending pharyngeal artery, branches of superior thyroid artery	Constricts wall of pharynx during swallowing
Inferior rectus	Extraocular; eyelid	Common tendinous ring	Inferior aspect of eyeball, posterior to corneoscleral junction	Oculomotor nerve (CN III), inferior division	Ophthalmic artery	Depresses, adducts, and laterally rotates eyeball
Lateral cricoarytenoid	Laryngeal	Arch of cricoid cartilage	Muscular process of arytenoid cartilage	Recurrent laryngeal nerve	Superior and inferior thyroid arteries	Adducts vocal folds
Lateral pterygoid	Mastication	<i>Superior head:</i> infratemporal surface of greater wing of sphenoid bone <i>Inferior head:</i> lateral pterygoid plate	Pterygoid fovea, capsule of temporomandibular joint, articular disc	Mandibular nerve (CN V ₃)	Muscular branches of maxillary artery	<i>Bilaterally:</i> protrudes mandible <i>Unilaterally and alternately:</i> produces side-to-side grinding
Lateral rectus	Extraocular; eyelid	Common tendinous ring	Lateral aspect of eyeball, posterior to corneoscleral junction	Abducens nerve (CN VI)	Ophthalmic artery	Abducts eyeball
Levator anguli oris	Facial expression	Canine fossa of maxillary bone immediately below infra-orbital foramen and under cover of zygomatic head of levator labii superioris	Angle of mouth; fibers intermingle with orbicularis oris, depressor anguli oris, zygomaticus	Zygomatic and buccal branches of facial nerve	Superior labial artery of facial artery	Elevates angle of mouth
Levator labii superioris alaeque nasi	Facial expression	Upper part of frontal process of maxillary bone	Into major alar cartilage, skin of nose, lateral upper lip	Zygomatic and buccal branches of facial nerve	Superior labial artery and angular branches of facial artery	Elevates upper lip and dilates nostril
Levator labii superioris	Facial expression	Maxillary bone above infraorbital foramen	Skin of upper lip	Zygomatic and buccal branches of facial nerve	Superior labial artery and angular branches of facial artery	Elevates upper lip, dilates nares
Levator palpebrae superioris	Extraocular; eyelid	Lesser wing of sphenoid bone, anterior to optic canal	Superior tarsal plate	Oculomotor nerve (CN III), superior division	Ophthalmic artery	Raises upper eyelid
Levator veli palatini	Palatal	Temporal bone (petrous portion) and auditory tube	Palatine aponeurosis	Vagus nerve via pharyngeal plexus	Ascending palatine artery branch of facial artery, descending palatine artery branch of maxillary artery	Elevates soft palate during swallowing

Table 2.5

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Longus capitis	Anterior vertebral	Anterior tubercles of transverse processes of C3–C6	Inferior surface of basilar part of occipital bone	Anterior rami of cervical nerves (C1–C3)	Ascending cervical branch of inferior thyroid artery, ascending pharyngeal artery, muscular branches of vertebral artery	Flexes head
Longus colli	Anterior vertebral	<i>Vertical portion:</i> C5–T3 vertebrae <i>Inferior oblique portion:</i> T1–T3 vertebrae <i>Superior oblique portion:</i> anterior tubercles of transverse processes of C3–C5 vertebrae	<i>Vertical portion:</i> into C2–C4 vertebrae <i>Inferior oblique portion:</i> on anterior tubercles of transverse processes of C3–C6 vertebrae <i>Superior oblique portion:</i> tubercle of anterior arch of atlas	Anterior primary rami of cervical nerves (C2–C8)	Prevertebral branches of ascending pharyngeal artery, muscular branches of ascending cervical and vertebral arteries	<i>Bilaterally:</i> flex and assist in rotating cervical vertebrae and head <i>Unilaterally:</i> flexes vertebral column laterally
Masseter	Mastication	Zygomatic arch	Ramus of mandible, coronoid process	Mandibular nerve (CN V ₃), via masseteric nerve	Transverse facial artery; masseteric branch of maxillary and facial arteries	Elevates and protrudes mandible; deep fibers retract it
Medial pterygoid	Mastication	Medial surface of lateral plate of pterygoid, pyramidal process of palatine bone, maxillary tuberosity	Medial surface of ramus and angle of mandible inferior to mandibular foramen	Mandibular nerve (V ₃), nerve to medial pterygoid muscle	Facial and maxillary arteries	<i>Bilaterally:</i> protrudes and elevates mandible <i>Unilaterally and alternately:</i> produces side-to-side movements
Medial rectus	Extraocular; eyelid	Common tendinous ring	Medial aspect of eyeball, posterior to corneoscleral junction	Oculomotor nerve (CN III), inferior division	Ophthalmic artery	Adducts eyeball
Mentalis	Facial expression	Incisive fossa of mandible	Skin of chin	Marginal mandibular branch of facial nerve	Inferior labial artery of facial artery	Raises and protrudes lower lip
Middle pharyngeal constrictor	Circular pharyngeal	Stylohyoid ligament and horns of hyoid bone	Median raphe of pharynx	Vagus nerve via pharyngeal plexus	Ascending pharyngeal artery, ascending palatine and tonsillar branches of facial artery, dorsal lingual branches of lingual artery	Constricts wall of pharynx during swallowing
Musculus uvulae	Palatal	Nasal spine, palatine aponeurosis	Mucosa of uvula of the palate	Vagus nerve via pharyngeal plexus	Ascending palatine artery branch of facial artery, descending palatine artery branch of maxillary artery	Shortens, elevates, and retracts uvula of the palate
Mylohyoid	Suprahyoid	Mylohyoid line of mandible	Median raphe and body of hyoid bone	Nerve to mylohyoid muscle	Sublingual branch of lingual artery, submental branch of facial artery	Elevates hyoid bone, base of tongue, floor of mouth; depresses mandible
Nasalis	Facial expression	Canine eminence above and lateral to incisive fossa of maxillary bone	Aponeurosis on nasal cartilages	Zygomatic and buccal branches of facial nerve	Superior labial, septal, and lateral nasal branches of facial artery	Draws ala of nose toward nasal septum, compresses nostrils; alar part opens nostrils
Occipital belly (occipitofrontalis) muscle	Facial expression	Lateral 2/3 of superior nuchal line and mastoid process	Skin of occipital region, epicranial aponeurosis	Posterior auricular nerve of facial nerve	Occipital branch of posterior auricular artery, descending branch of occipital artery	Moves scalp backward

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Omohyoid	Infrahyoid	<i>Inferior belly:</i> from upper border of scapula and superior transverse scapular ligament, ending in intermediate tendon <i>Superior belly:</i> from this tendon	<i>Inferior belly:</i> to intermediate tendon <i>Superior belly:</i> to body of hyoid bone	Ansa cervicalis	Hyoid branch of lingual artery, sternocleidomastoid branch of superior thyroid artery	Steadies hyoid bone and depresses hyoid
Orbicularis oculi	Facial expression	Medial orbital margin, palpebral ligament, lacrimal bone	Skin around orbit, palpebral ligament, upper and lower eyelids	Facial nerve (CN VII)	Facial and superficial temporal arteries	Closes eyelids
Orbicularis oris	Facial expression	Maxillary bone above incisor teeth	Skin around lips	Zygomatic, buccal, and mandibular branches of facial nerve	Inferior and superior labial branches of facial artery	Compression, contraction, and protrusion of lips
Palatoglossus	Palatal	Palatine aponeurosis of soft palate	Lateral aspect of tongue	Vagus nerve via pharyngeal plexus	Ascending pharyngeal arteries, palatine branches of facial and maxillary arteries	Elevates posterior tongue, depresses palate
Palatopharyngeus	Longitudinal pharyngeal	Hard palate, superior palatine aponeurosis	Lateral pharyngeal wall	Vagus nerve via pharyngeal plexus	Ascending palatine artery branch of facial artery, descending palatine artery branch of maxillary artery	Tenses soft palate; pulls walls of pharynx superiorly, anteriorly, and medially during swallowing
Platysma	Facial expression	Skin below clavicle, upper thorax	Mandible, oral muscles	Facial nerve	Submental and suprascapular arteries	Tenses skin of neck
Posterior cricoarytenoid	Laryngeal	Posterior surface of lamina of cricoid cartilage	Muscular process of arytenoid cartilage	Recurrent laryngeal nerve	Superior and inferior thyroid arteries	Abducts vocal folds
Procerus	Facial expression	Fascia covering lower parts of nasal bone and upper part of lateral nasal cartilage	Skin between and above eyebrows	Temporal and zygomatic branches of facial nerve	Angular and lateral nasal branches of facial artery	Draws down medial angle of eyebrows, produces transverse wrinkles over bridge of nose
Rectus capitis anterior	Anterior vertebral	Lateral mass of atlas	Base of occipital bone in front of foramen magnum	Anterior rami of cervical nerves (C1–C2)	Muscular branches of vertebral artery, ascending pharyngeal artery	Flexes head
Rectus capitis lateralis	Anterior vertebral	Upper surface of transverse process of atlas	Inferior surface of jugular process of occipital bone	Anterior rami of cervical nerves (C1–C2)	Muscular branches of vertebral artery, occipital artery, ascending pharyngeal artery	Flexes head laterally to same side
Risorius	Facial expression	Fascia over masseter muscle superficial to platysma muscle	Skin at angle of mouth	Zygomatic and buccal branches of facial nerve	Superior labial artery of facial artery	Retracts angle of mouth
Salpingopharyngeus	Longitudinal pharyngeal	Pharyngotympanic (auditory, eustachian) tube	Side of pharyngeal wall	Vagus nerve via pharyngeal plexus	Pharyngeal branch of ascending pharyngeal artery	Elevates pharynx and larynx during swallowing and speaking
Scalenus anterior	Lateral vertebral	Anterior tubercles of transverse processes of C3–C6	Scalene tubercle on 1st rib	Anterior rami of cervical nerves (C5–C8)	Ascending cervical branch of inferior thyroid artery	Elevates 1st rib, bends neck
Scalenus medius	Lateral vertebral	Posterior tubercles of transverse processes of C2–C7	Upper surface of 1st rib (behind subclavian groove)	Anterior rami of cervical nerves (C3–C7)	Muscular branches of ascending cervical artery	Elevates 1st rib, bends neck
Scalenus posterior	Lateral vertebral	Posterior tubercles of transverse processes of C4–C6	Outer surface of 2nd rib	Anterior rami of cervical nerves (C5–C8)	Muscular branches of ascending cervical division of inferior thyroid artery, superficial branch of transverse cervical artery	Elevates 2nd rib, bends neck

Table 2.7

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Sphincter pupillae	Intrinsic eye	Circular smooth muscle of iris that passes around pupil	Blends with dilator pupillae fibers	Parasympathetic fibers via oculomotor nerve (CN III)	Ophthalmic artery	Constricts pupil
Stapedius	Middle ear	Pyramidal eminence of temporal bone	Stapes	Facial nerve	Posterior auricular, anterior tympanic, and middle meningeal arteries	Pulls stapes posteriorly to lessen oscillation of tympanic membrane
Sternocleidomastoid	Neck	<i>Sternal head:</i> anterior surface of manubrium <i>Clavicular head:</i> upper surface of medial 1/3 of clavicle	Lateral surface of mastoid process; lateral half of superior nuchal line of occipital bone	Accessory nerve (CN XI)	Sternocleidomastoid branch of superior thyroid and occipital arteries, muscular branch of suprascapular artery, occipital branch of posterior auricular artery	<i>Bilaterally:</i> flexes head, raises thorax <i>Unilaterally:</i> turns face toward opposite side
Sternohyoid	Infrahyoid	Posterior surface of manubrium sterni, posterior sternoclavicular ligament, medial end of clavicle	Medial part of lower border of body of hyoid bone	Ansa cervicalis	Sternocleidomastoid and hyoid branches of superior thyroid artery, hyoid branch of lingual artery	Depresses larynx and hyoid bone, steadies hyoid bone
Sternothyroid	Infrahyoid	Posterior surface of manubrium sterni below and deep to origin of sternohyoid, edge of 1st costal cartilage	Oblique line on lamina of thyroid cartilage	Ansa cervicalis	Cricothyroid branch of superior thyroid artery	Depresses larynx and thyroid cartilage
Styloglossus	Extrinsic tongue	Styloid process and stylohyoid ligament	Lateral and inferior aspect of tongue	Hypoglossal nerve (CN XII)	Sublingual artery	Retracts tongue and draws it up for swallowing
Stylohyoid	Suprahyoid	Posterior border of styloid process	Body of hyoid bone at junction with greater horn	Facial nerve	Muscular branches of facial artery, muscular branches of occipital artery	Elevates and retracts hyoid bone
Stylopharyngeus	Longitudinal pharyngeal	Medial aspect of styloid process	Pharyngeal wall and posterior border of thyroid cartilage	Glossopharyngeal nerve (CN IX)	Ascending pharyngeal artery, ascending palatine and tonsillar branches of facial artery, dorsal branches of lingual artery	Elevates pharynx and larynx during swallowing and speaking
Subclavius	Shoulder	Upper border of 1st rib and its cartilage	Inferior surface of middle third of clavicle	Nerve to subclavius muscle	Clavicular branch of thoracoacromial artery	Anchors and depresses clavicle
Superior longitudinal lingual muscle	Intrinsic tongue	Submucous fibers at back of tongue	Apex of tongue; unites with muscle of opposite side	Hypoglossal nerve (CN XII)	Deep lingual branch of lingual artery, branches from facial artery	Shortens tongue, turns tip and sides upward
Superior oblique	Extraocular; eyelid	Body of sphenoid bone (above optic canal), medial to origin of superior rectus	Passes through trochlea, attaches to superior sclera between superior and lateral recti muscles	Trochlear nerve (CN IV)	Ophthalmic artery	Abducts, depresses, and medially rotates eyeball
Superior pharyngeal constrictor	Circular pharyngeal	Hamulus, pterygomandibular raphe, mylohyoid line of mandible	Median raphe of pharynx	Vagus nerve via pharyngeal plexus	Ascending pharyngeal artery, ascending palatine and tonsillar branches of facial artery, dorsal branches of lingual artery	Constricts wall of pharynx during swallowing
Superior rectus	Extraocular; eyelid	Common tendinous ring	Superior aspect of eyeball, posterior to the corneoscleral junction	Oculomotor nerve (CN III), superior division	Ophthalmic artery	Elevates, adducts, and medially rotates eyeball

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Temporalis	Mastication	Floor of temporal fossa, deep temporal fascia	Coronoid process and ramus of mandible	Mandibular nerve (CN V ₃), deep temporal nerves	Superficial temporal and maxillary arteries, middle, anterior, and posterior deep temporal arteries	Elevates mandible; posterior fibers retract mandible
Tensor tympani	Middle ear	Cartilage of pharyngotympanic (auditory, eustachian) tube	Handle of malleus	Mandibular branch of trigeminal nerve (CN V ₃)	Superior tympanic branch of middle meningeal division of maxillary artery	Tenses tympanic membrane by drawing it medially
Tensor veli palatini	Palatal	Scaphoid fossa of medial pterygoid plate, spine of sphenoid bone, pharyngotympanic (auditory, eustachian) tube	Palatine aponeurosis	Mandibular nerve	Ascending palatine artery branch of facial artery, descending palatine artery branch of maxillary artery	Tenses soft palate, opens pharyngotympanic (auditory, eustachian) tube during swallowing and yawning
Thyroarytenoid	Laryngeal	Posterior aspect of thyroid cartilage	Muscular process of arytenoid cartilage	Recurrent laryngeal nerve	Superior and inferior thyroid arteries	Shortens and relaxes vocal cords, sphincter of vestibule
Thyrohyoid	Infrahyoid	Oblique line on lamina of thyroid cartilage	Lower border of body and greater horn of hyoid bone	Thyrohyoid branch of C1 nerve via hypoglossal nerve (CN XII)	Hyoid branch of superior thyroid artery	Depresses larynx and hyoid bone, elevates larynx when hyoid bone is fixed
Transverse and oblique arytenoid	Laryngeal	Arytenoid cartilage	Opposite arytenoid cartilage	Recurrent laryngeal nerve	Superior and inferior thyroid arteries	Closes intercartilaginous portion of rima glottides
Transverse (tongue)	Intrinsic tongue	Median fibrous septum of tongue	Dorsum and sides of tongue	Hypoglossal nerve (CN XII)	Deep lingual branch of lingual artery, branches from facial artery	Narrows and elongates tongue
Vertical (tongue)	Intrinsic tongue	Mucous membrane on dorsum of forepart of tongue	Fibers extend from dorsum to undersurface of tongue	Hypoglossal nerve (CN XII)	Deep lingual branch of lingual artery, branches from facial artery	Flattens and broadens tongue
Vocalis	Laryngeal	Vocal process of arytenoid cartilage	Vocal ligament	Recurrent laryngeal nerve	Superior and inferior thyroid arteries	Tenses anterior vocal ligament, relaxes posterior vocal ligament
Zygomaticus major	Facial expression	Zygomatic arch	Angle of mouth	Zygomatic and buccal branches of facial nerve	Superior labial artery of facial artery	Draws angle of mouth backward and upward
Zygomaticus minor	Facial expression	Zygomatic arch	Angle of mouth, upper lip	Zygomatic and buccal branches of facial nerve	Superior labial artery of facial artery	Elevates upper lip

CT 3D child skull reconstruction, lateral view

Coronal suture

Frontal bone

Zygomatic arch

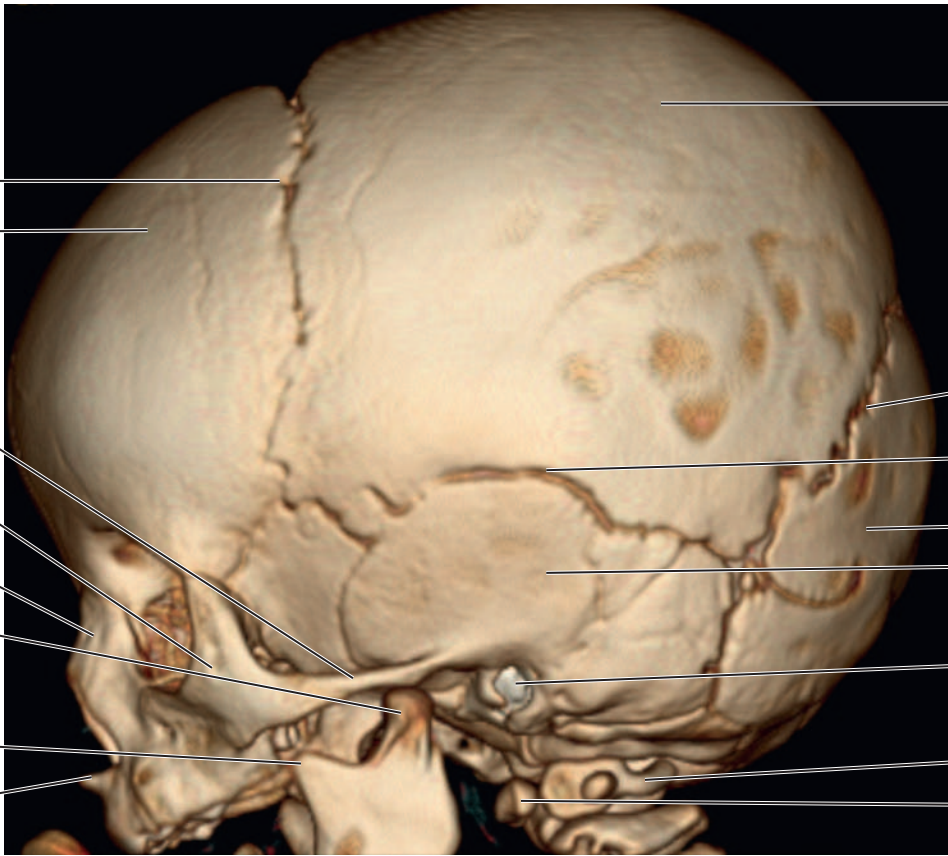
Zygomatic bone

Nasal bone

Condyle of mandible

Coronoid process of mandible

Anterior nasal spine



Parietal bone

Lambdoid suture

Squamosal suture

Occipital bone

Temporal bone

External acoustic meatus of the temporal bone

Posterior arch C1

Anterior arch C1

CT 3D child skull reconstruction, frontal view

Sagittal suture

Anterior fontanelle

Coronal suture

Parietal bone

Nasion

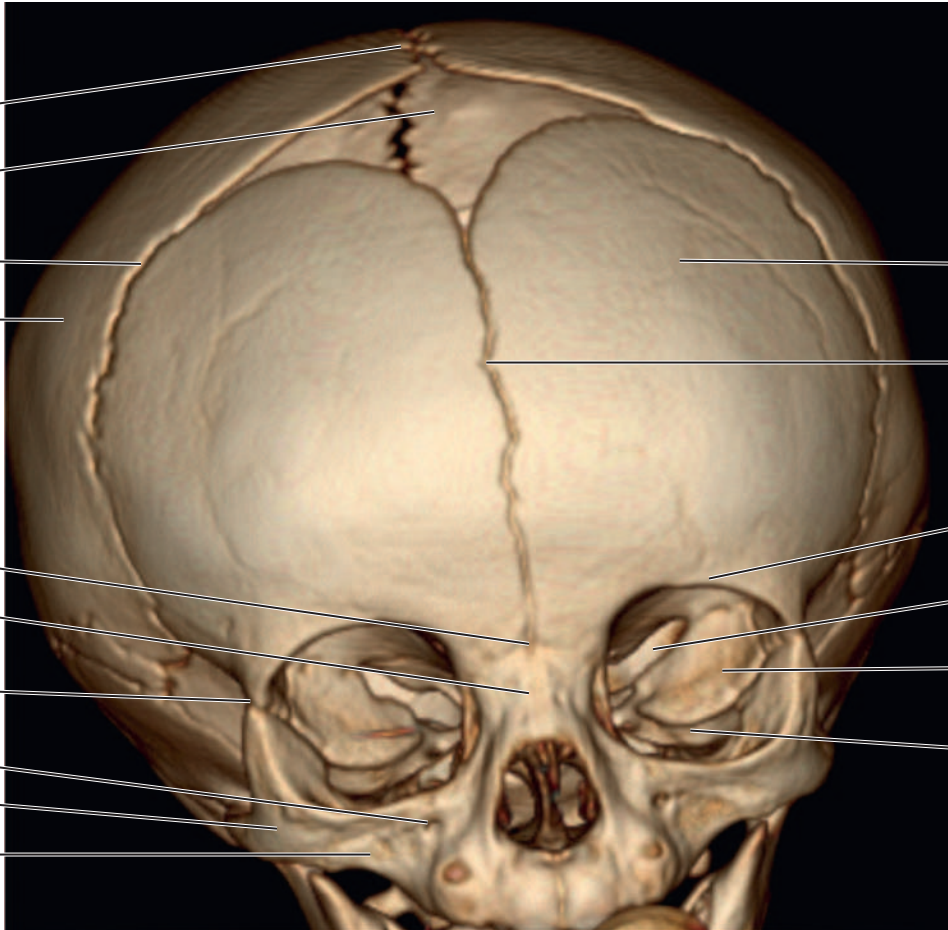
Nasal bone

Zygomatofrontal suture

Infraorbital foramen

Zygomatic bone

Maxilla



Frontal bone

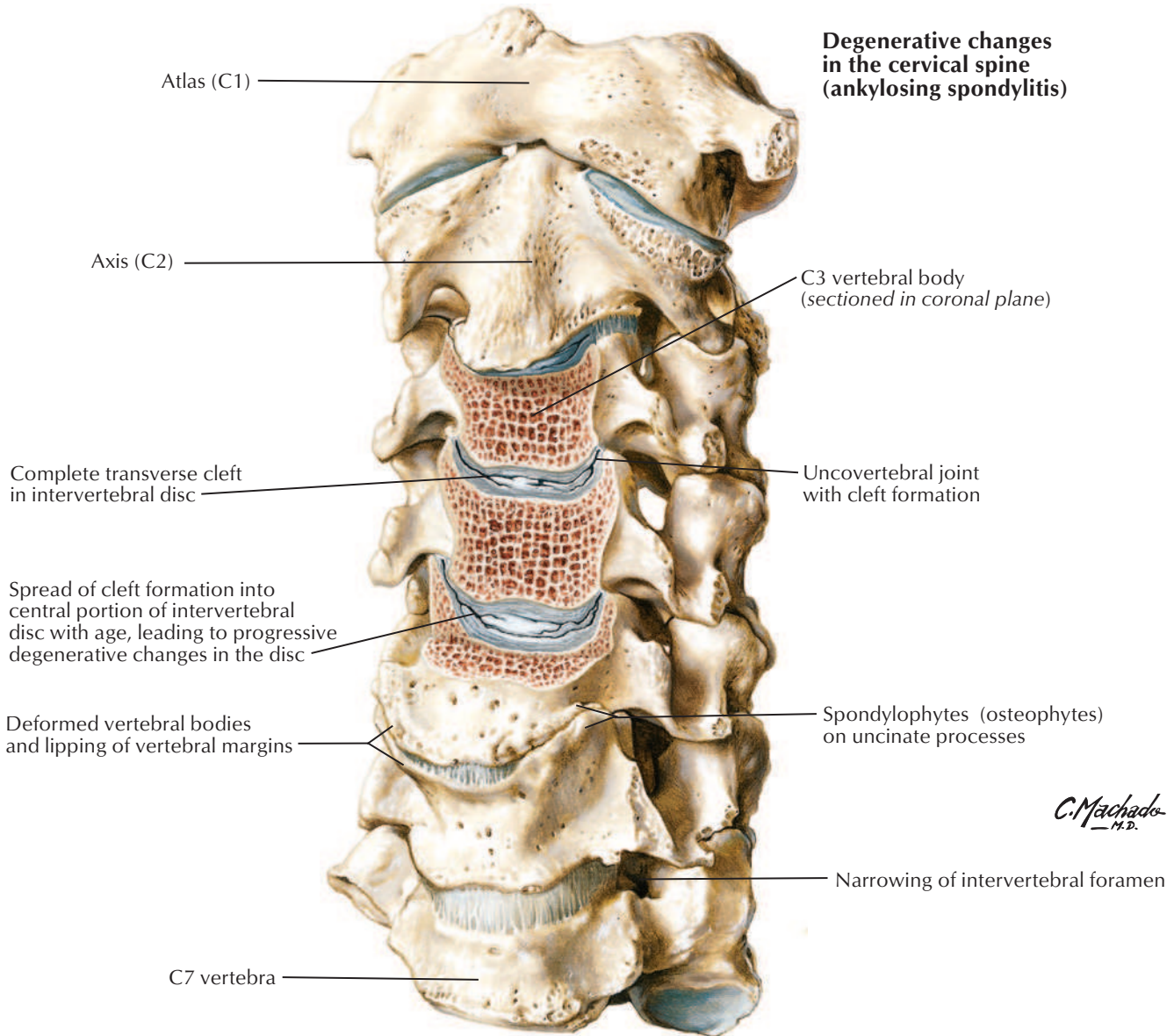
Metopic suture

Supraorbital margin

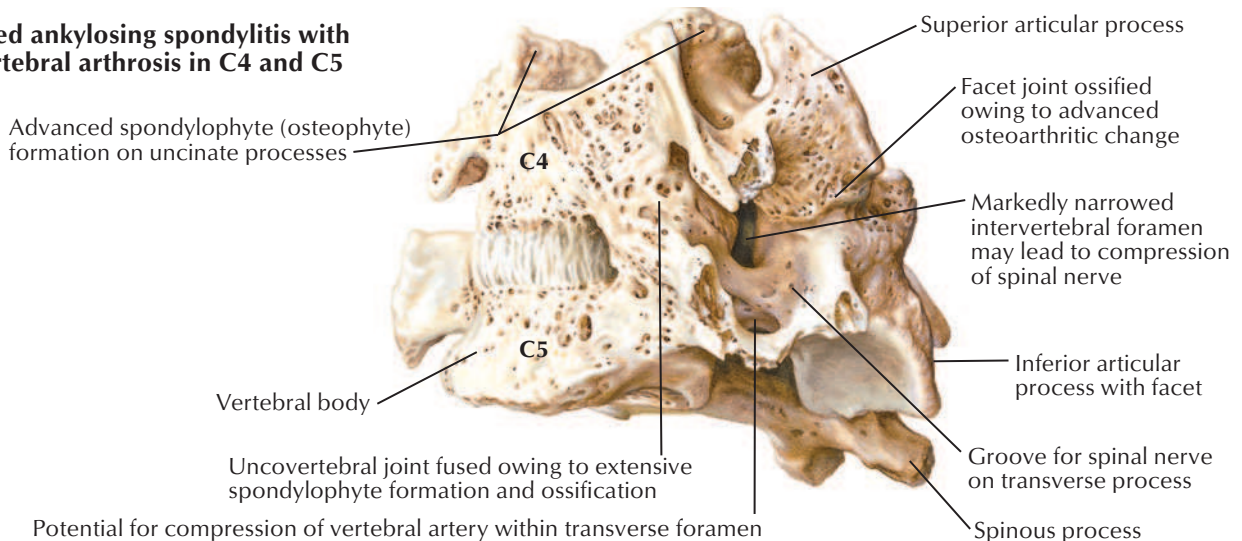
Superior orbital fissure

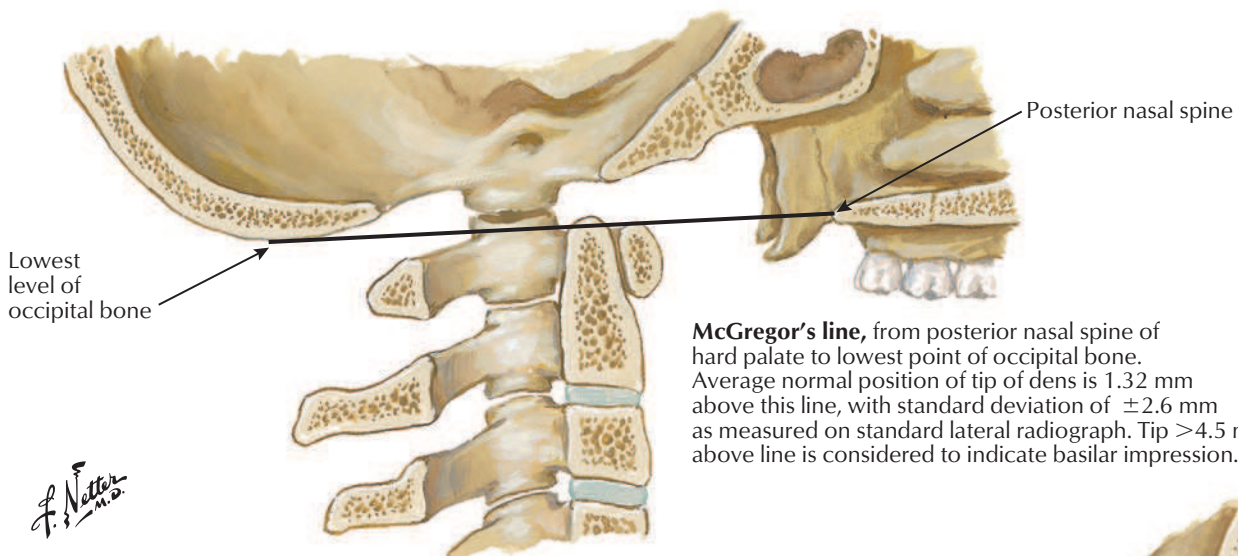
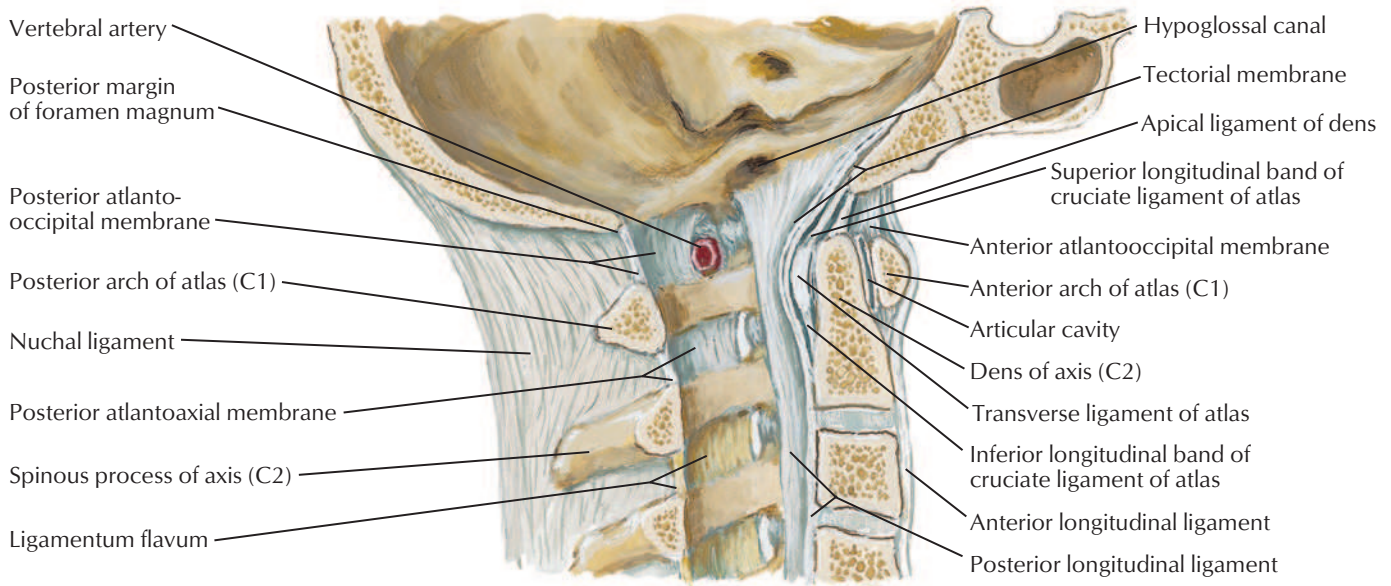
Greater wing of sphenoid

Inferior orbital fissure



Advanced ankylosing spondylitis with uncovertebral arthrosis in C4 and C5



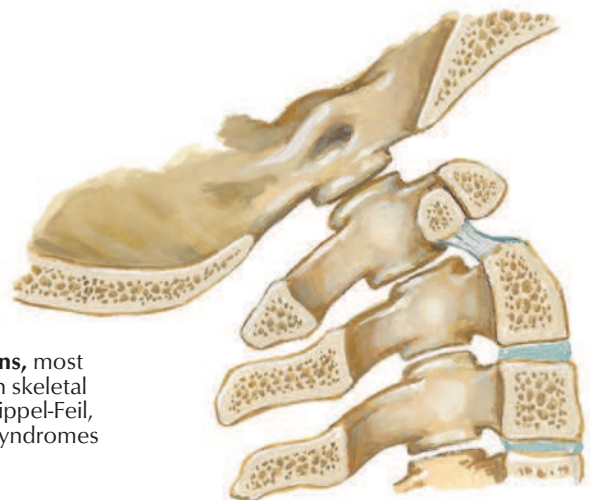


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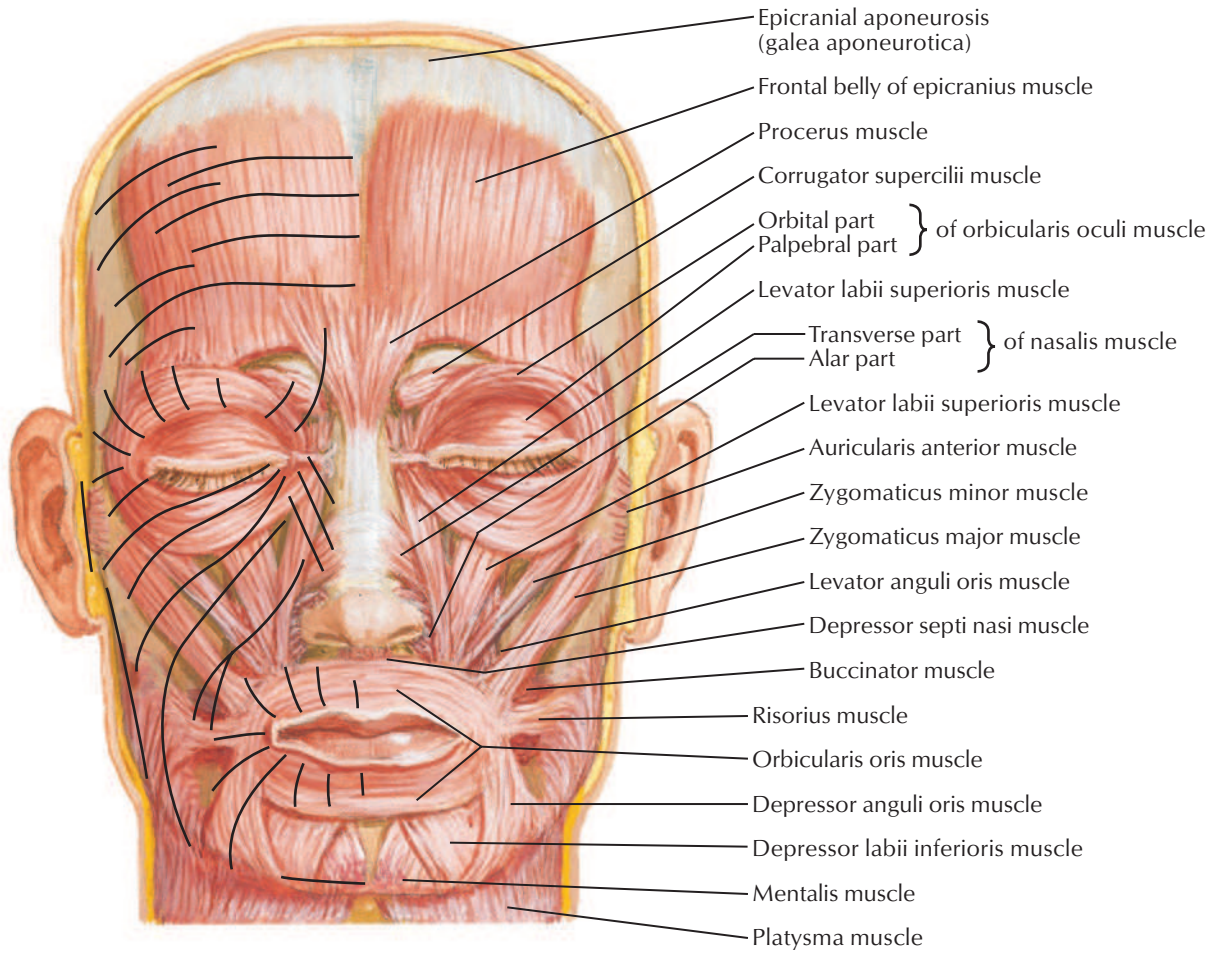
Hypoplastic dens

Abnormalities of dens, most often associated with skeletal dysplasias such as Klippel-Feil, Down, or Morquio syndromes

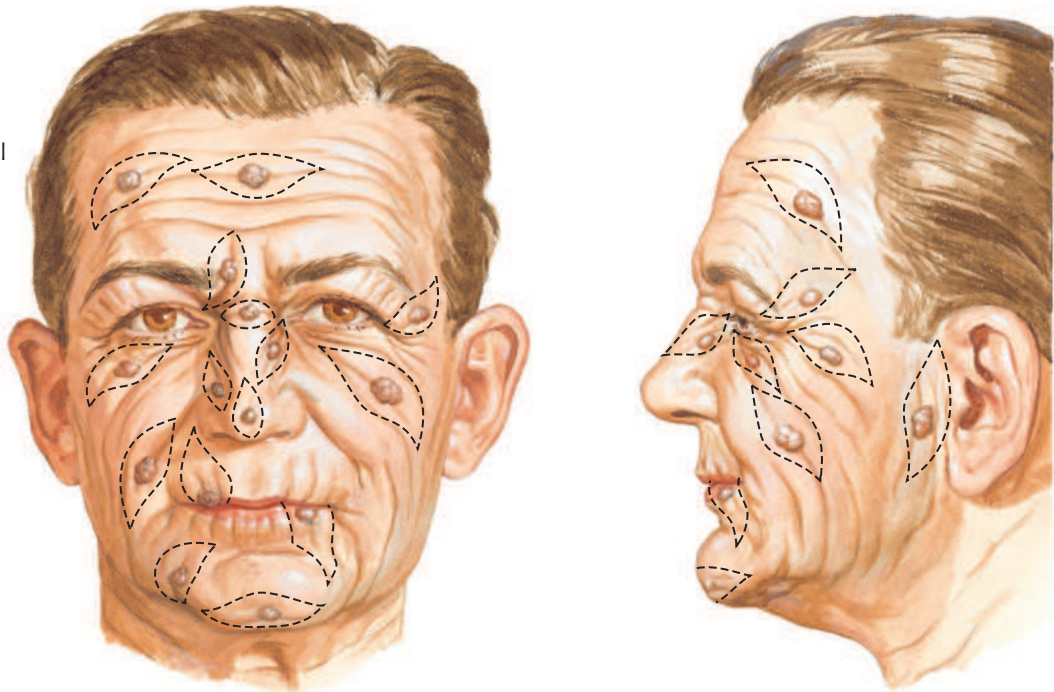


Os odontoideum with fibrous union and narrowing of vertebral canal with head in extension

Muscles of Facial Expression: Anterior View



Course of wrinkle lines (Langer's lines) of skin is transverse to fiber direction of facial muscles. Elliptical incisions for removal of skin tumors conform to direction of wrinkle lines.



Branches of facial nerve (CN VII)

Temporal branches

Posterior auricular nerve

Zygomatic branches

Buccal branches

Main trunk of facial nerve emerging from stylomastoid foramen

Marginal mandibular branches

Cervical branch

Frontal belly of epicranium muscle

Procerus muscle

Orbital part } Orbicularis oculi muscle
Palpebral part

Levator labii superioris alaeque nasi muscle

Nasalis muscle

Levator labii superioris muscle

Zygomaticus minor muscle

Zygomaticus major muscle

Buccinator muscle

Orbicularis oris muscle

Risorius muscle

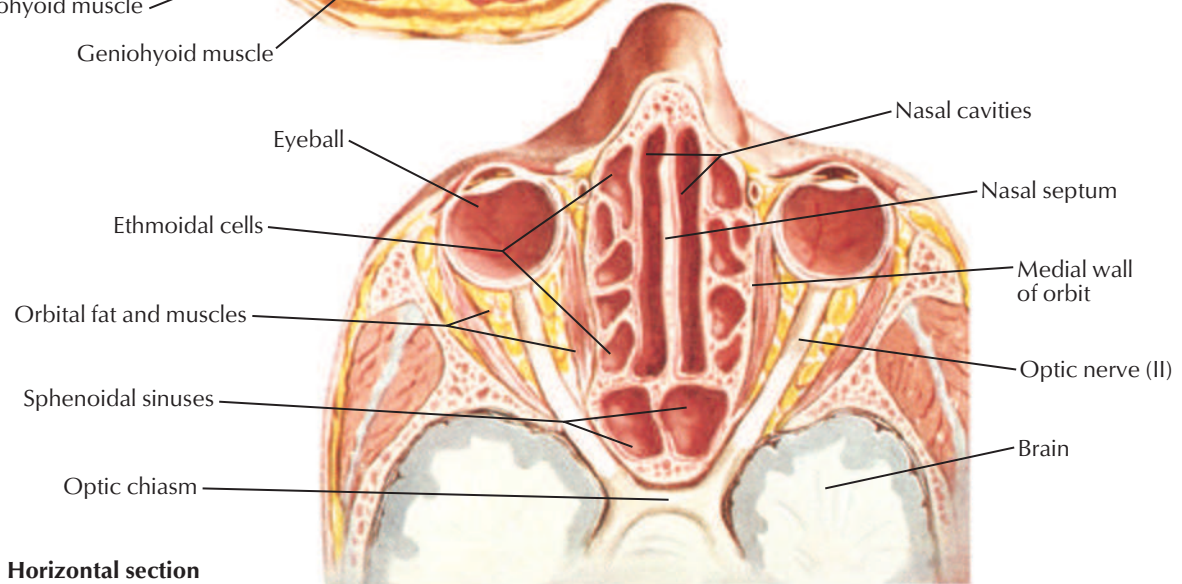
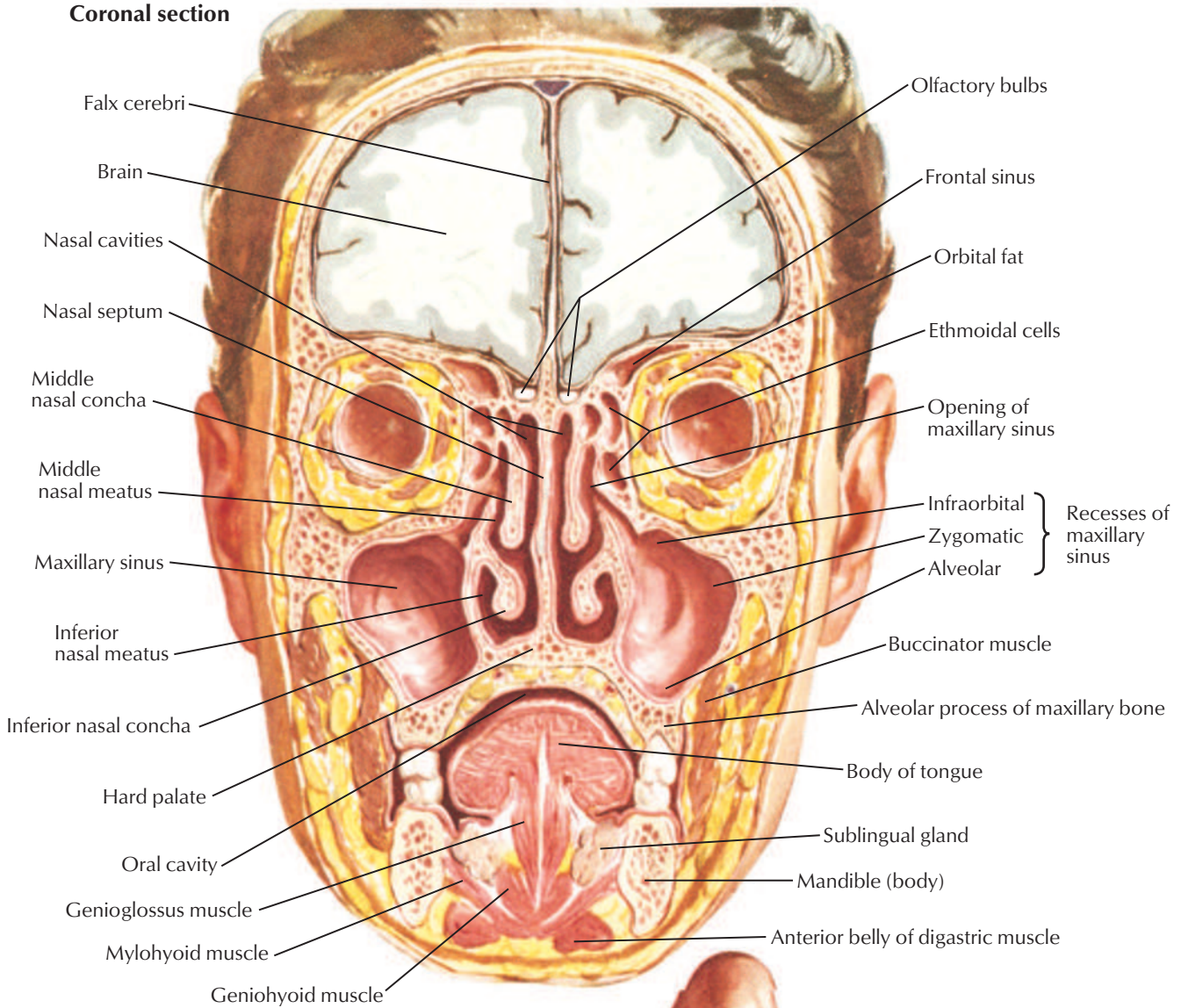
Depressor labii inferioris muscle

Depressor anguli oris muscle

Platysma muscle

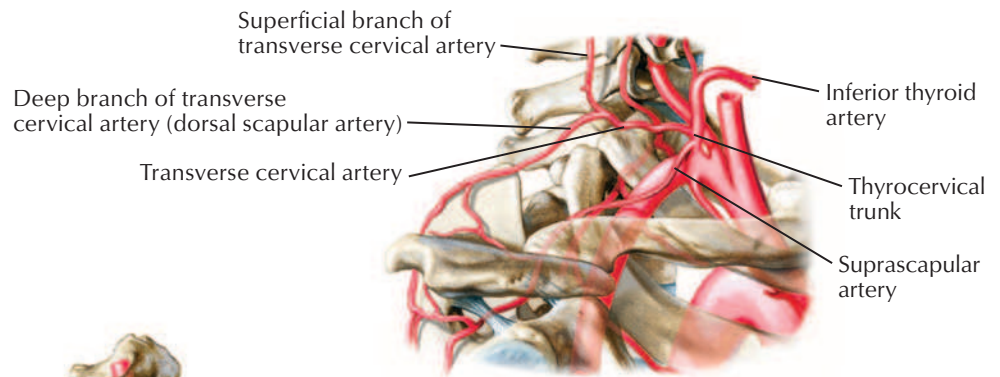
C. Machado
— M.D.

Coronal section

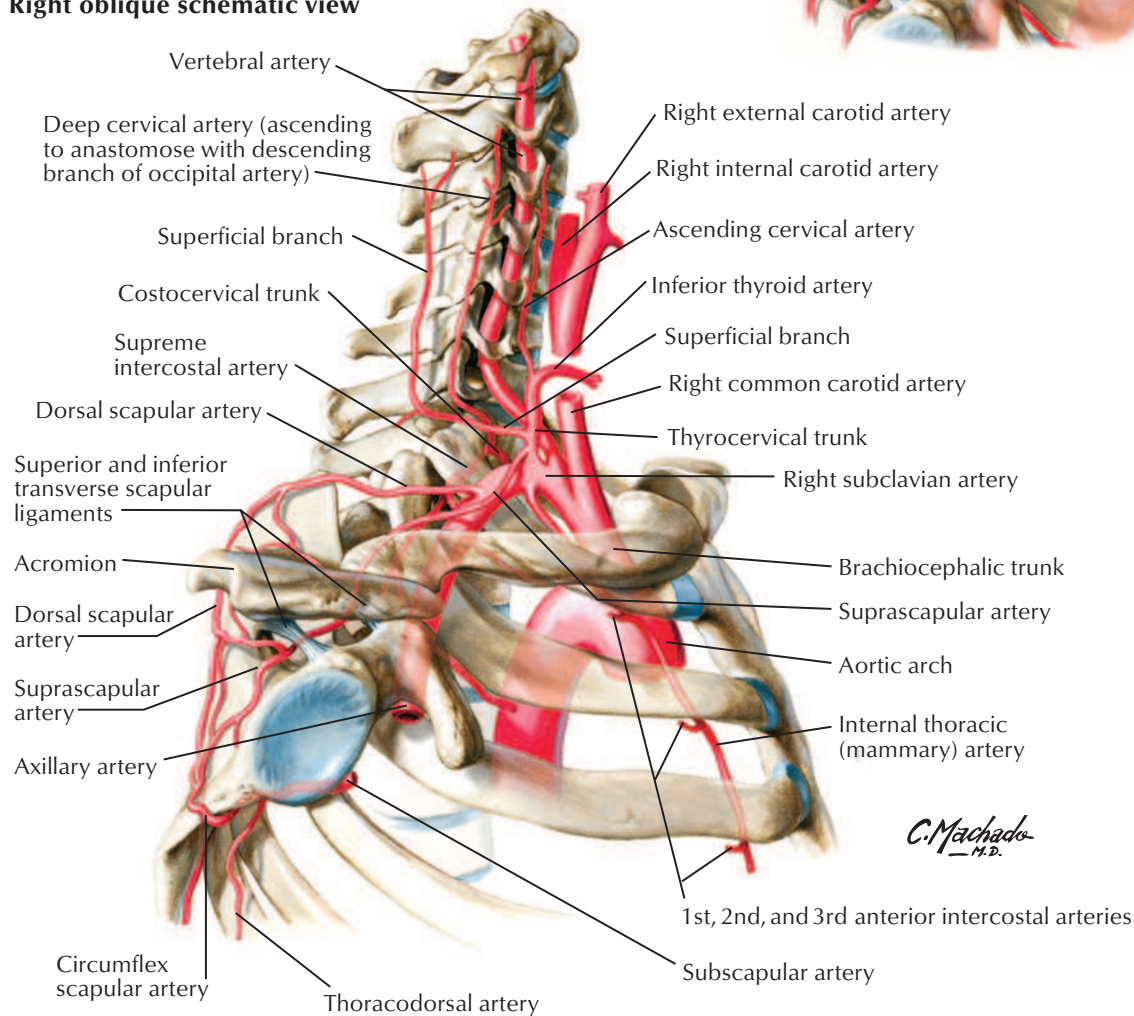


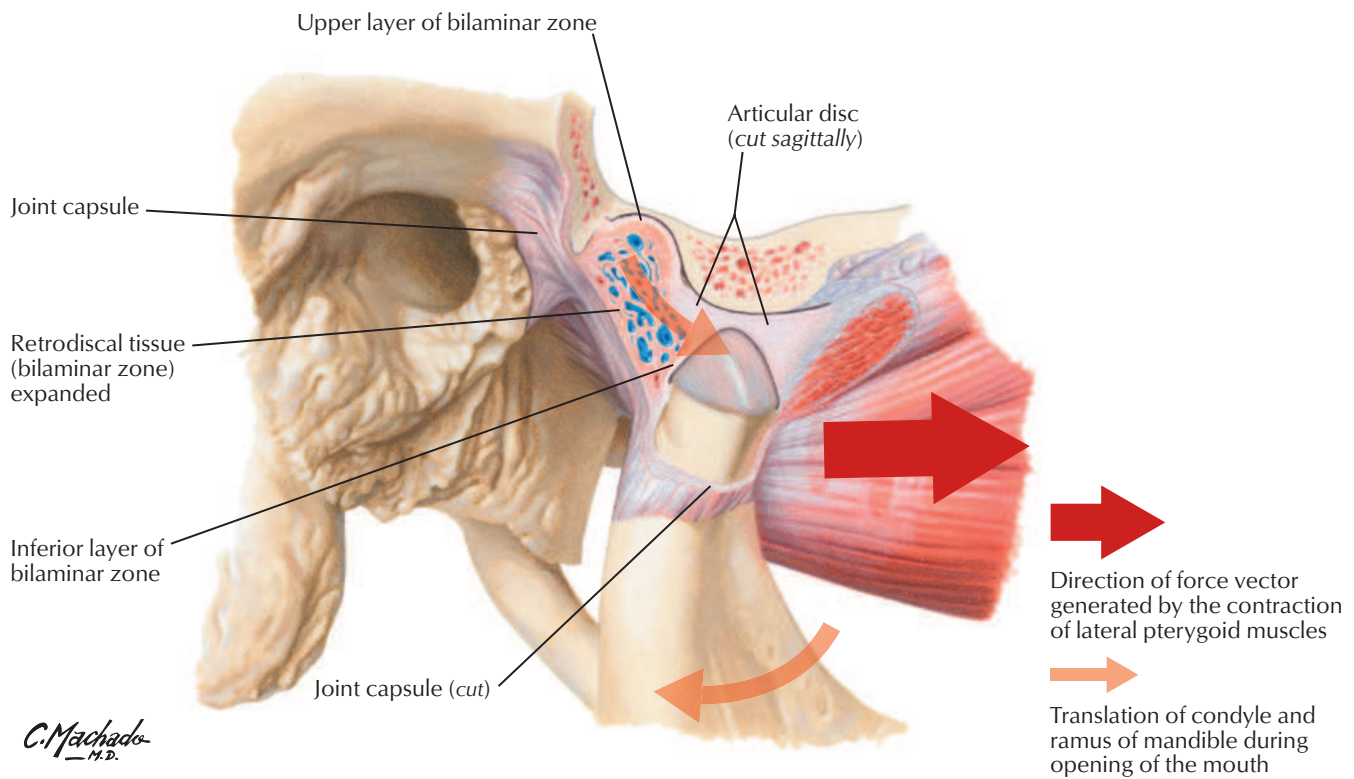
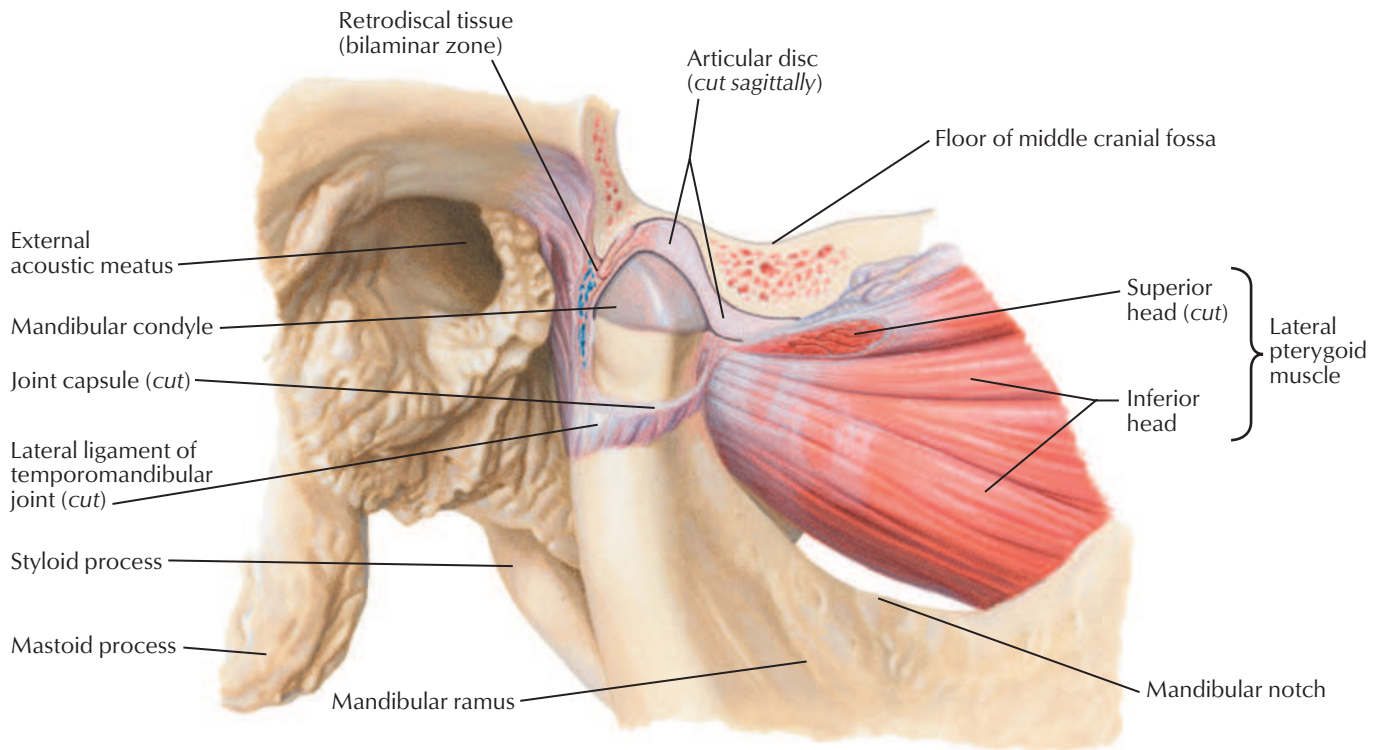
Horizontal section

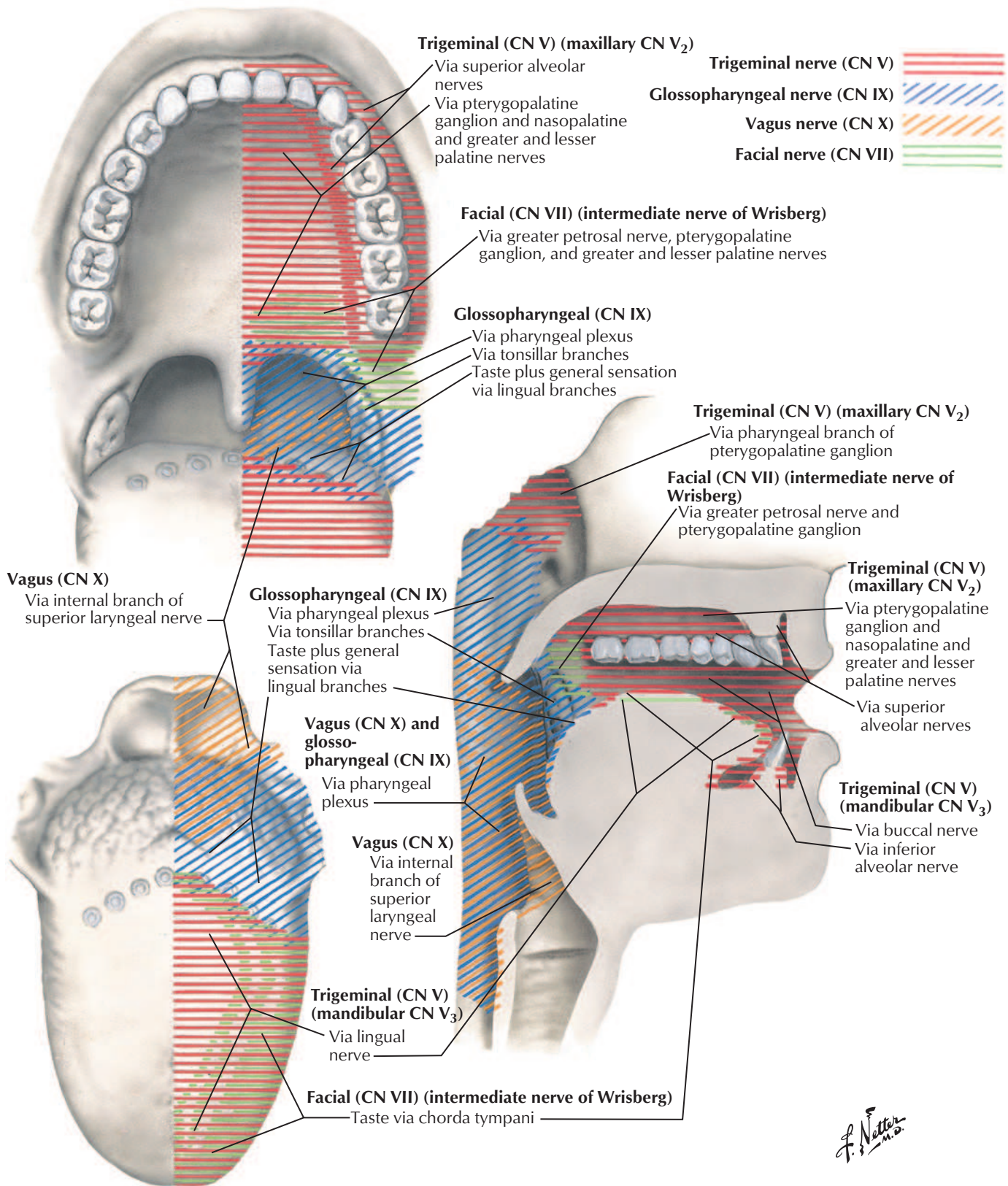
Common origin of superficial cervical and dorsal scapular arteries from transverse cervical artery (~30%)



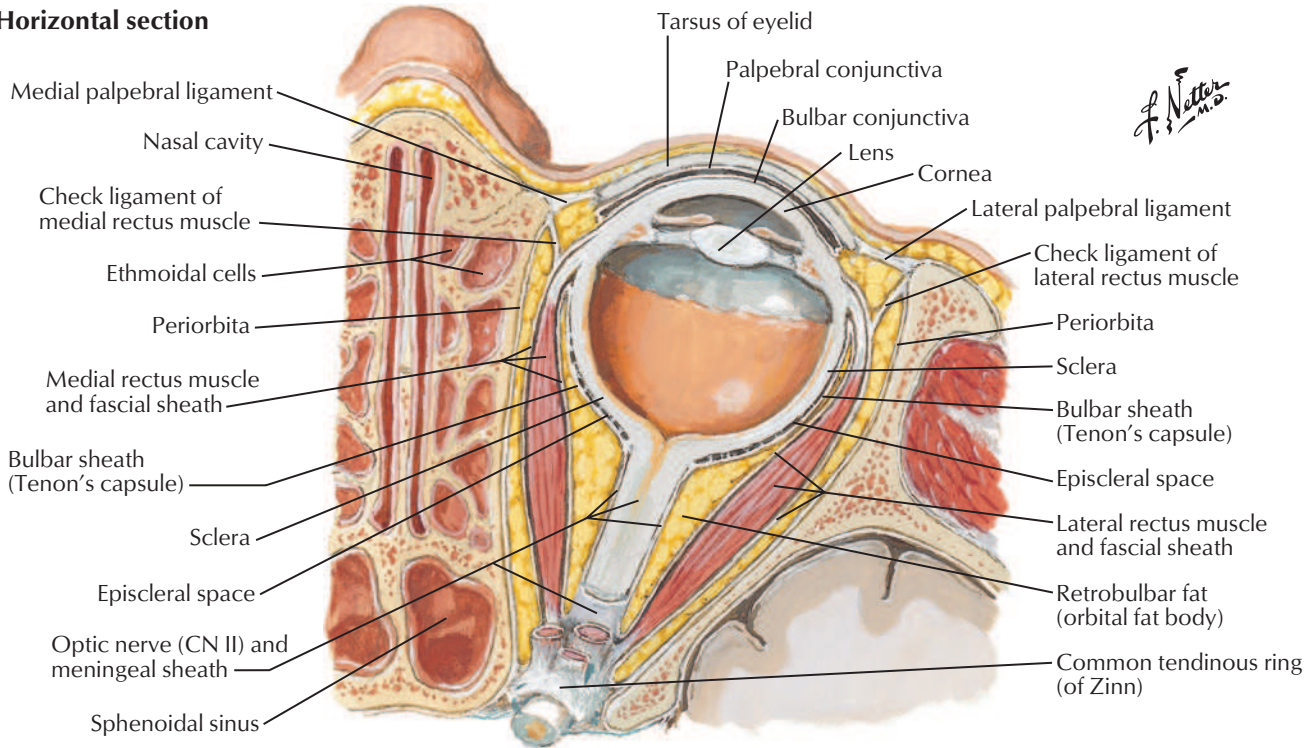
Right oblique schematic view



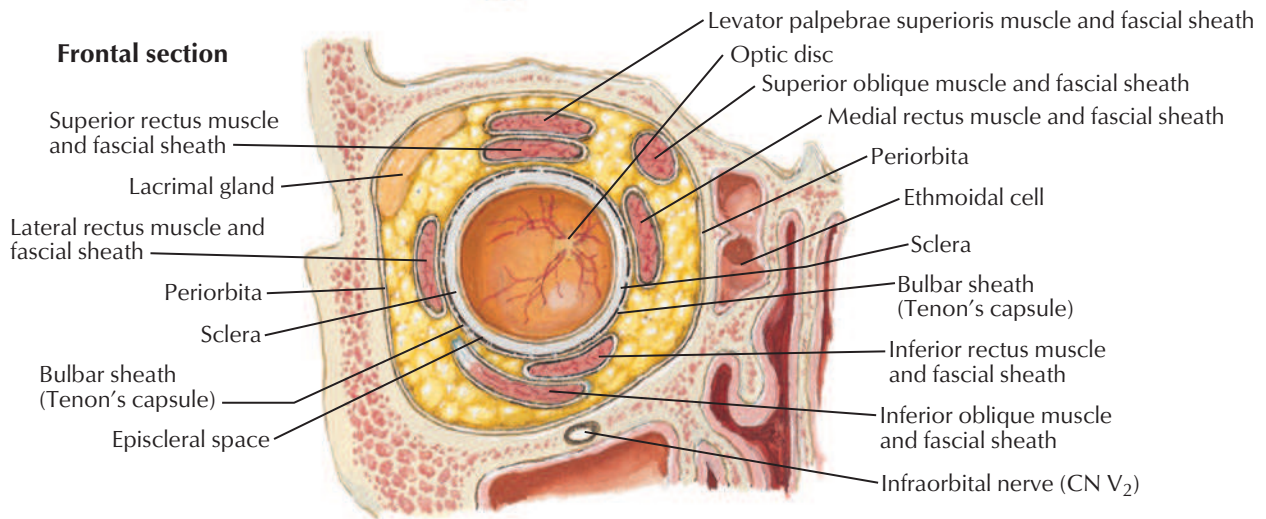




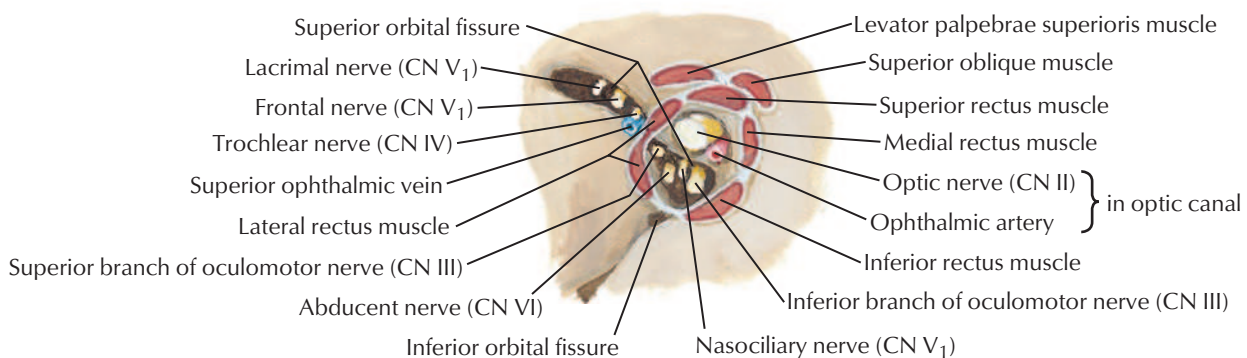
Horizontal section



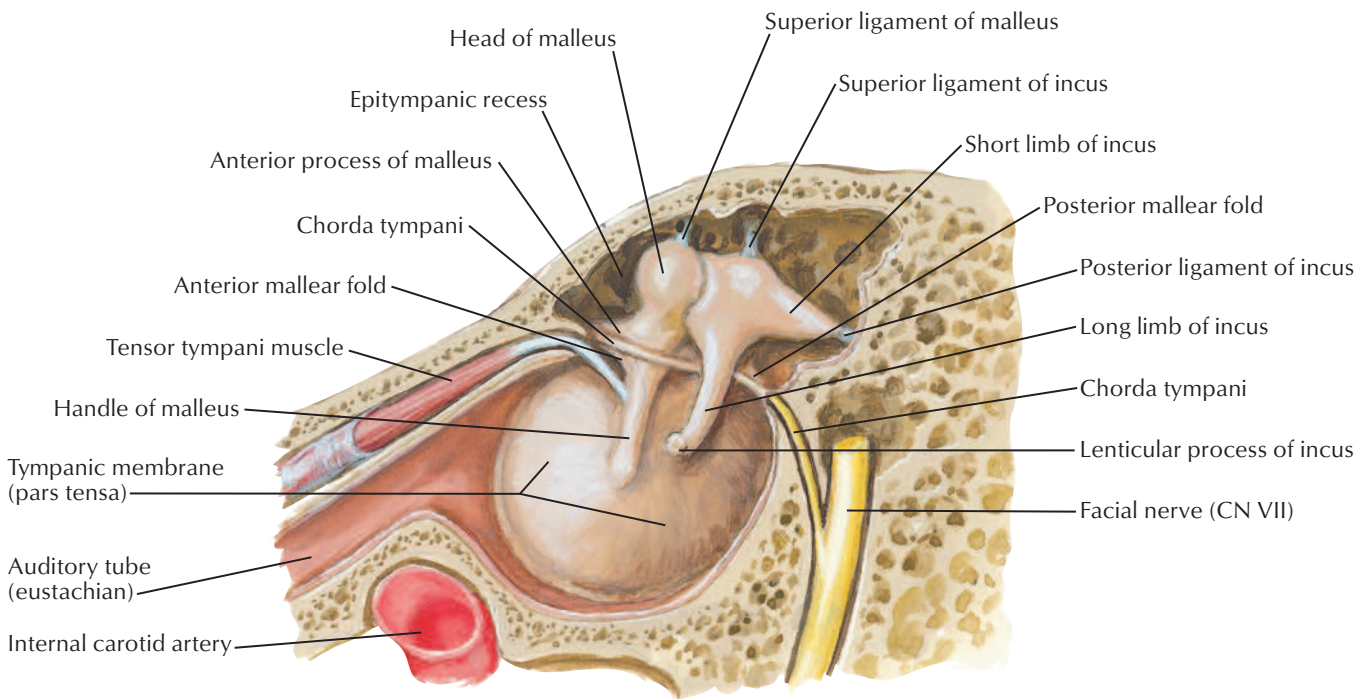
Frontal section



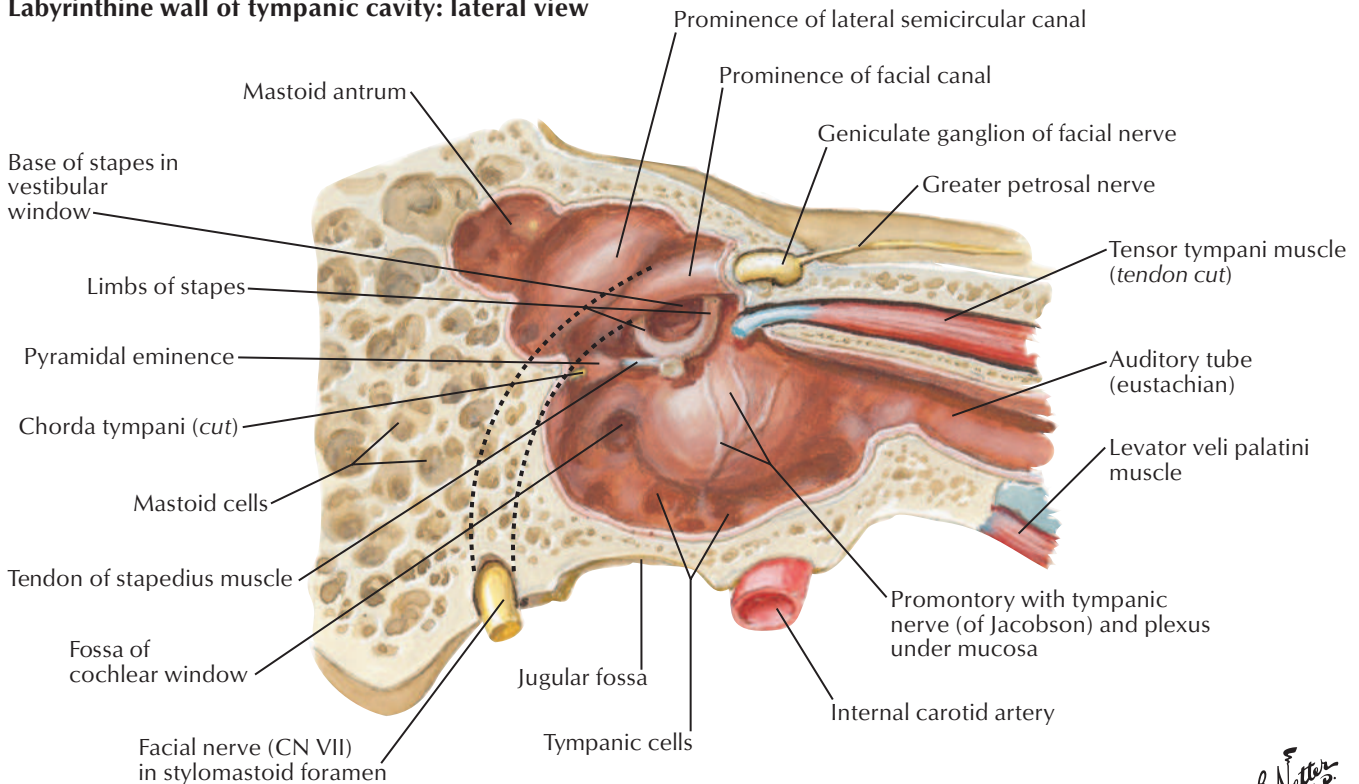
Muscle attachments and nerves and vessels entering orbit



Lateral wall of tympanic cavity: medial (internal) view

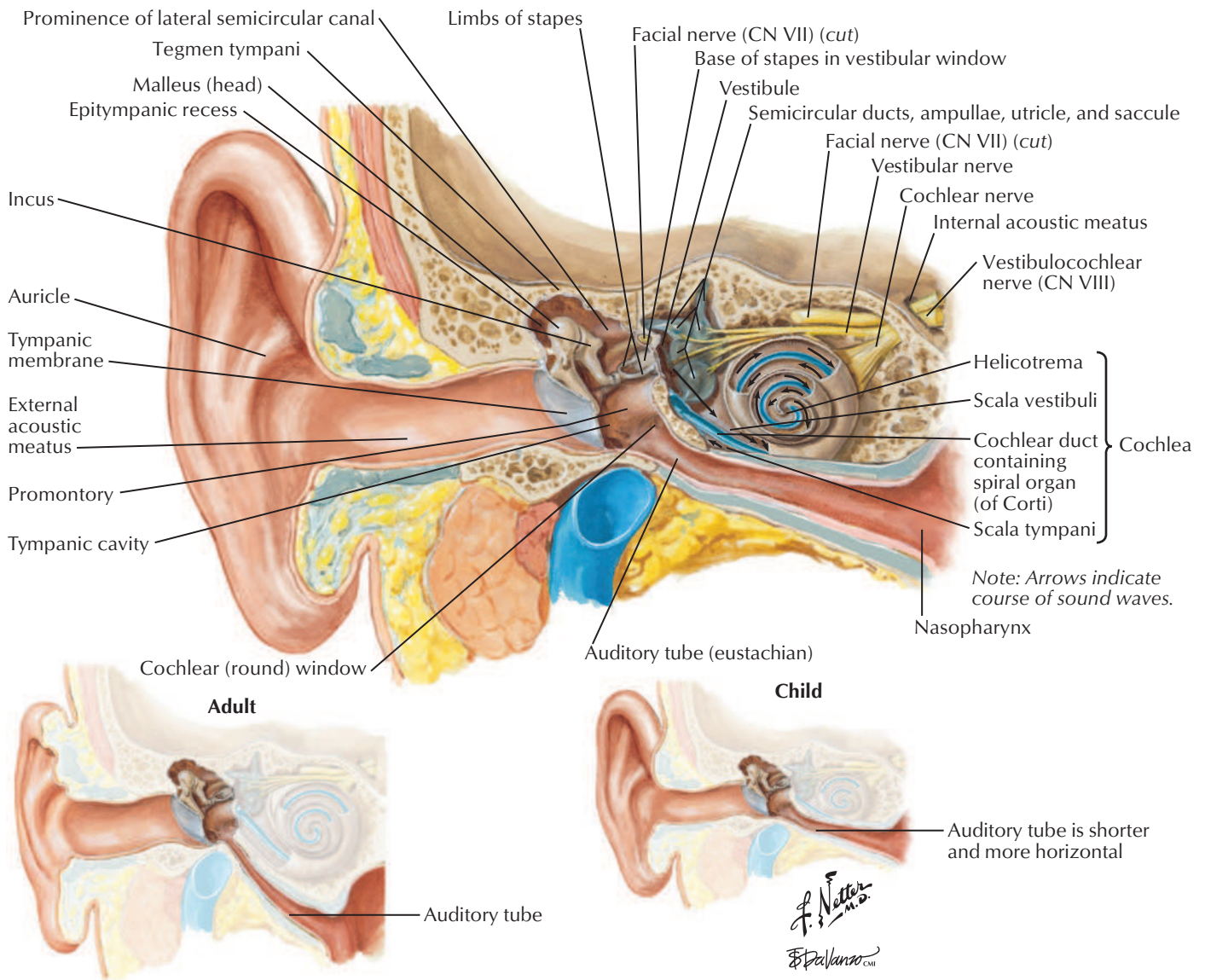


Labyrinthine wall of tympanic cavity: lateral view

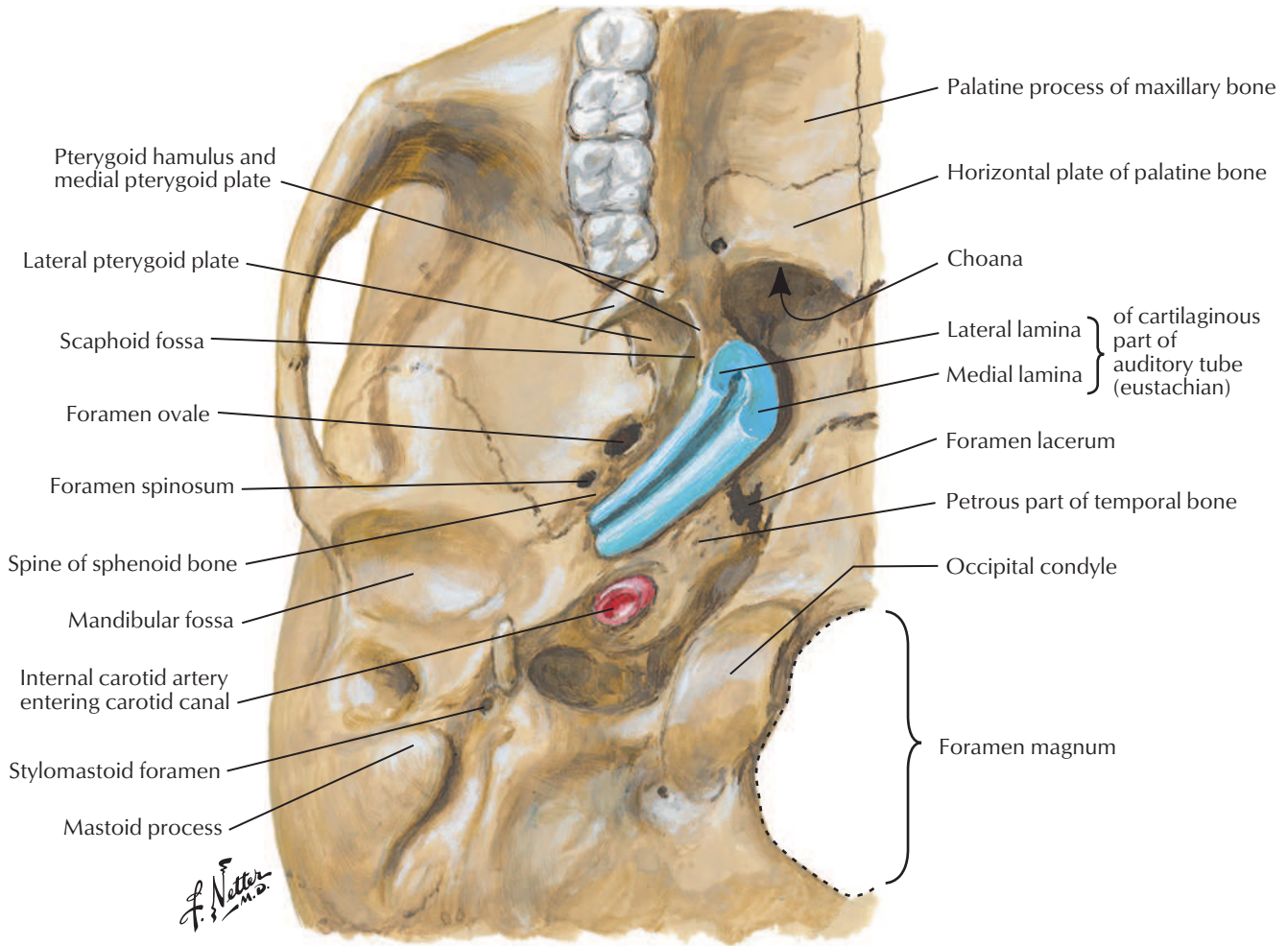


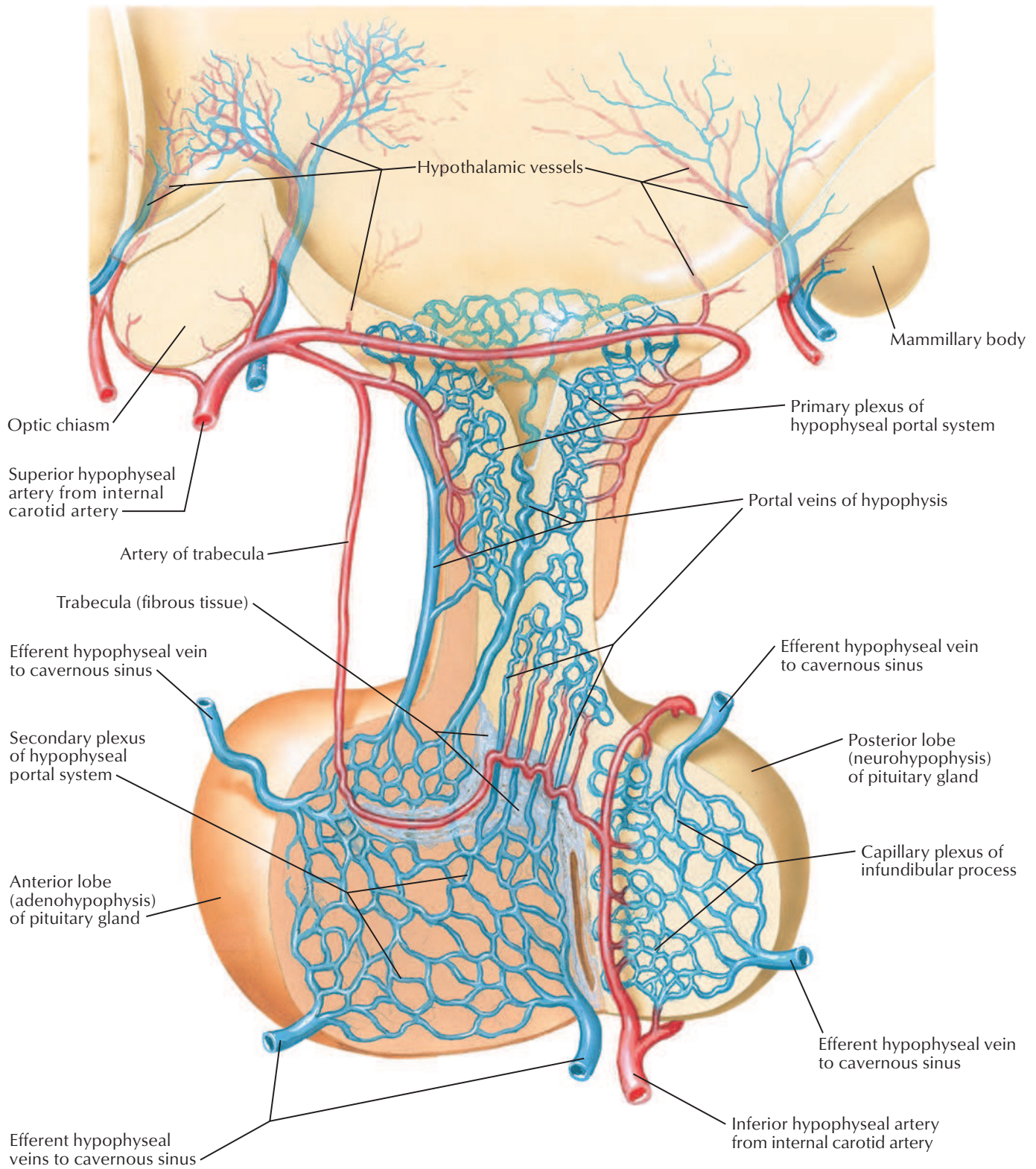
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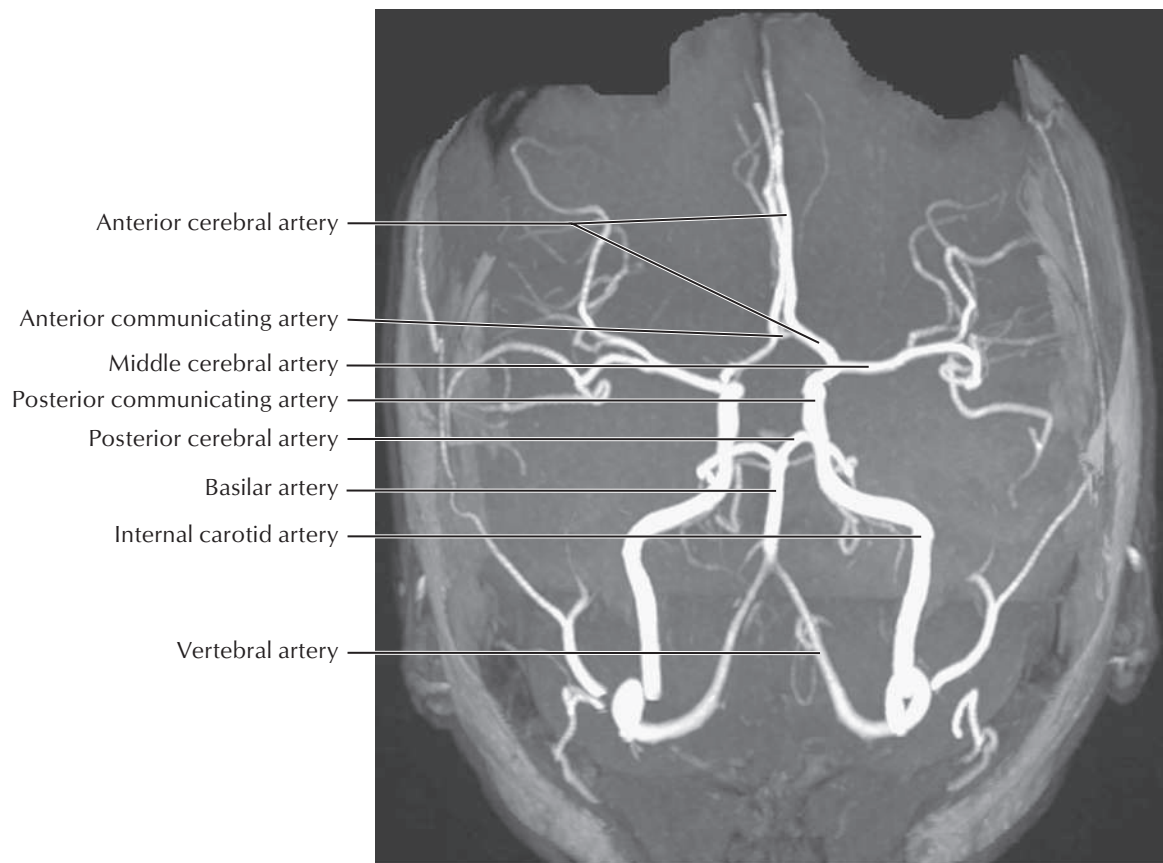
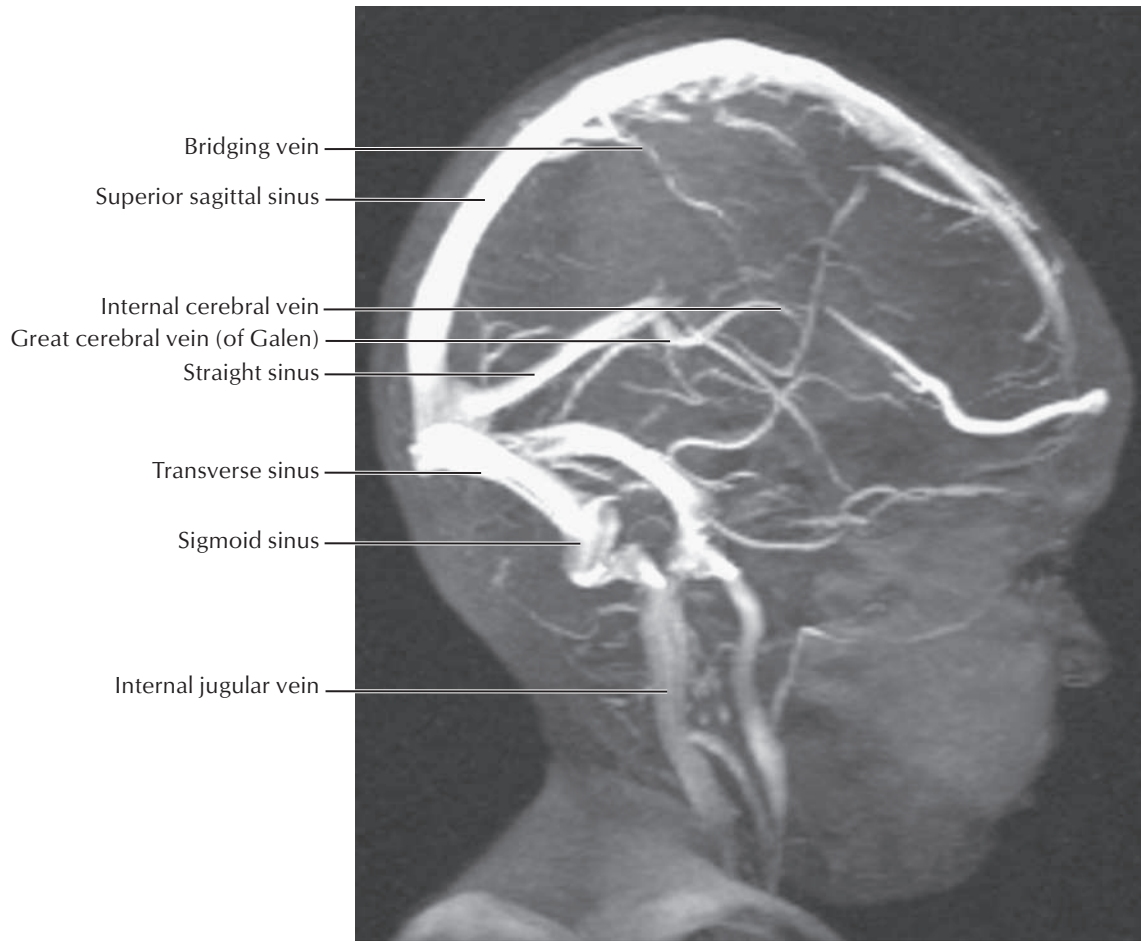
Pediatric ear: frontal section



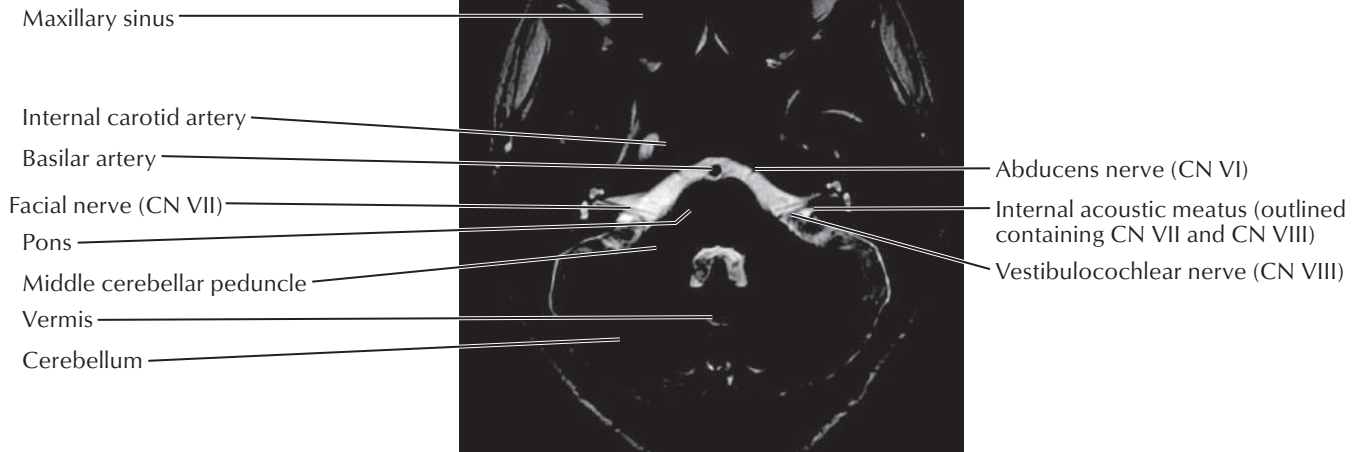
Cartilaginous part of auditory tube (eustachian) at base of skull: inferior view



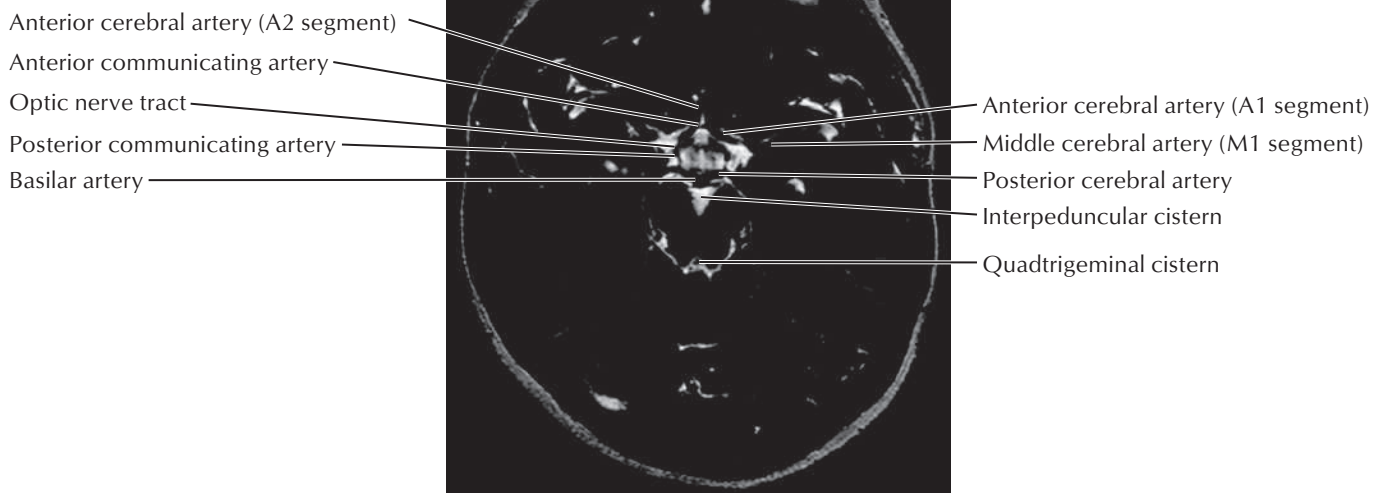




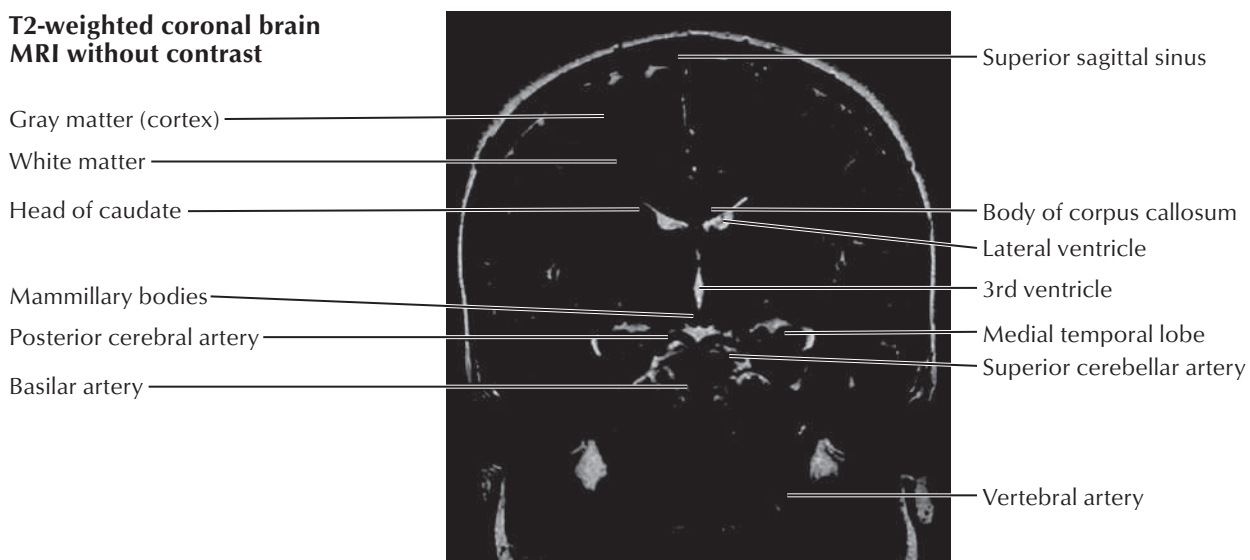
T2-weighted axial brain MRI without contrast



T2-weighted axial brain MRI without contrast



T2-weighted coronal brain MRI without contrast



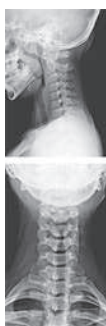
Surface Anatomy	161
Bones and Ligaments	162-168
Spinal Cord	169-179
Muscles and Nerves	180-184
Cross-Sectional Anatomy	185-186

Structures With High Clinical Significance	Table 3.1
Muscle Tables	Tables 3.2-3.3
Electronic Bonus Plates	BP33-BP43

ELECTRONIC BONUS PLATES



BP33 Vertebral Ligaments



BP34 Cervical Spine: Radiographs



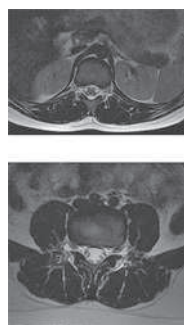
BP35 Cervical Spine: MRI and Radiograph



BP36 Thoracolumbar Spine: Lateral Radiograph



BP37 Lumbar Vertebrae: Radiographs



BP38 Lumbar Spine: MRIs

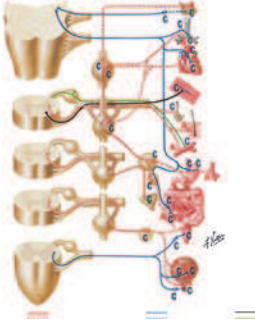


BP39 Sympathetic Nervous System: General Topography



BP40 Parasympathetic Nervous System: General Topography

ELECTRONIC BONUS PLATES—*cont'd*



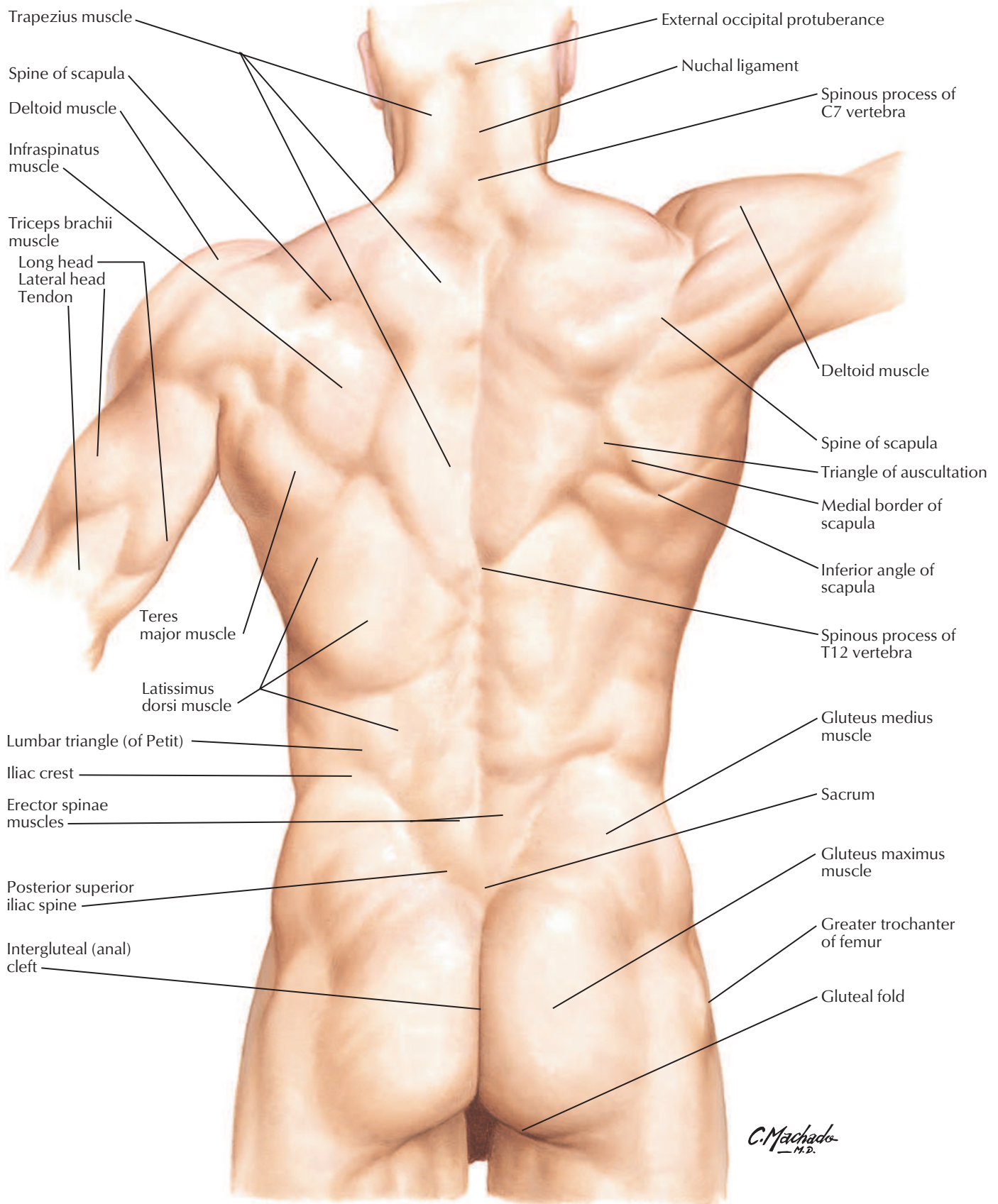
BP41 Cholinergic and Adrenergic Synapses: Schema

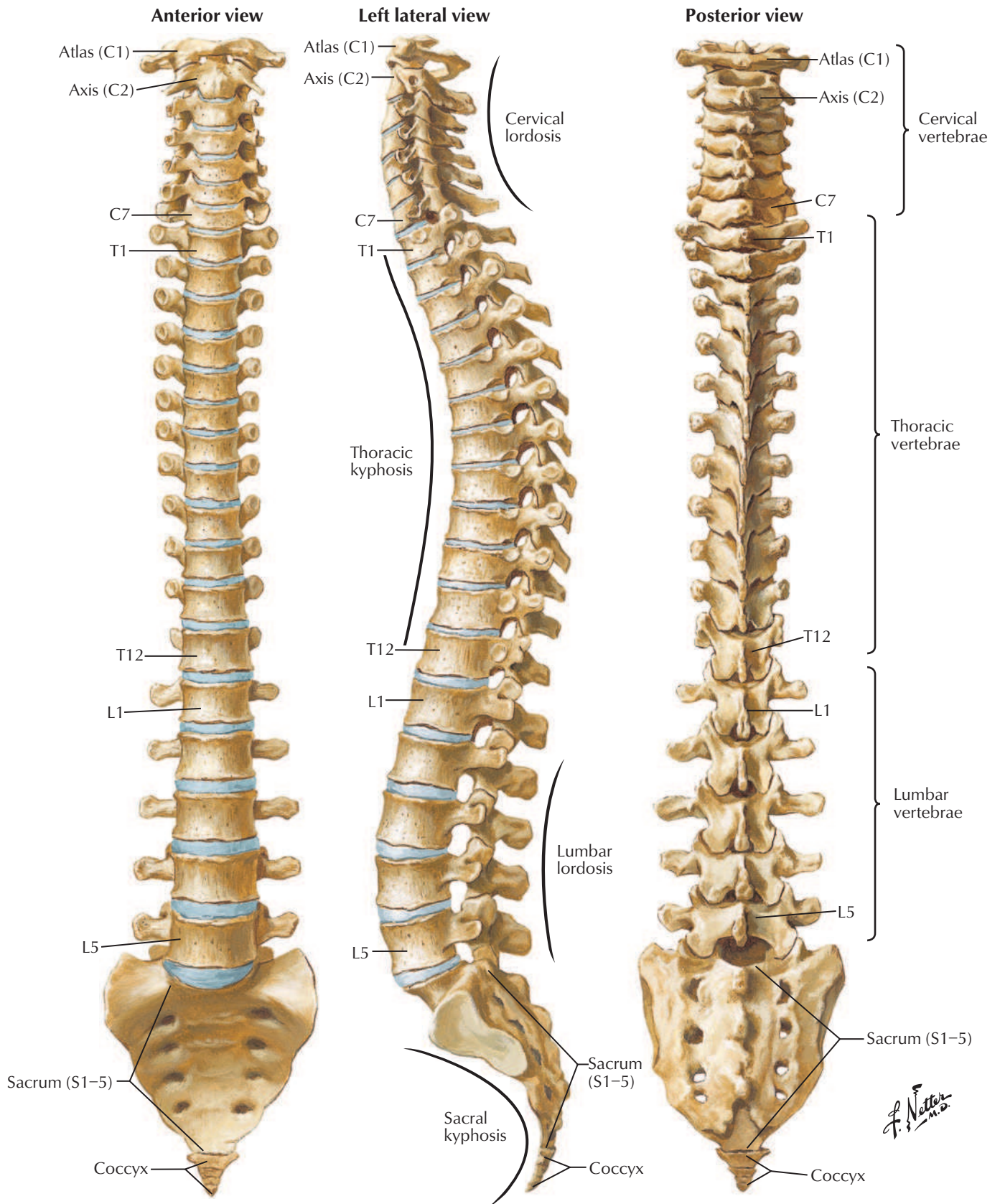


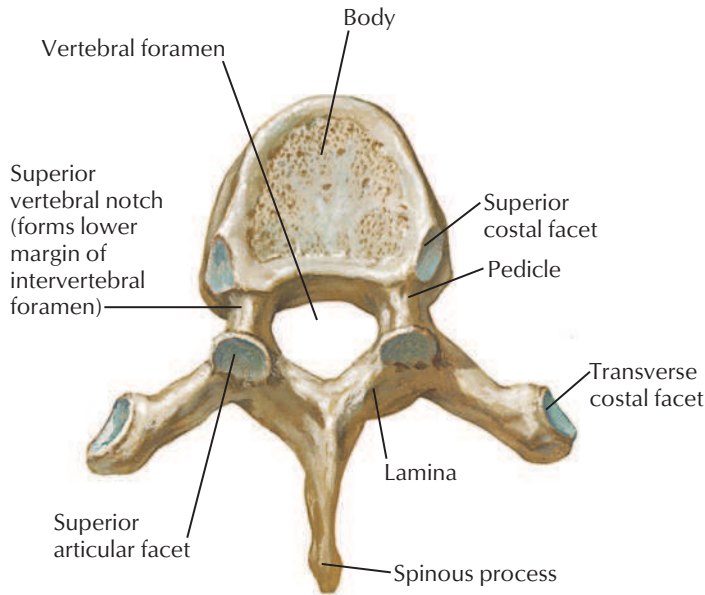
BP42 Vertebral Veins: Detail Showing Venous Communications



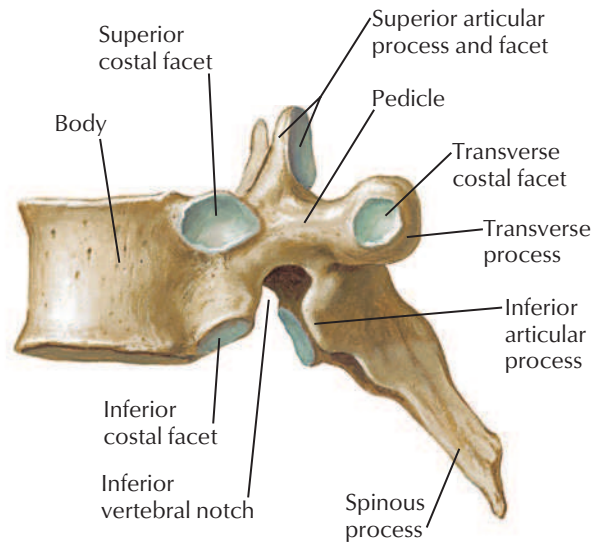
BP43 Spinal Cord Cross Sections: Fiber Tracts



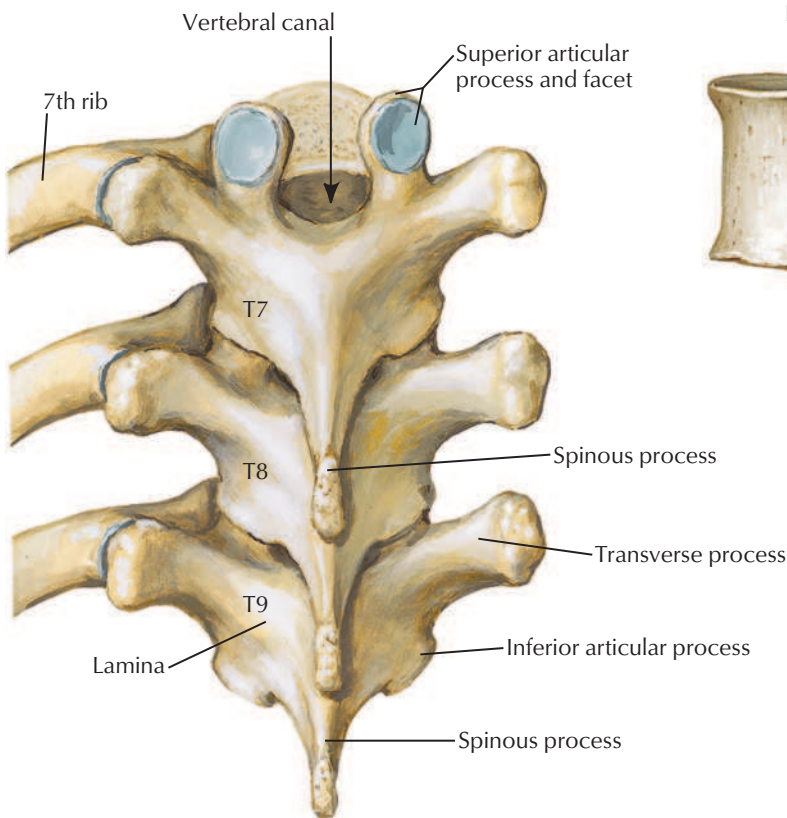




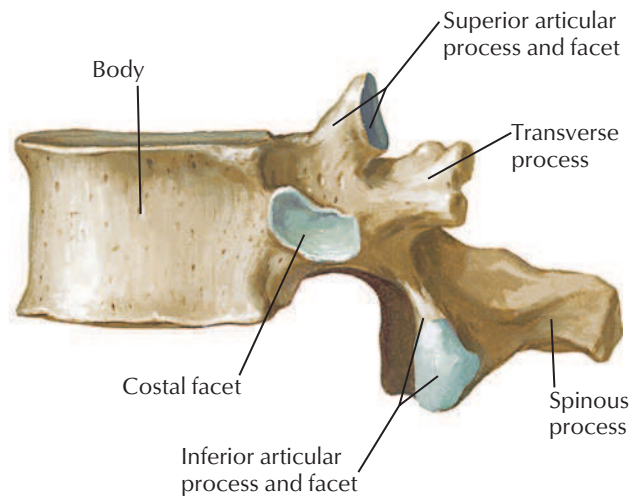
**T6 vertebra:
superior view**



**T6 vertebra:
lateral view**

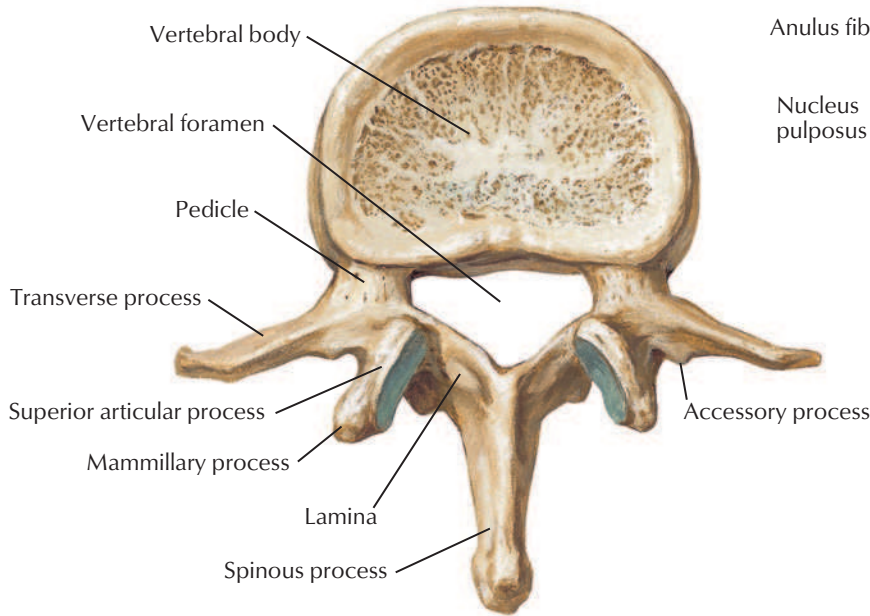


**T7, T8, and T9 vertebrae:
posterior view**

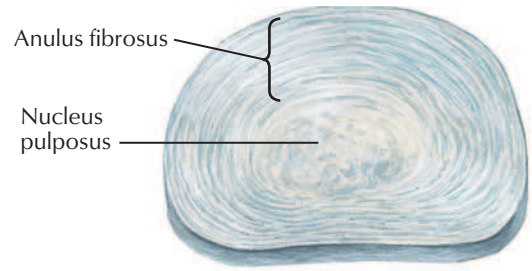


**T12 vertebra:
lateral view**

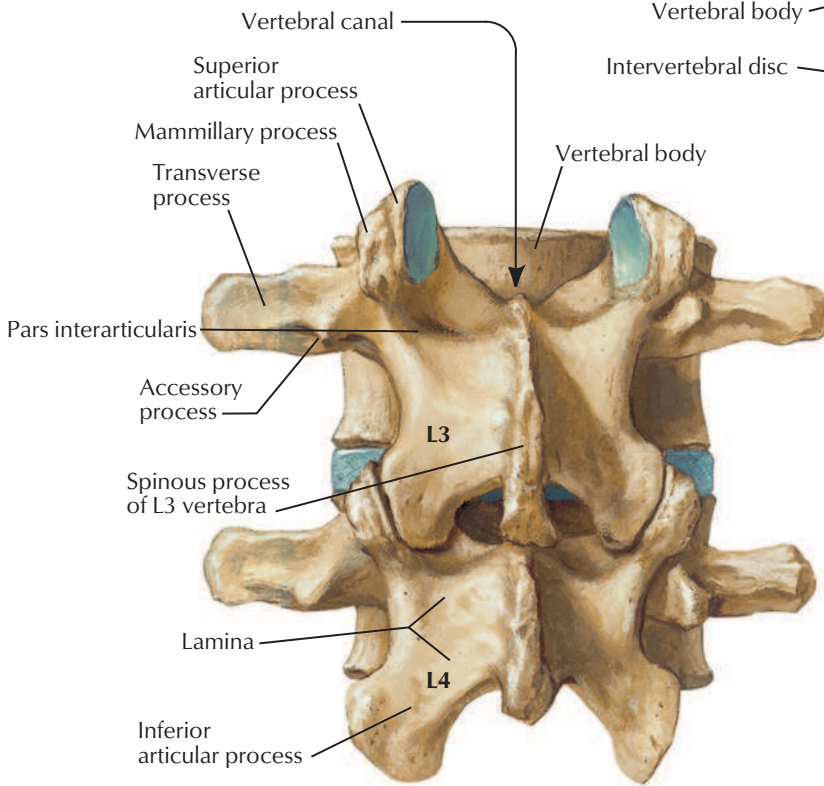
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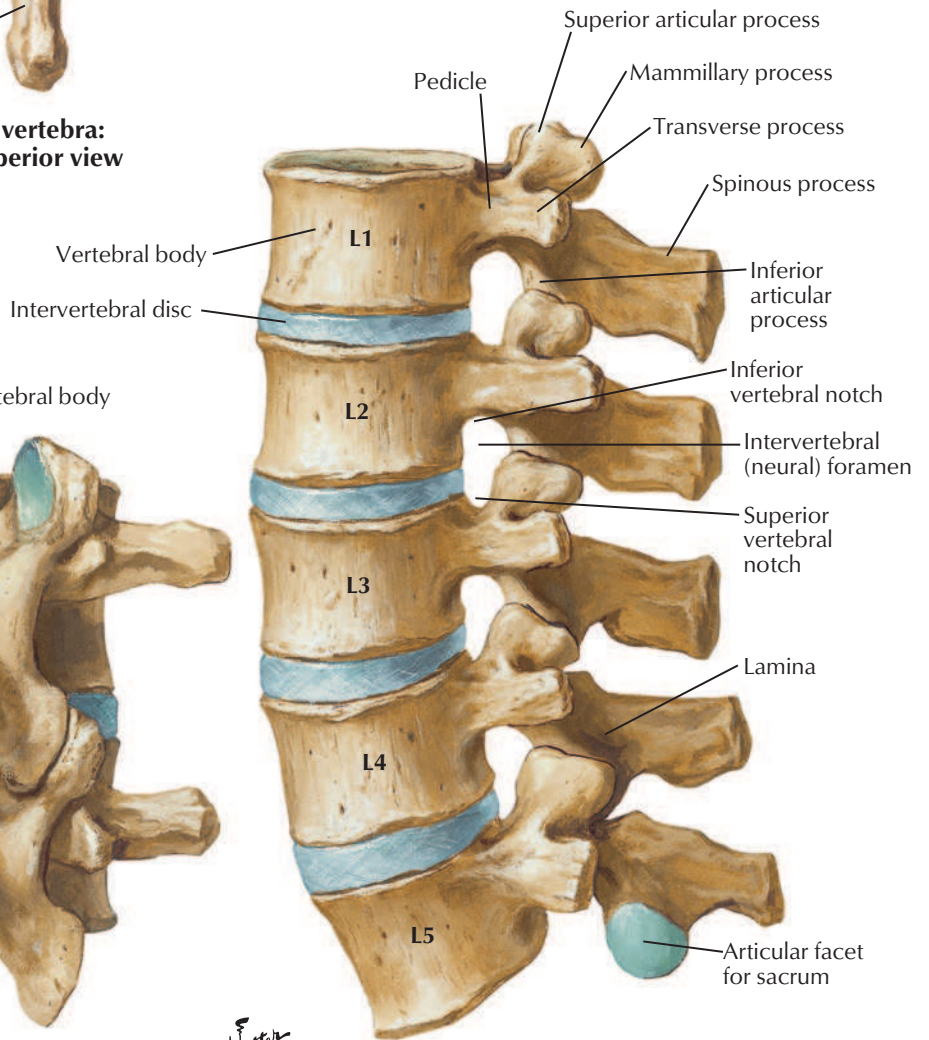
**L2 vertebra:
superior view**



Intervertebral disc



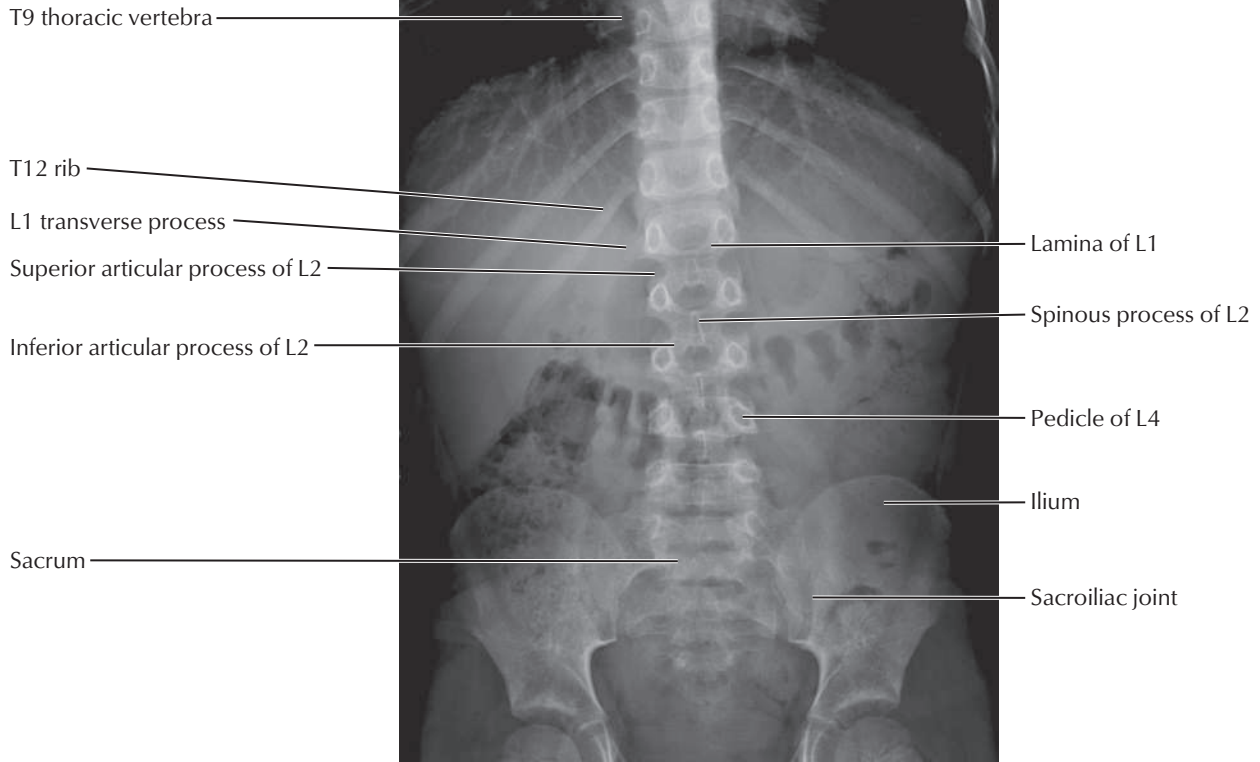
**L3 and L4 vertebrae:
posterior view**



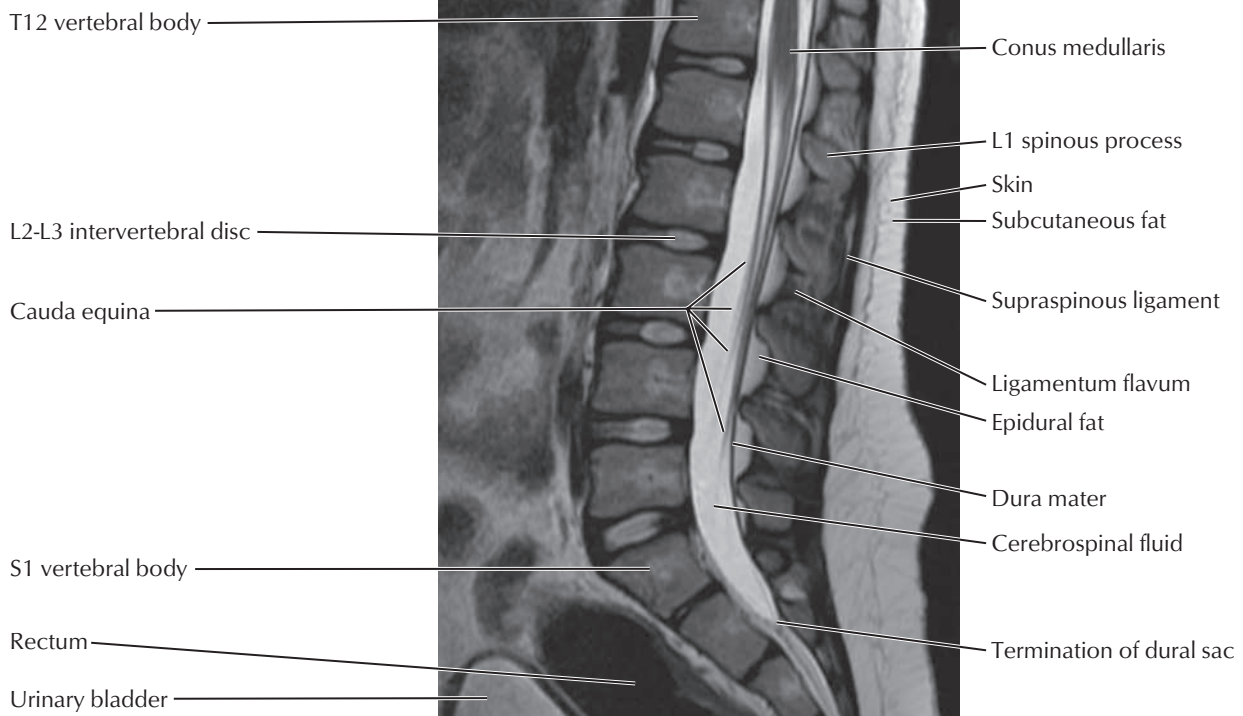
**Lumbar vertebrae, articulated:
left lateral view**

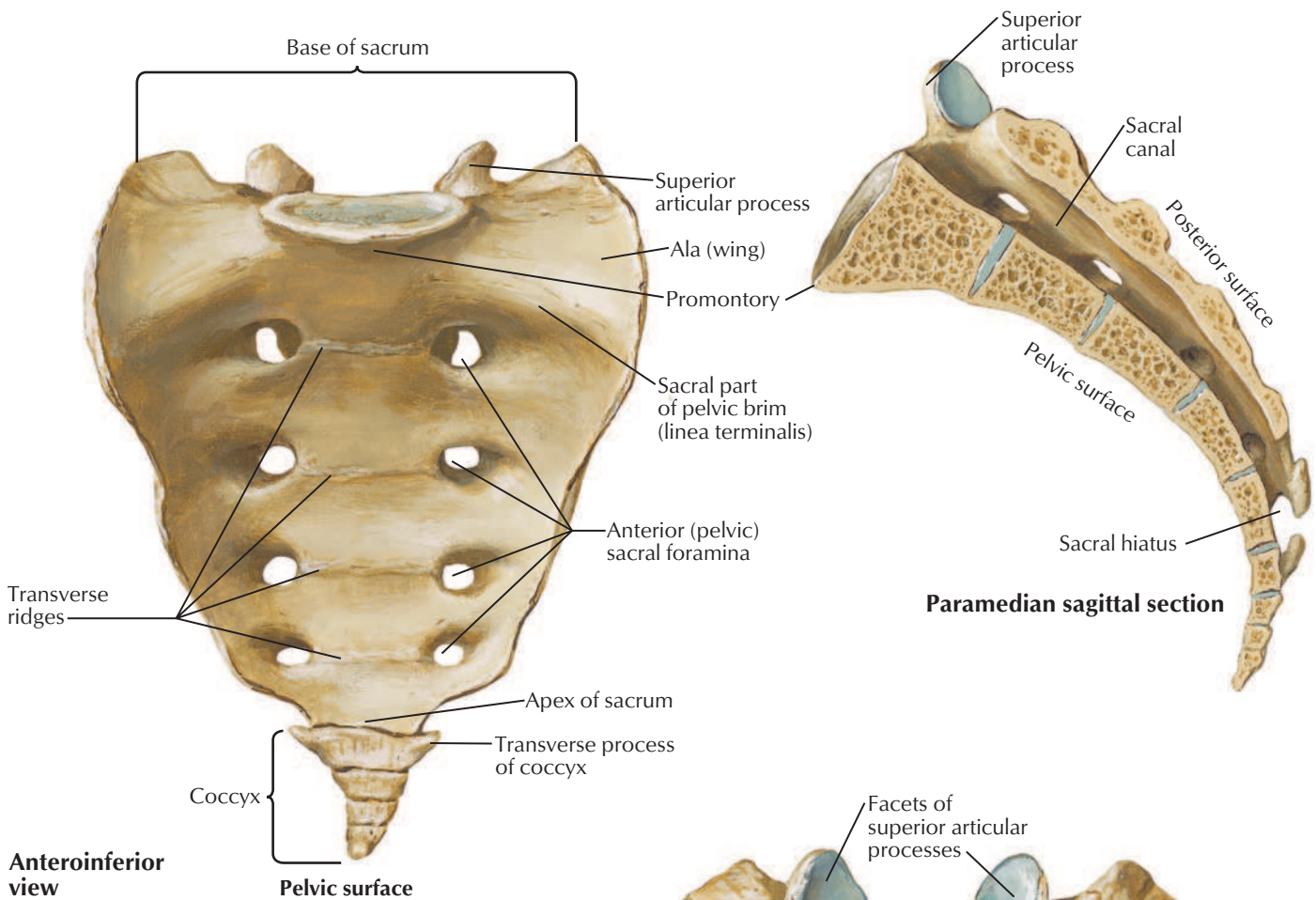
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Anteroposterior radiograph of thoracolumbar spine

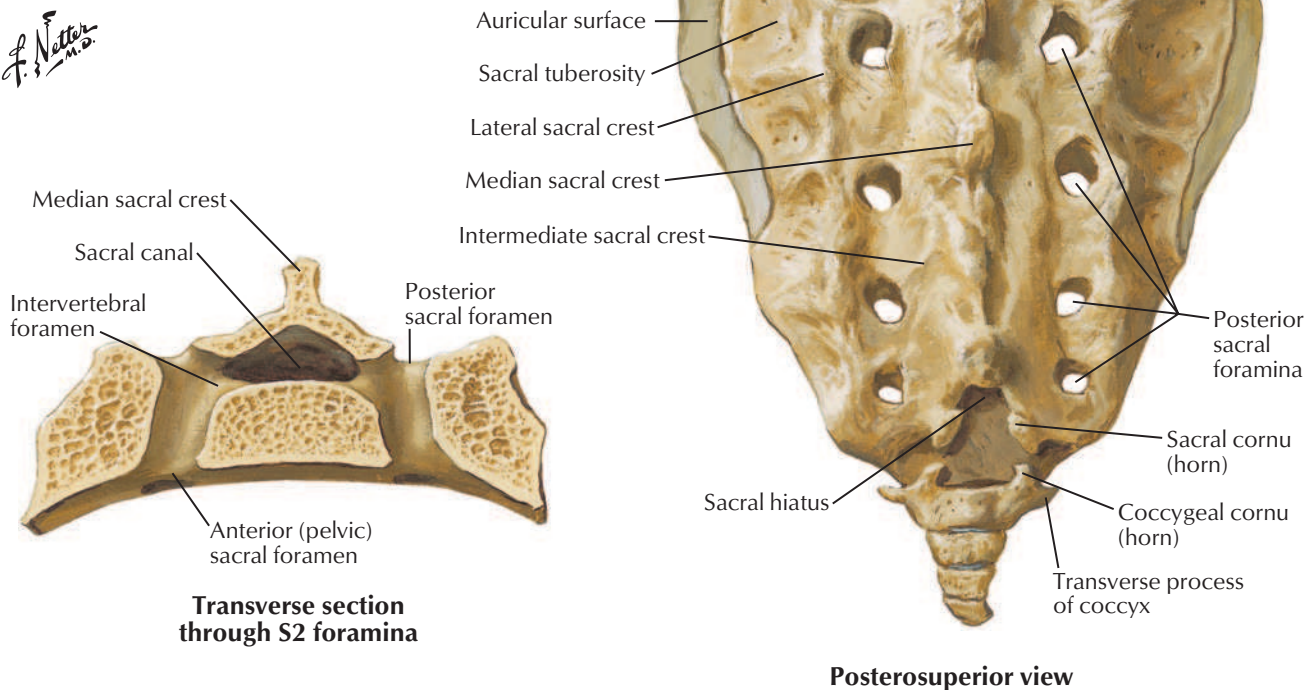


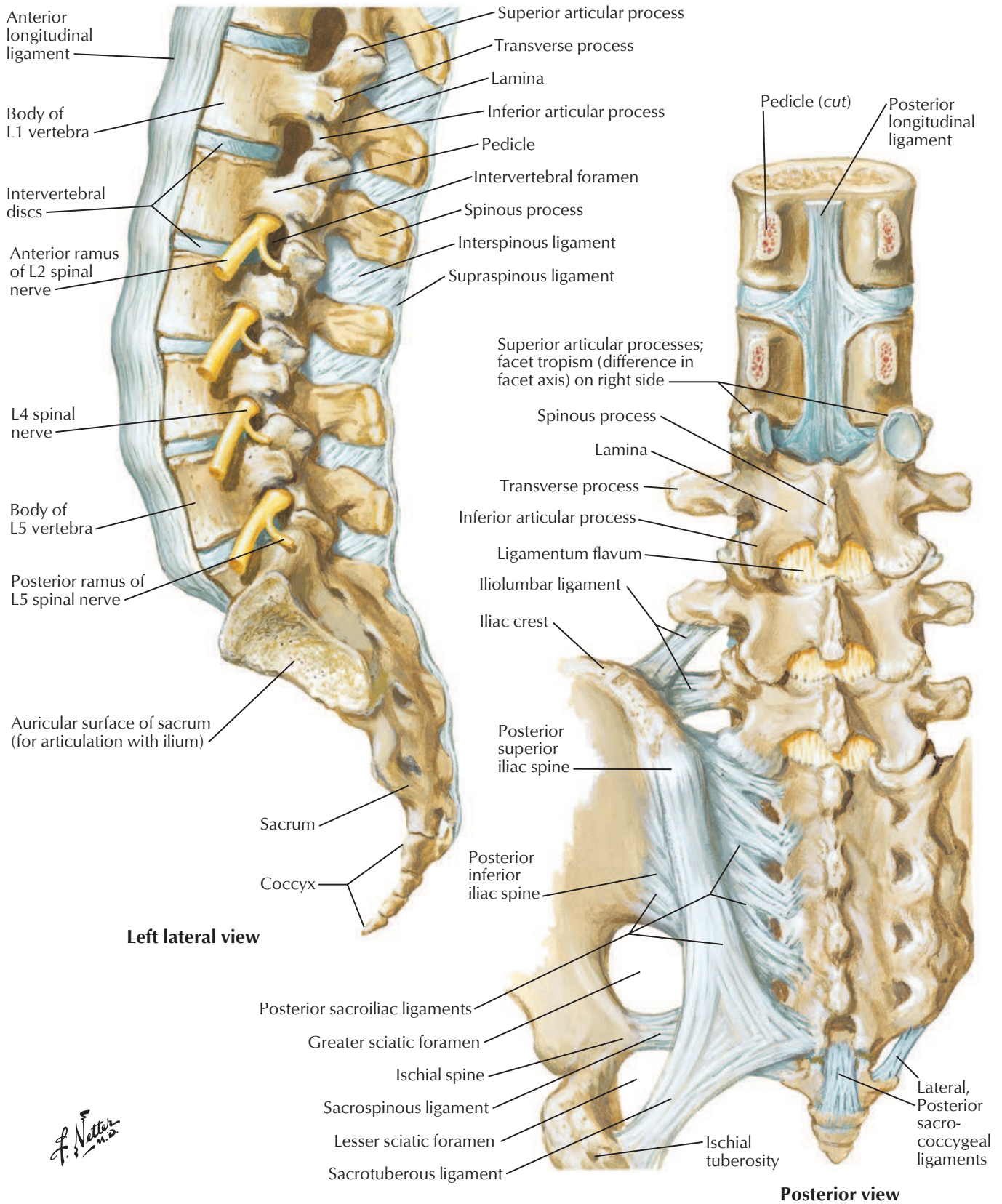
T2-weighted sagittal MRI of lumbar spine





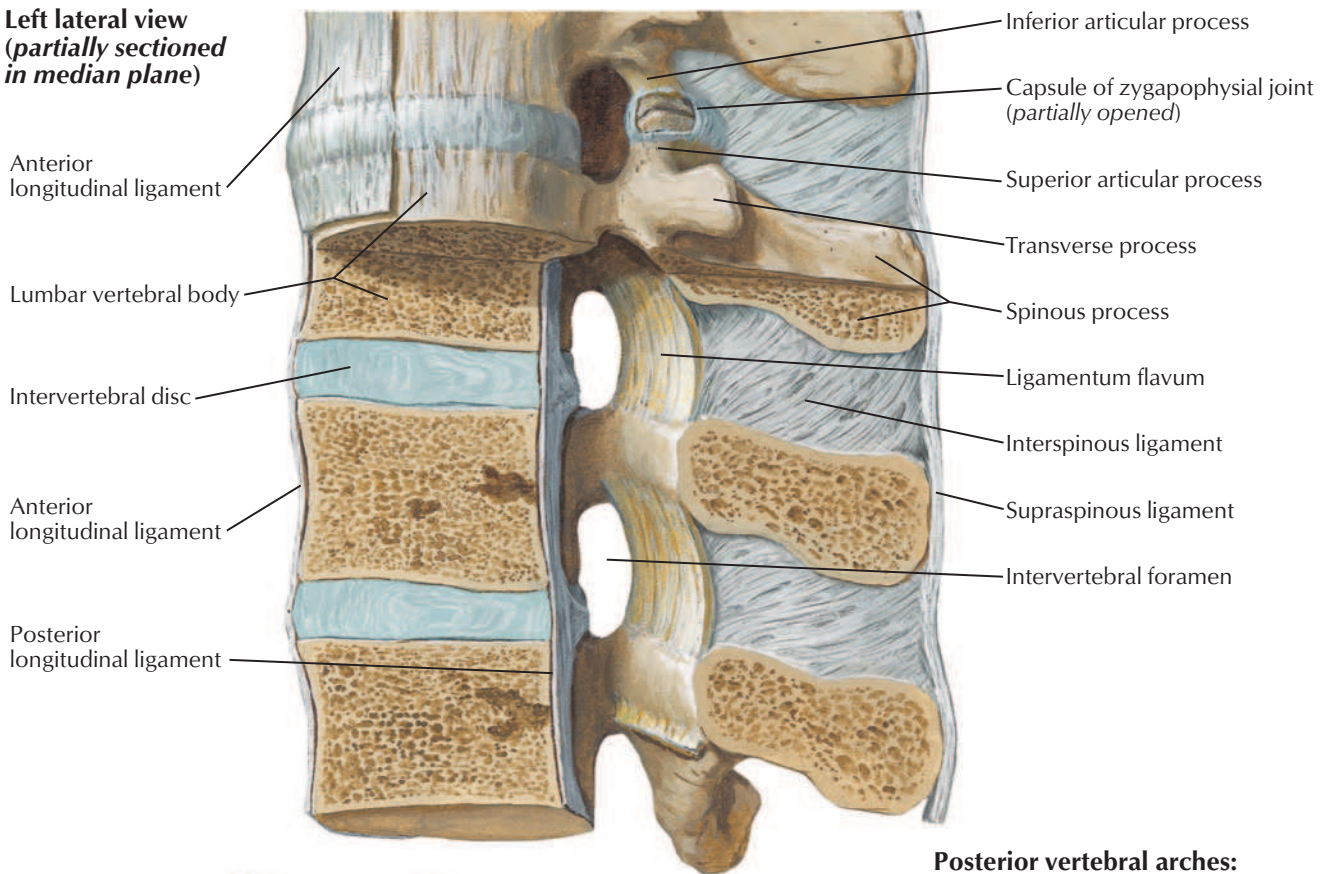
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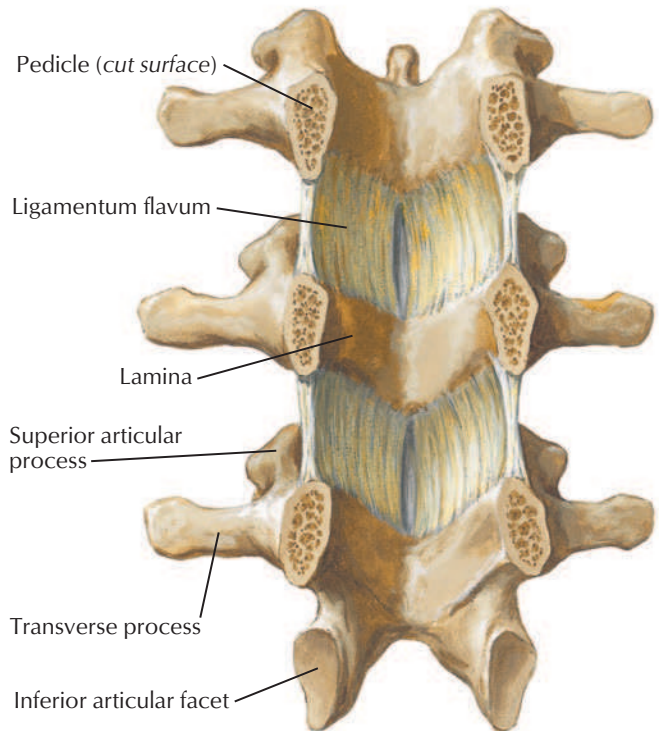
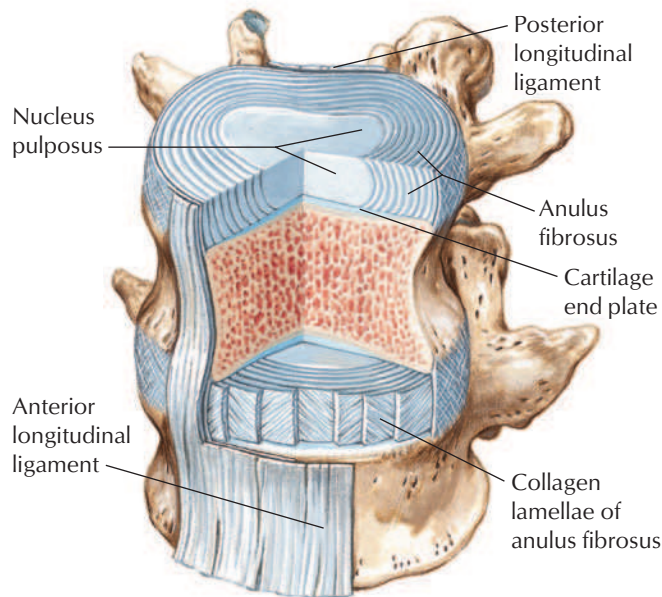


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**Left lateral view
(partially sectioned
in median plane)**

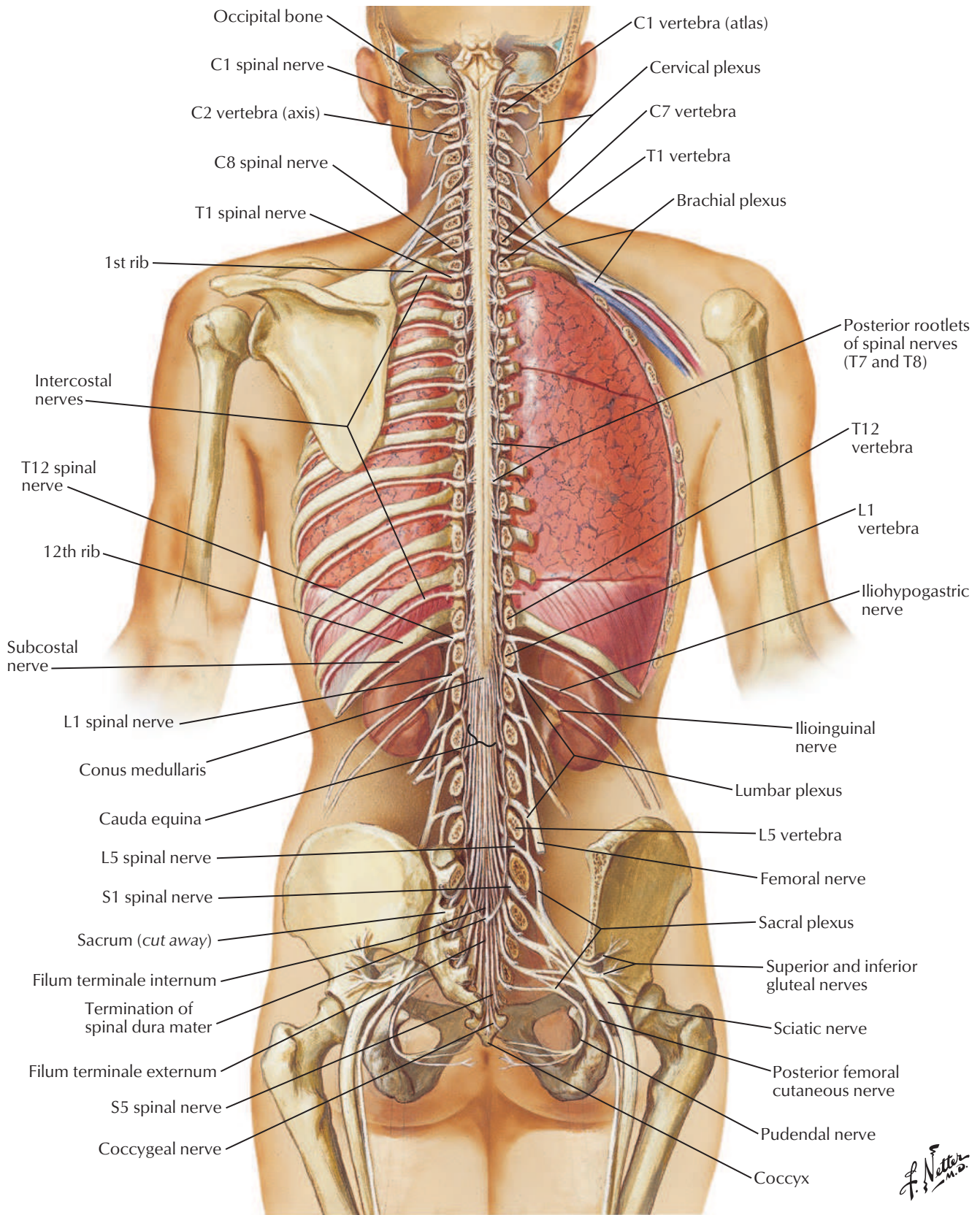


**Posterior vertebral arches:
anterior view**

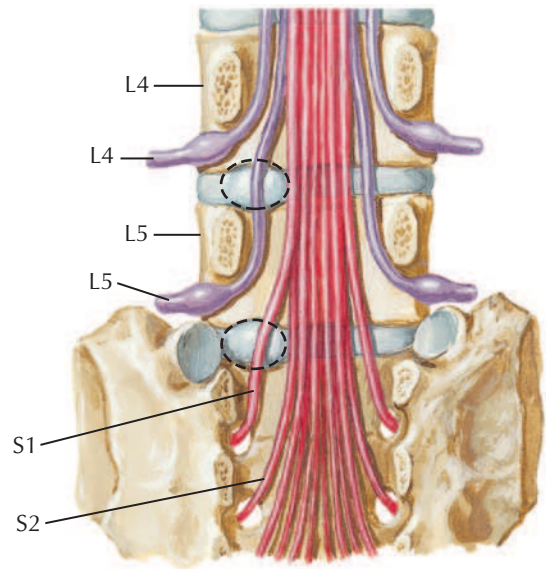
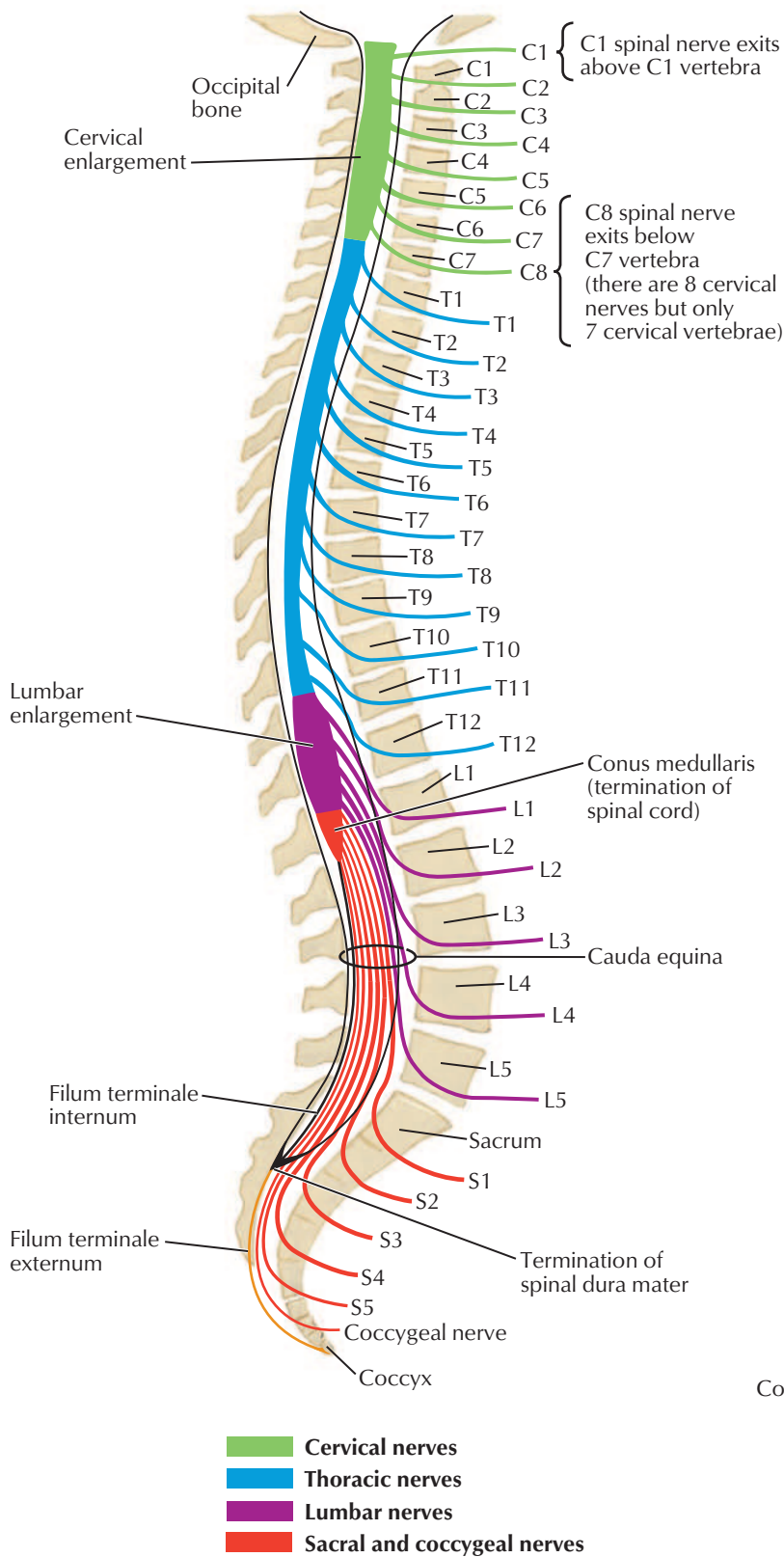


Intervertebral disc composed of central nuclear zone of collagen and hydrated proteoglycans surrounded by concentric lamellae of collagen fibers

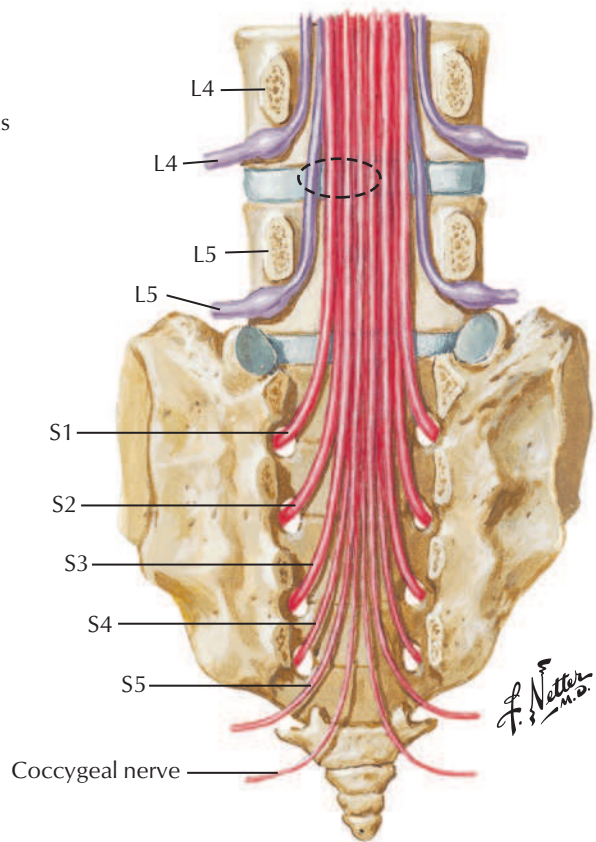
F. Netter M.D. *C. Machado M.D.*



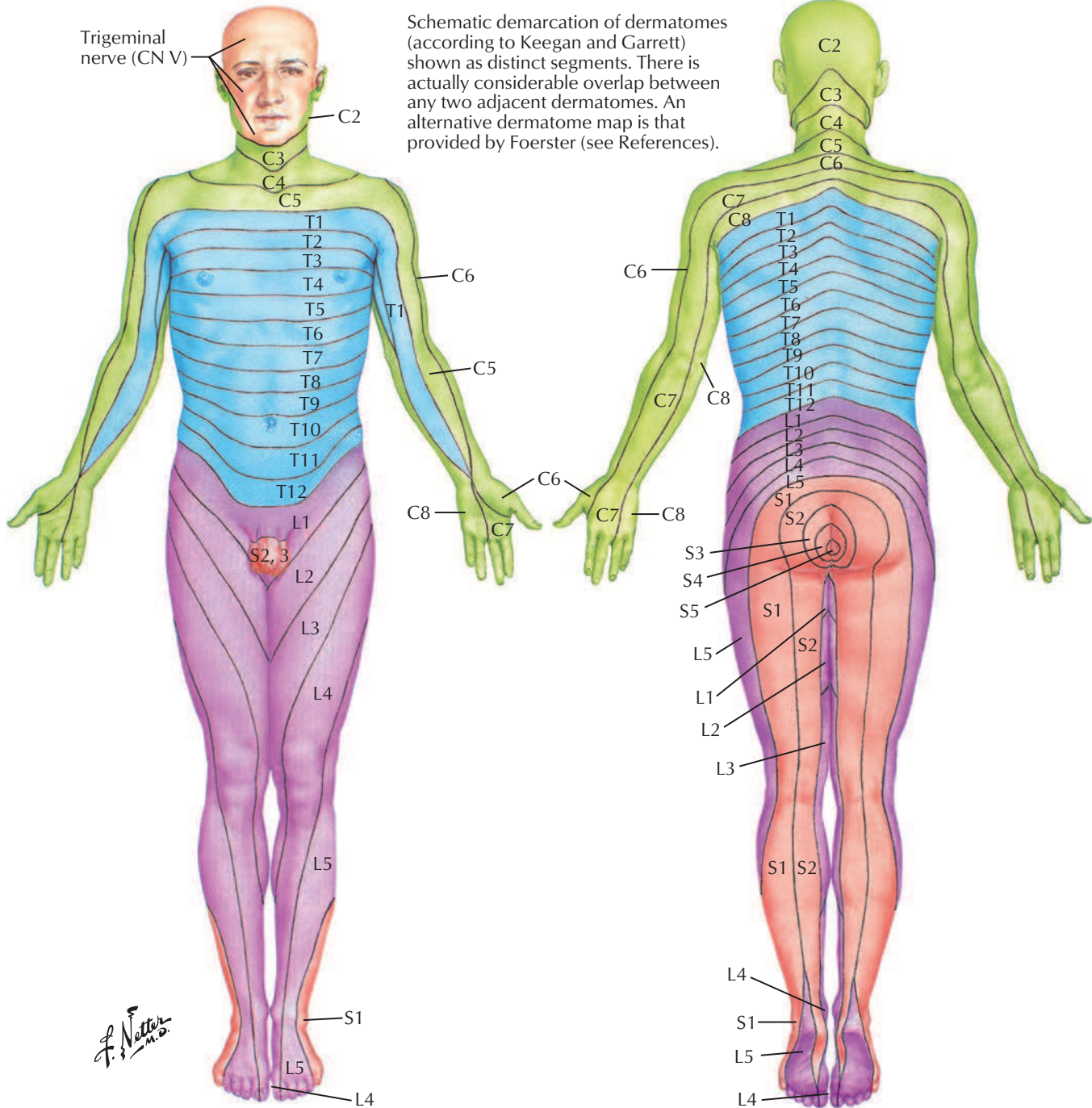
Relation of Spinal Nerve Roots to Vertebrae



Lumbar disc protrusion (*dashed ovals*) does not usually affect nerve exiting above disc. Lateral protrusion at disc level L4-5 affects L5 spinal nerve, not L4 spinal nerve. Protrusion at disc level L5-S1 affects S1 spinal nerve, not L5 spinal nerve.



Medial protrusion at disc level L4-5 (*dashed oval*) rarely affects L4 spinal nerve but might affect L5 spinal nerve and sometimes S1-4 spinal nerves.



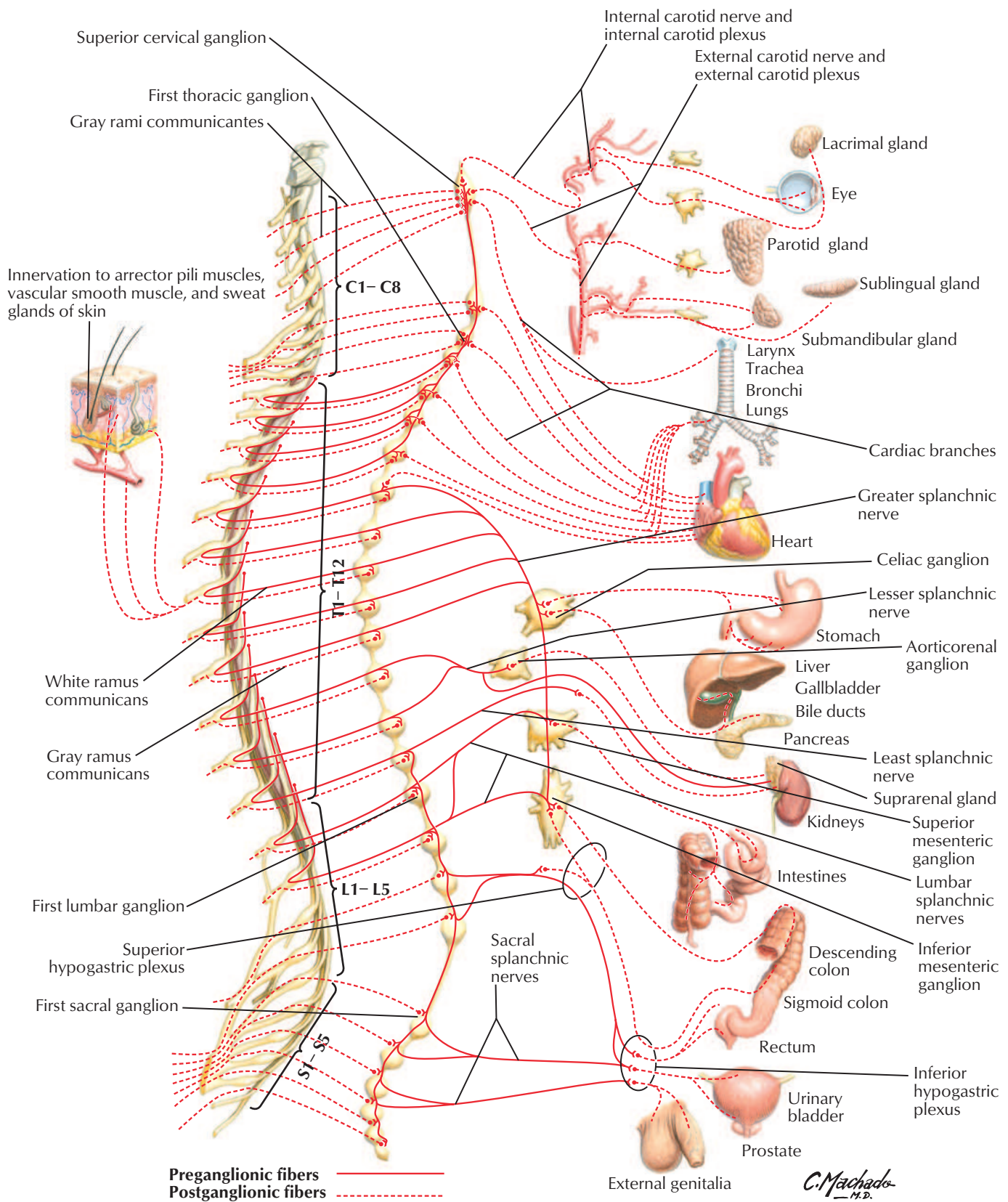
Levels of principal dermatomes

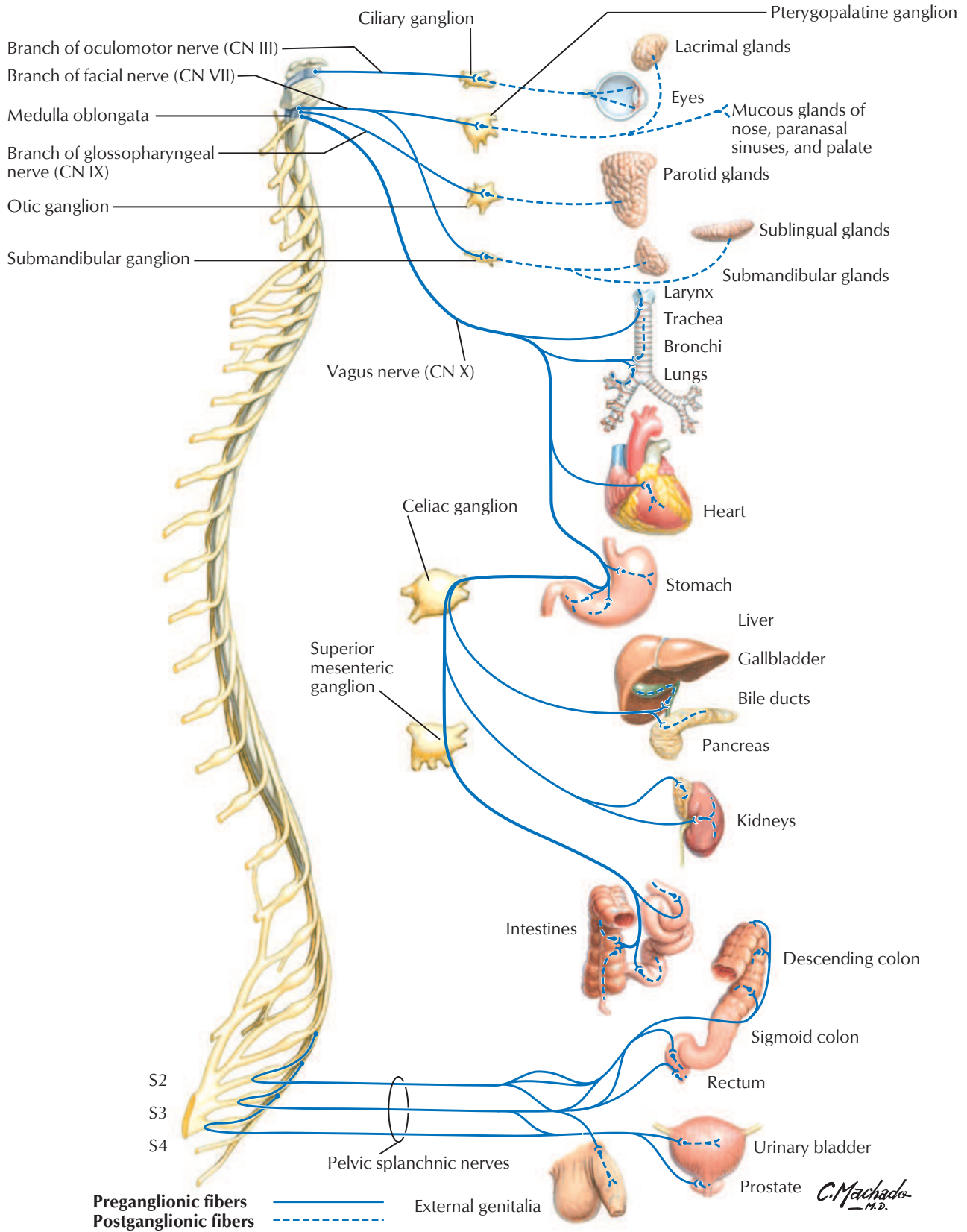
- C5** Level of clavicles
- C5, 6** Lateral sides of upper limbs
- C8, T1** Medial sides of upper limbs
- C6** Digit I (thumb)
- C6, 7, 8** Hand
- C8** Digits IV and V (ring and little fingers)
- T4** Level of nipples

- T10** Level of umbilicus
- L1** Inguinal region
- L1, 2, 3, 4** Anterior and medial surfaces of lower limbs
- L4, 5, S1** Foot
- L4** Medial side digit I (great toe)
- L5, S1, 2** Lateral and posterior surfaces of lower limbs
- S1** Lateral margin of foot and digit V (little toe)
- S2, 3, 4** Perineum

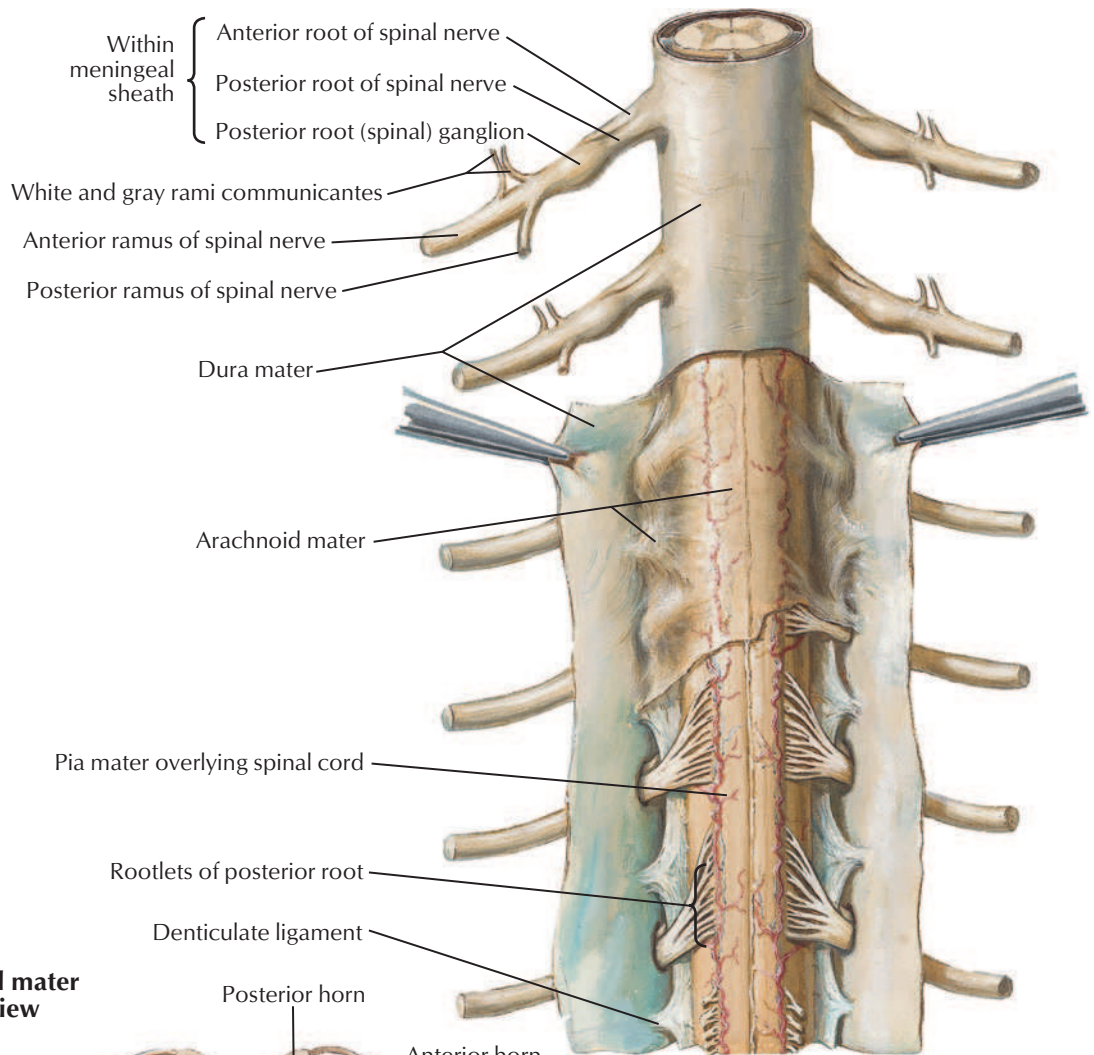
Sympathetic Nervous System: Schema

See also [Plates 213, 320, 322](#)

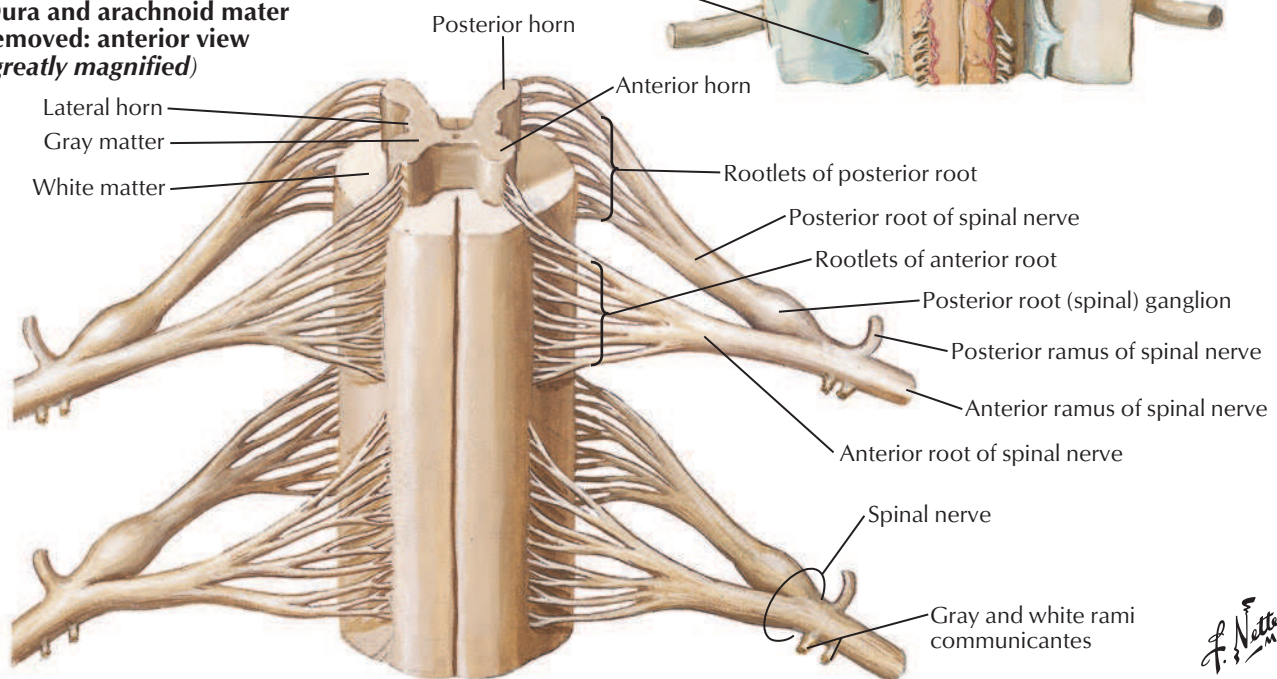




Posterior view



Dura and arachnoid mater removed: anterior view (greatly magnified)

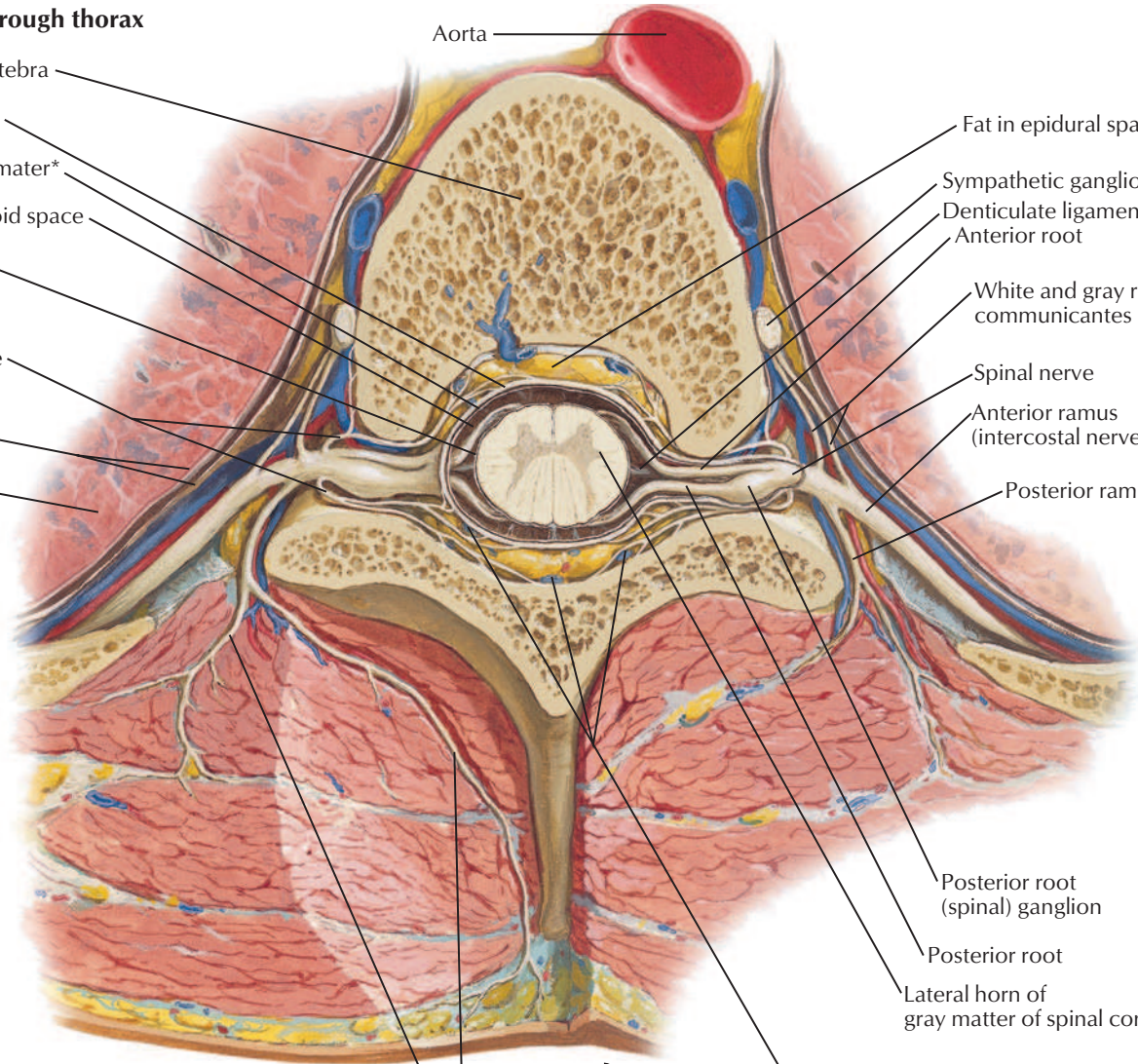


Section through thorax

- Body of vertebra
- Dura mater
- Arachnoid mater*
- Subarachnoid space
- Pia mater*
- Meningeal branch of spinal nerve
- Pleurae
- Lung

Aorta

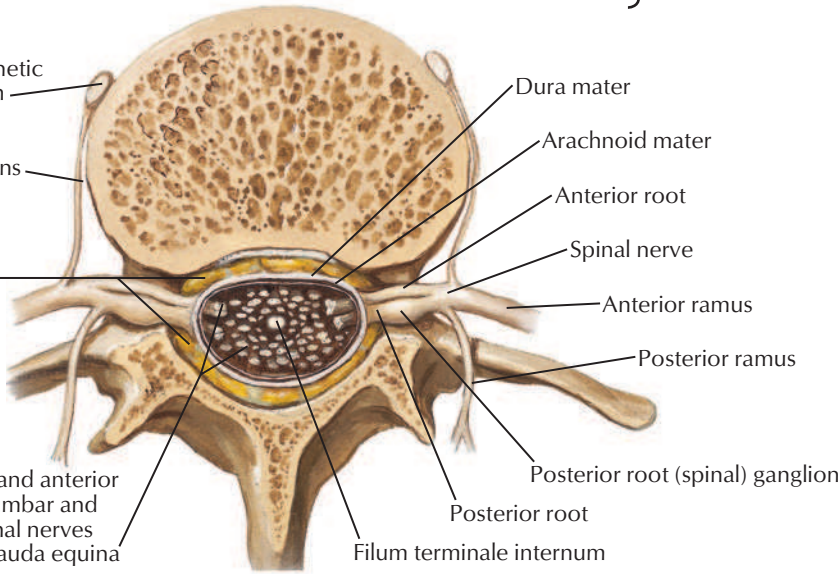
- Fat in epidural space
- Sympathetic ganglion
- Denticulate ligament
- Anterior root
- White and gray rami communicantes
- Spinal nerve
- Anterior ramus (intercostal nerve)
- Posterior ramus
- Posterior root (spinal) ganglion
- Posterior root
- Lateral horn of gray matter of spinal cord
- Internal vertebral (epidural) venous plexus (of Batson)



Section through lumbar vertebra

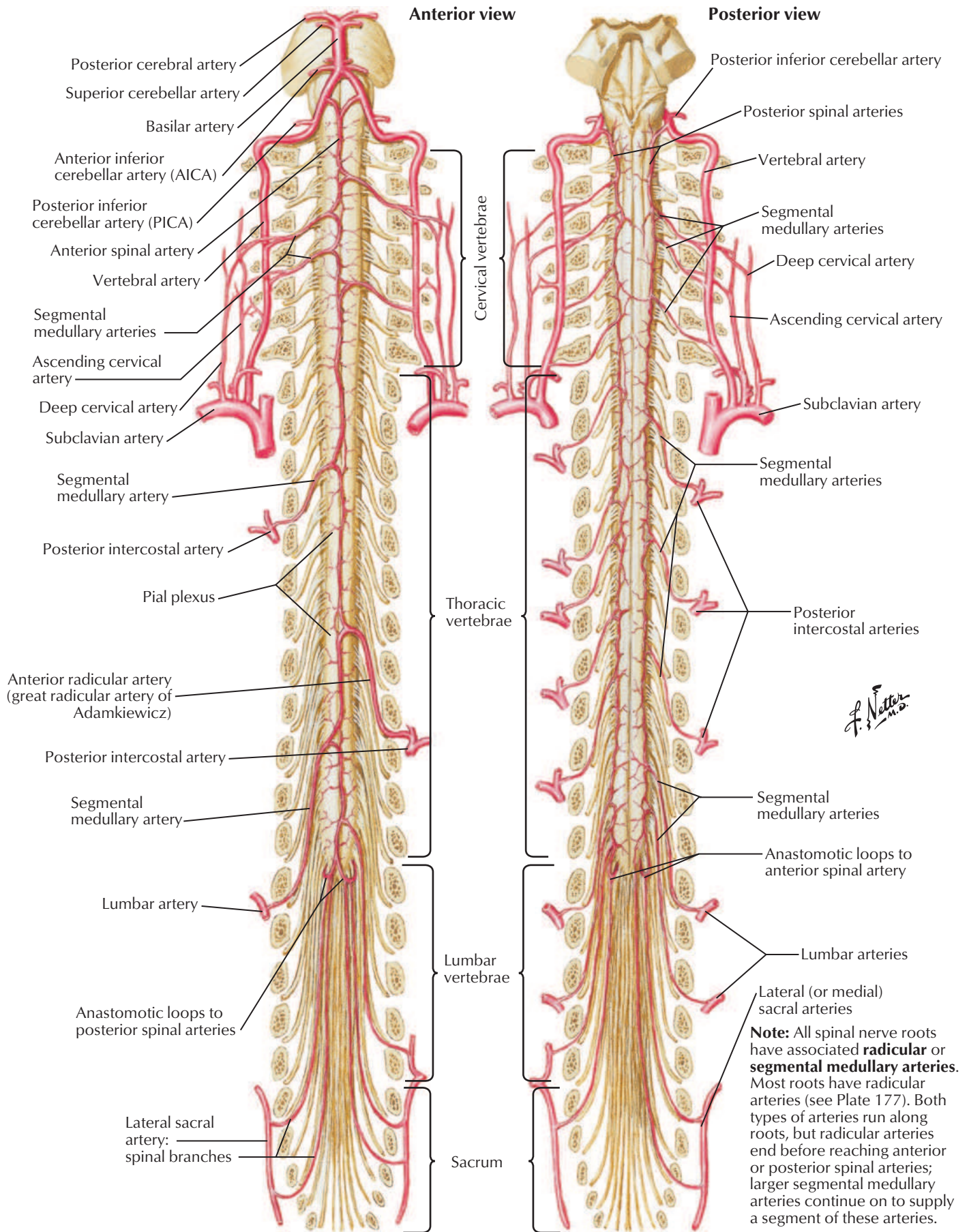
- Sympathetic ganglion
- Gray ramus communicans
- Fat in epidural space
- Posterior and anterior roots of lumbar and sacral spinal nerves forming cauda equina

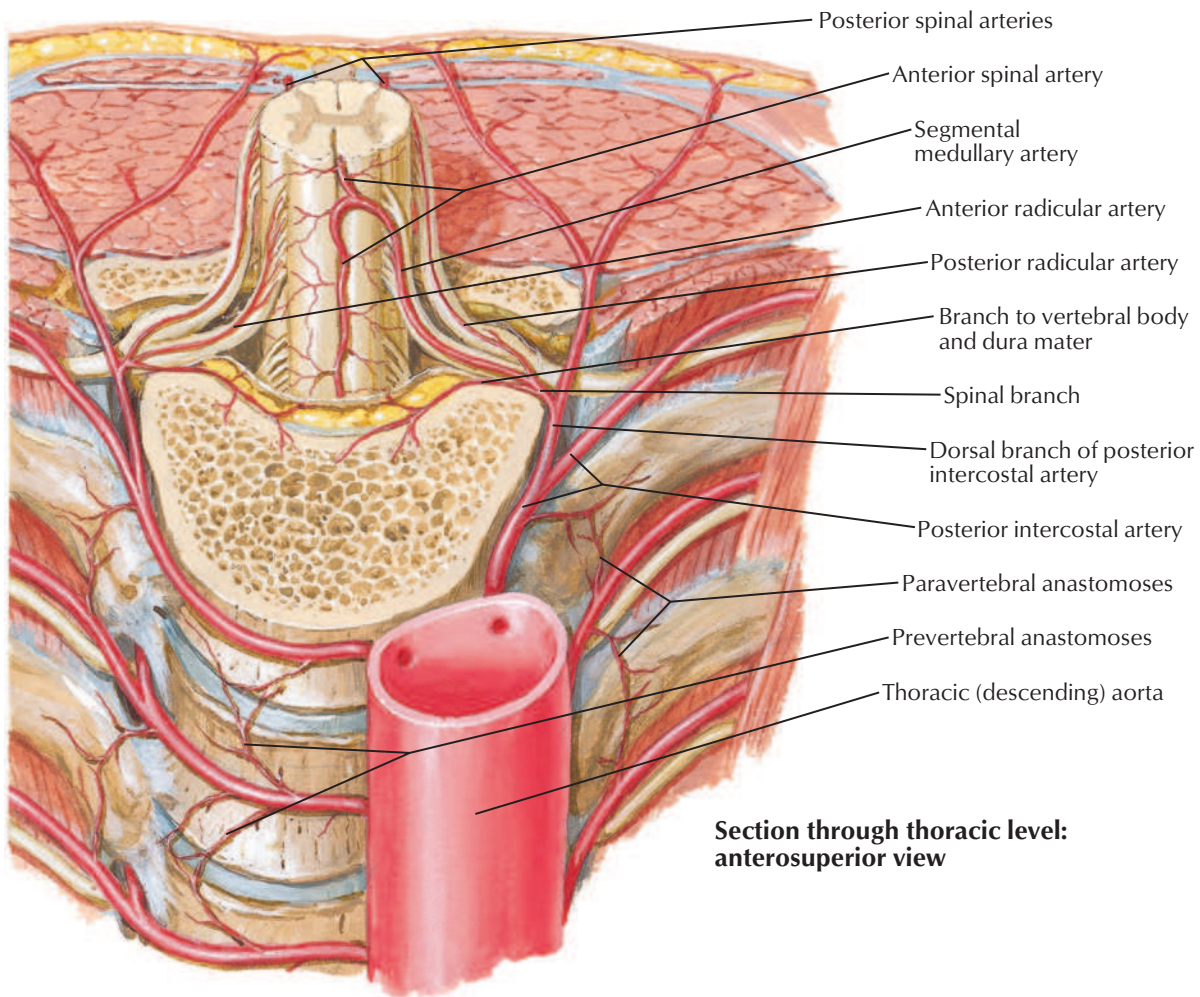
Medial branch } of posterior ramus of spinal nerve
Lateral branch }



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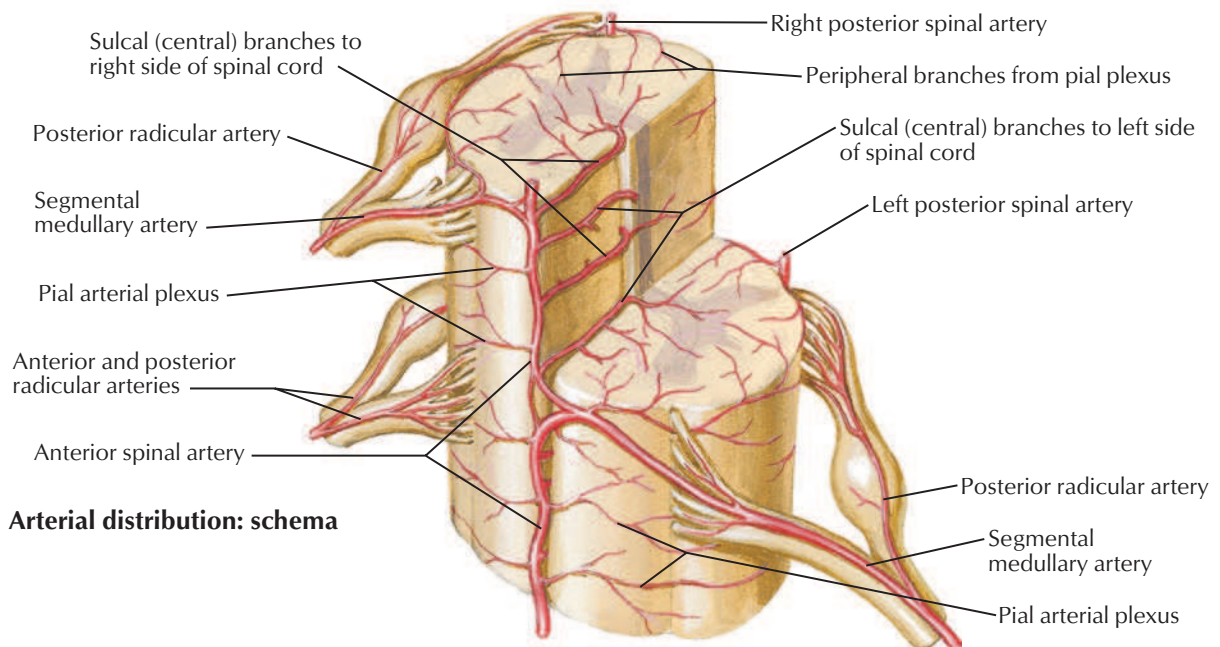
*Leptomeninges





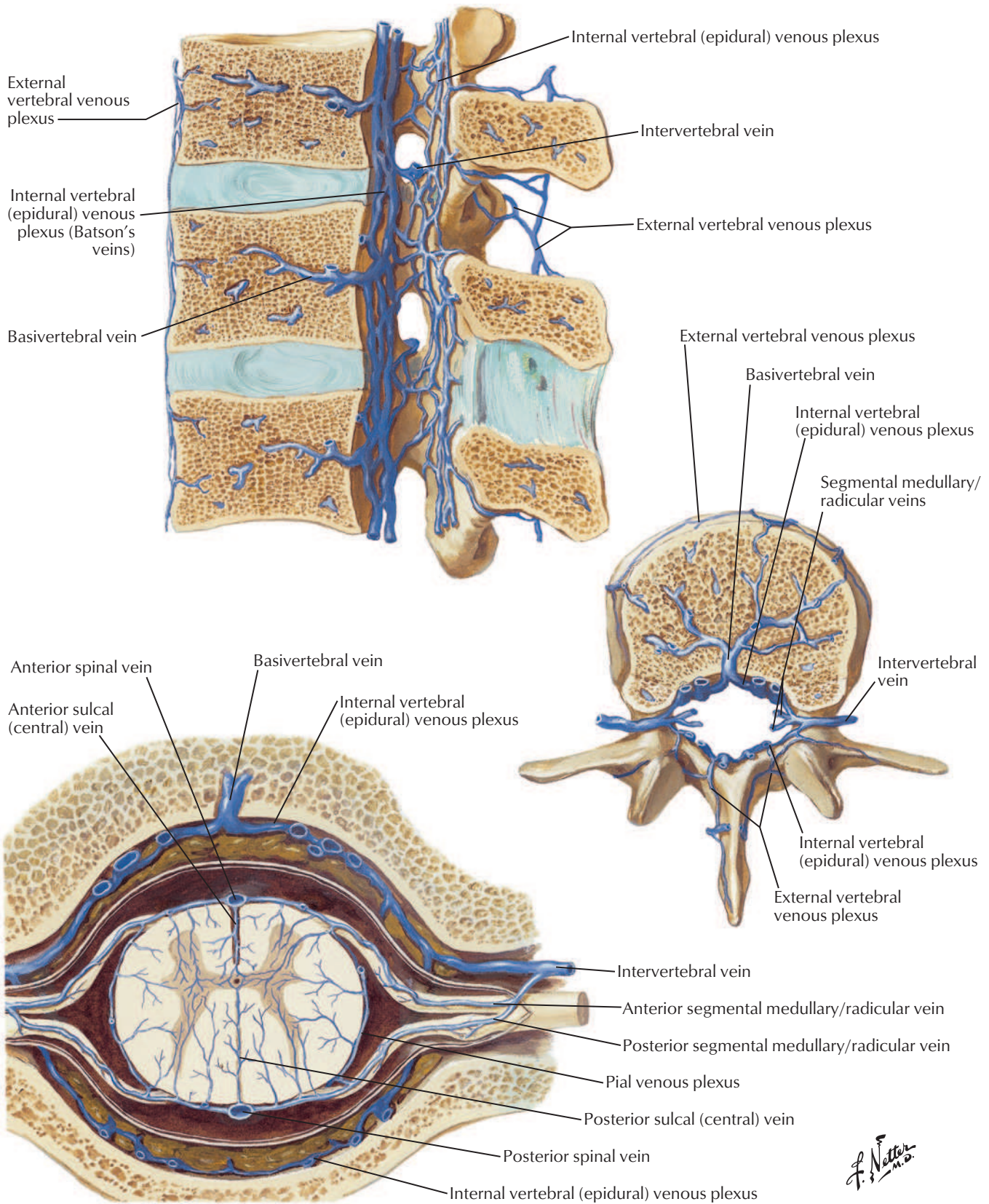
Section through thoracic level: anterosuperior view

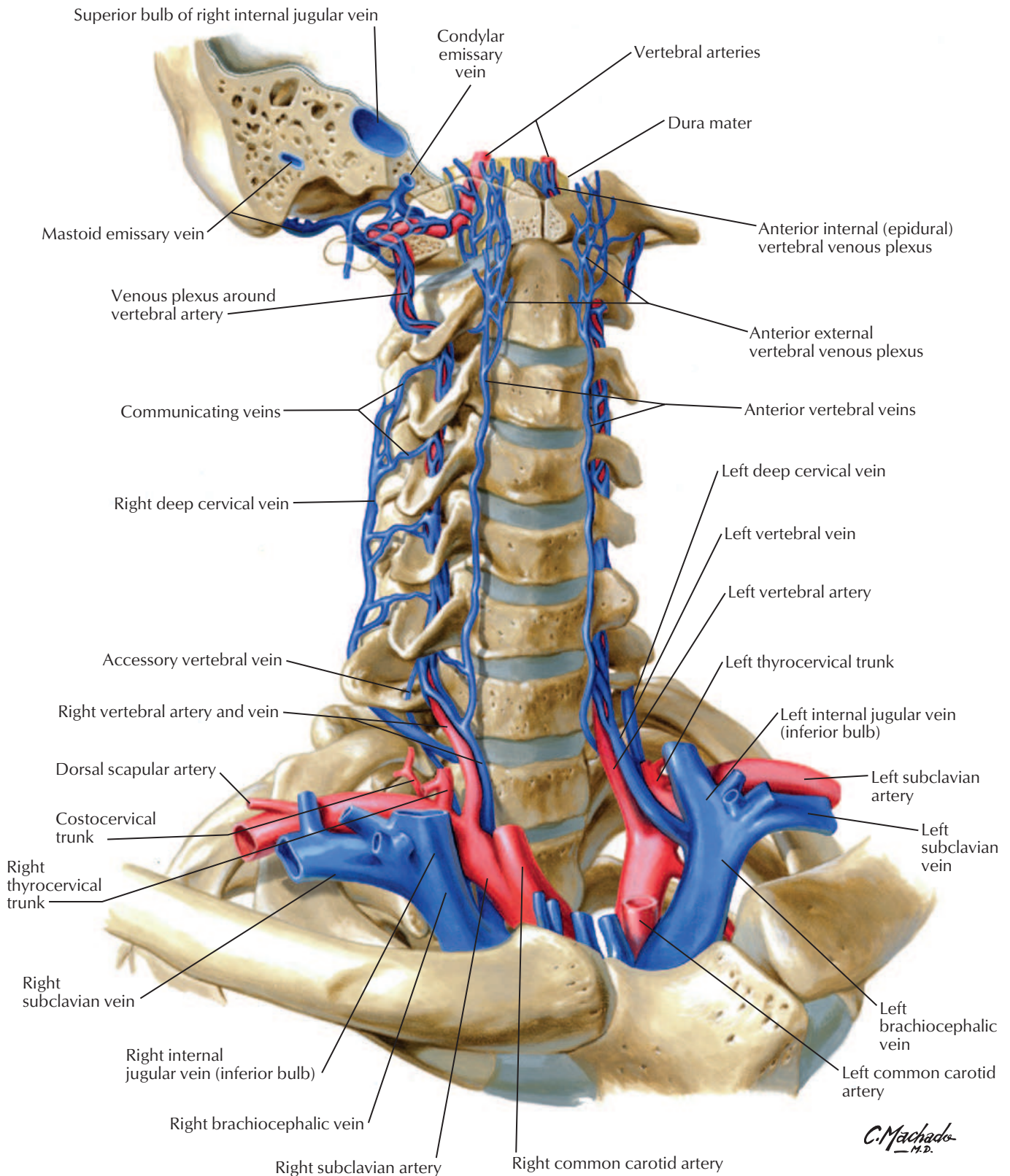
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Arterial distribution: schema

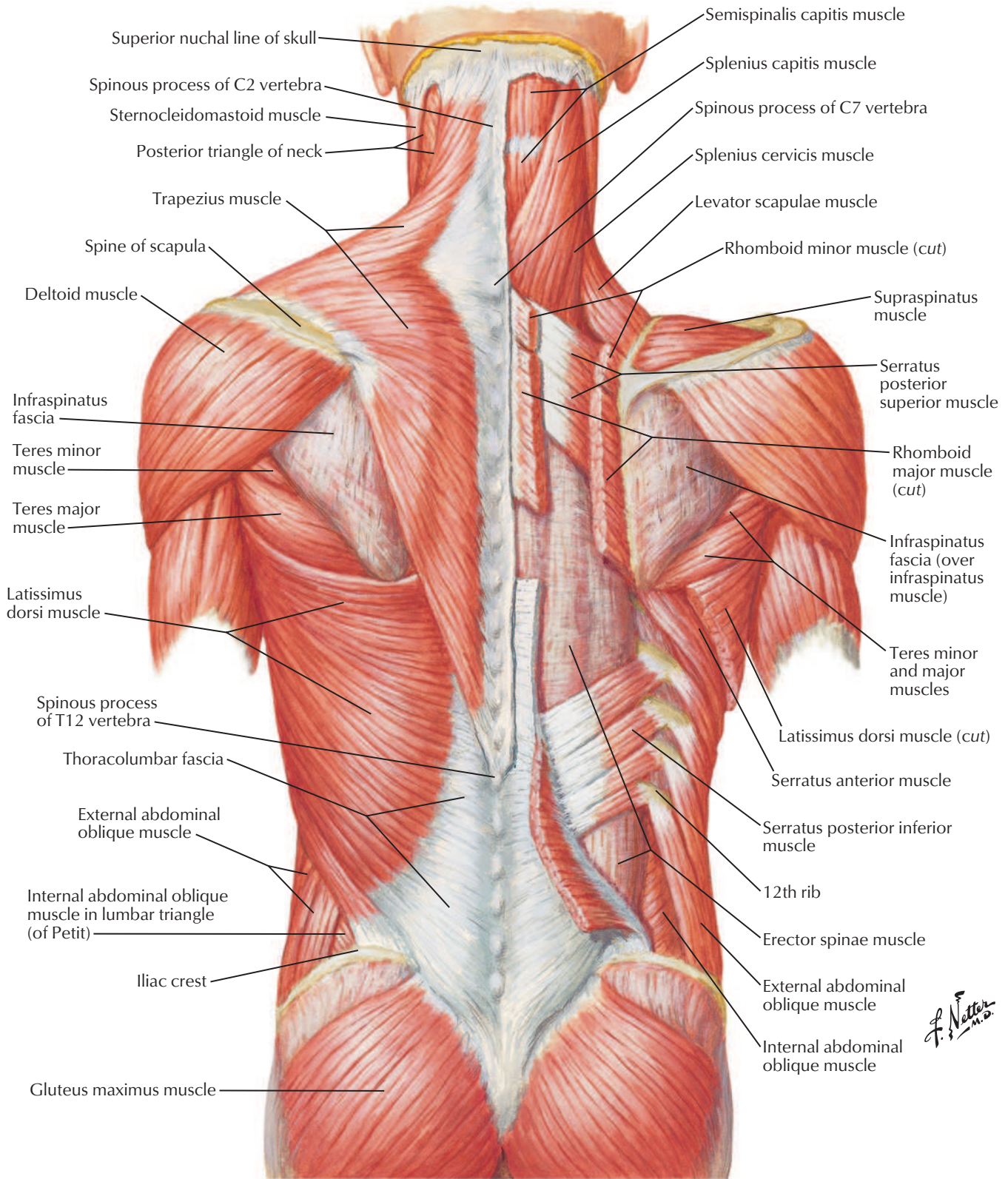
Veins of Spinal Cord and Vertebral Column

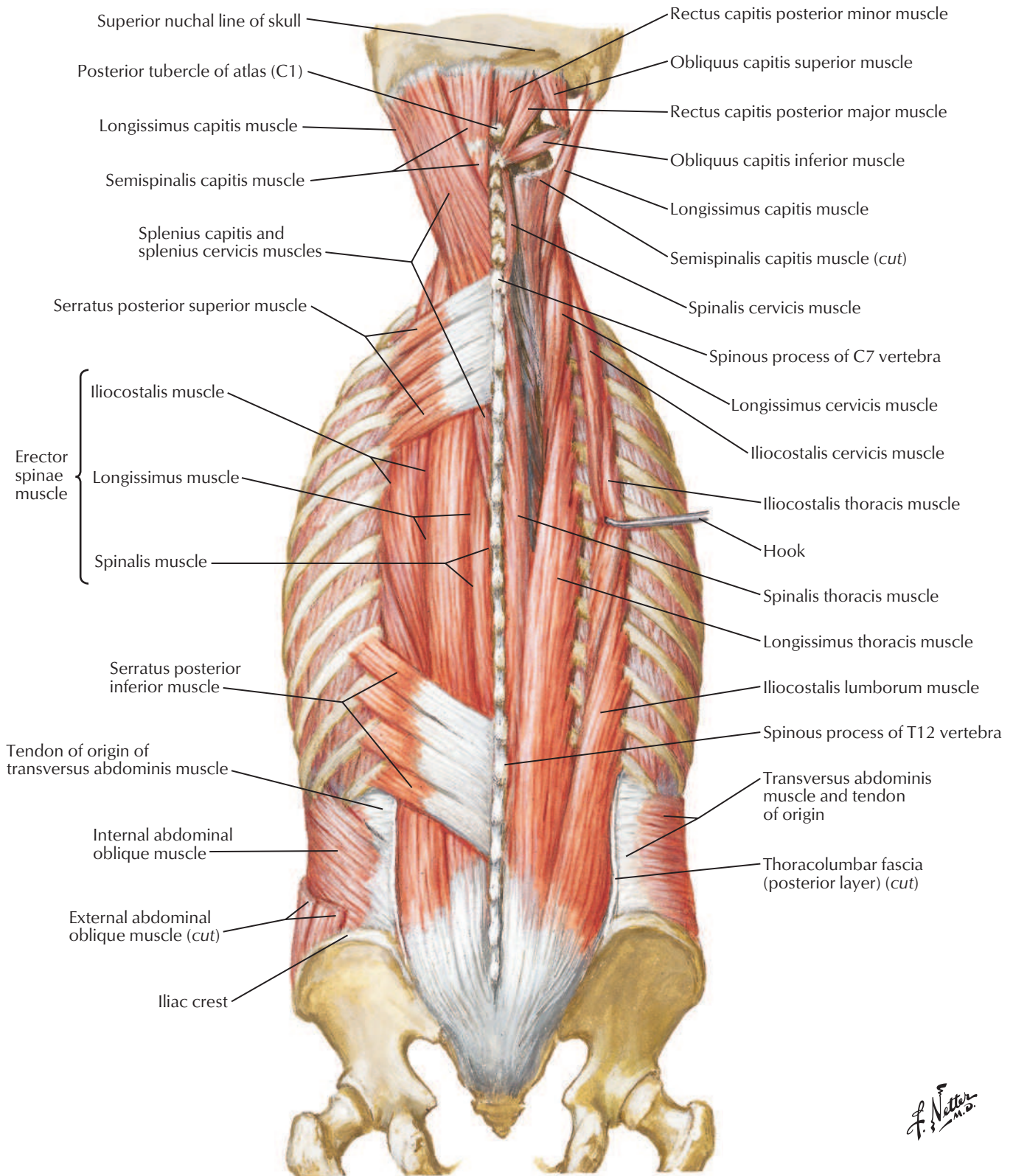




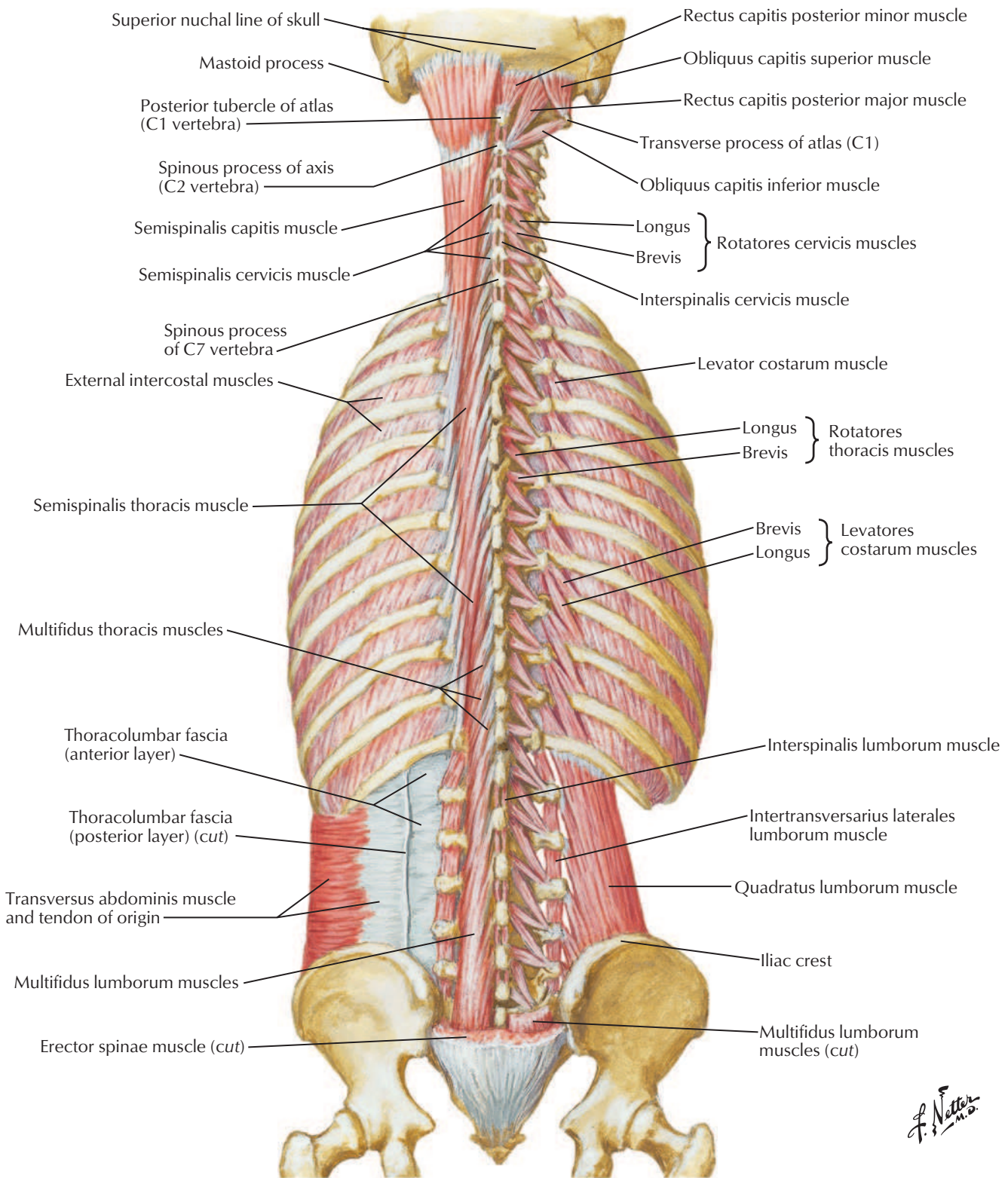
Muscles of Back: Superficial Layer

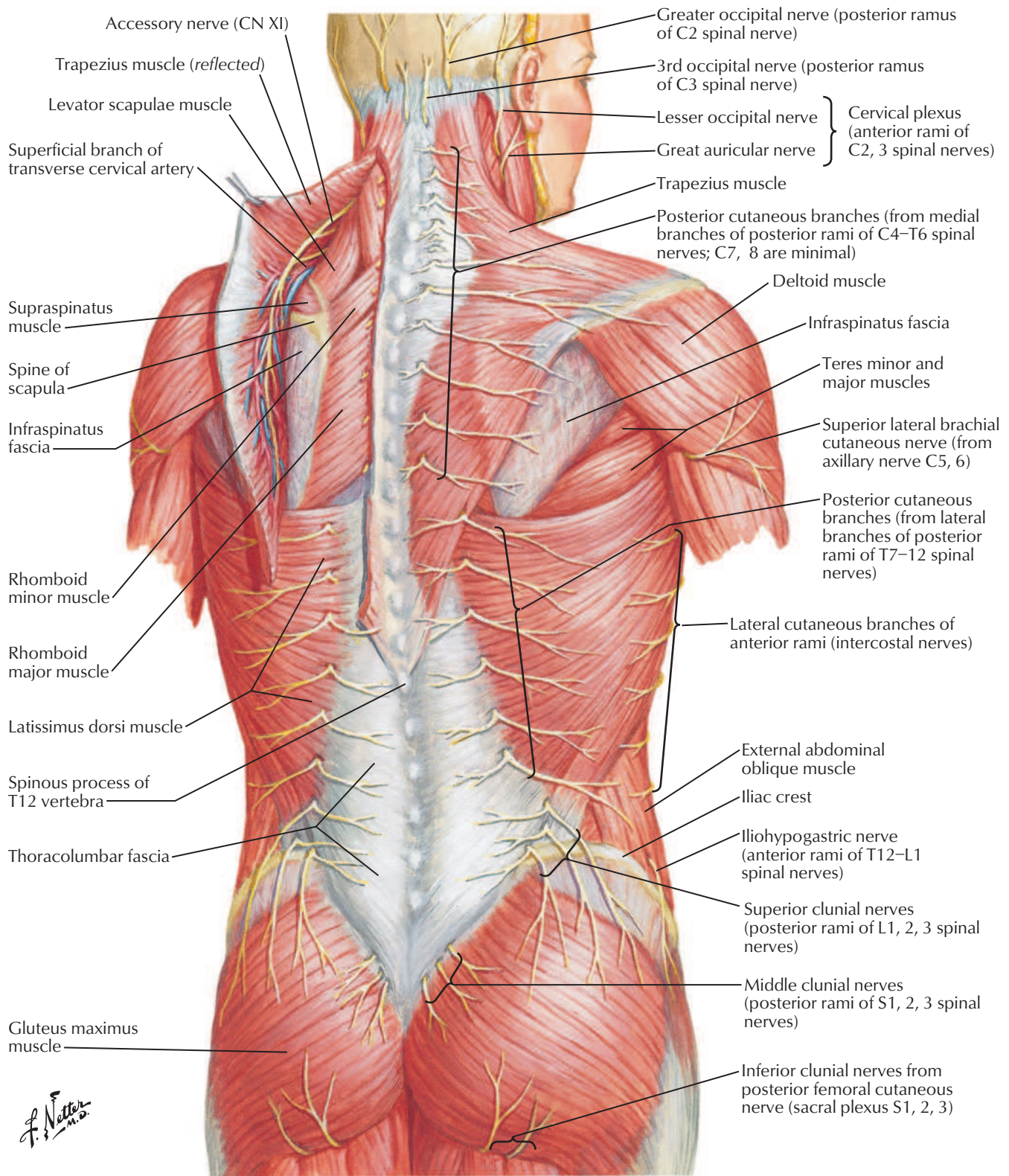
See also [Plates 36, 257](#)





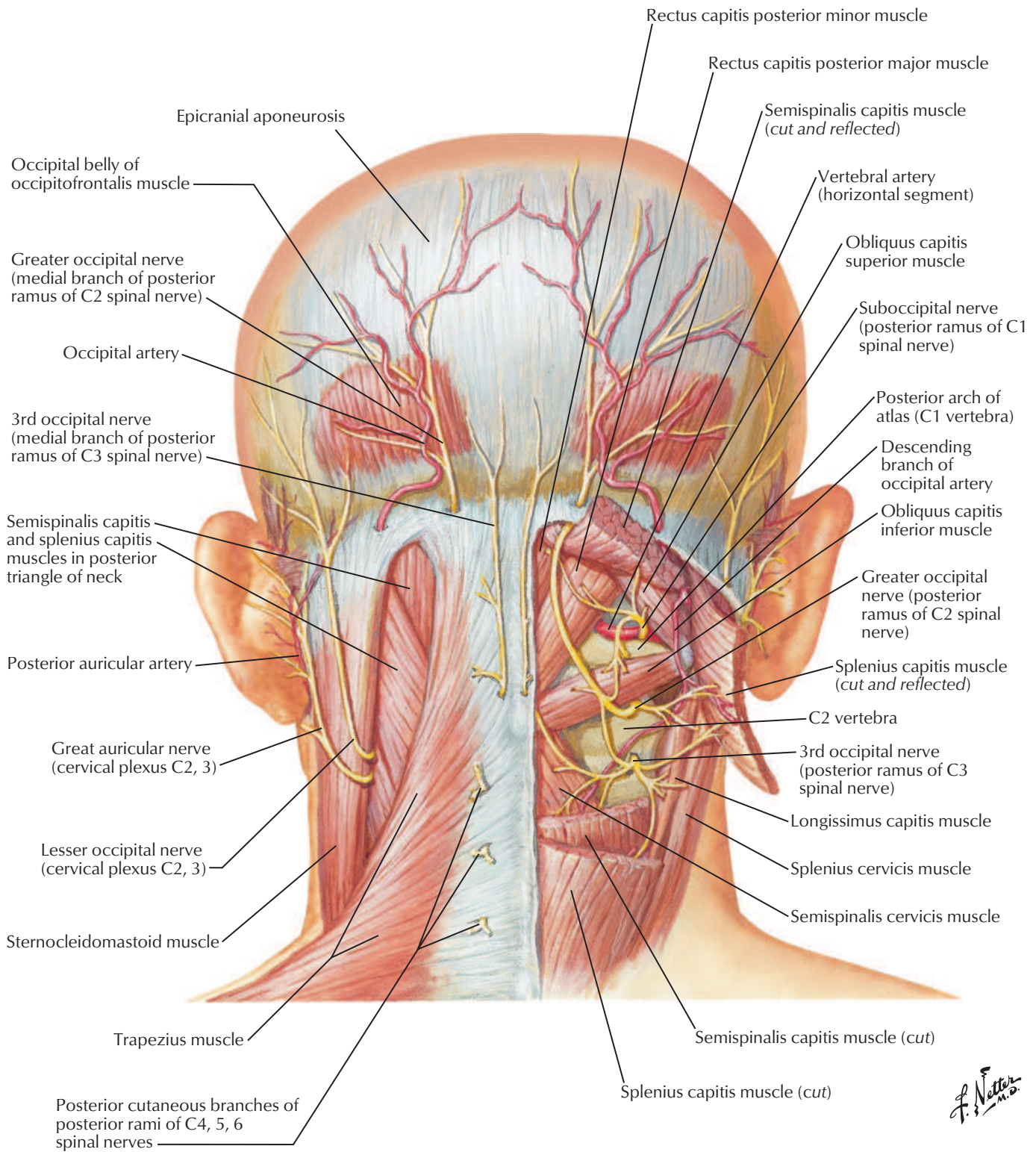
Muscles of Back: Deep Layer



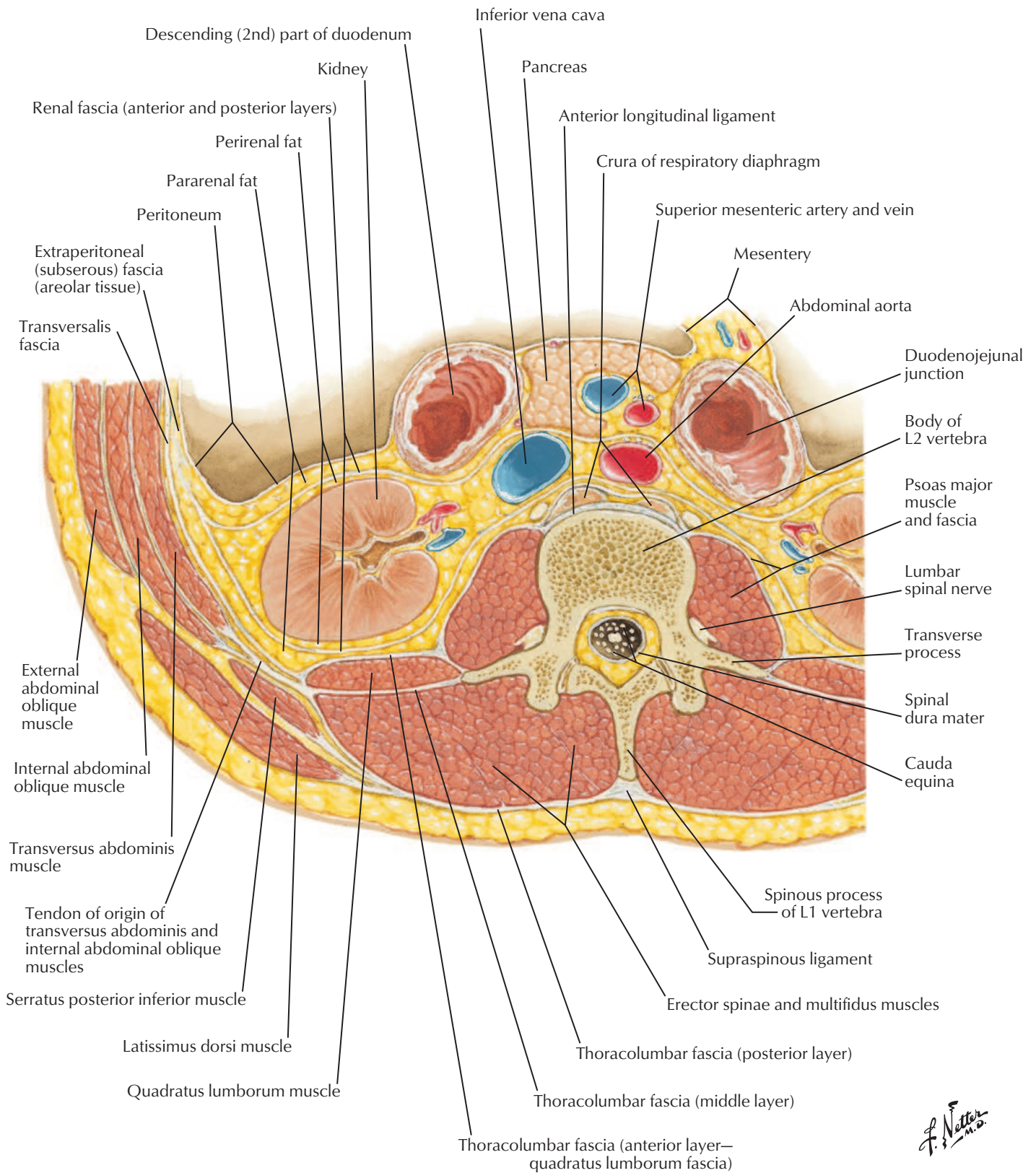


Suboccipital Triangle

See also **Plates 36, 39**

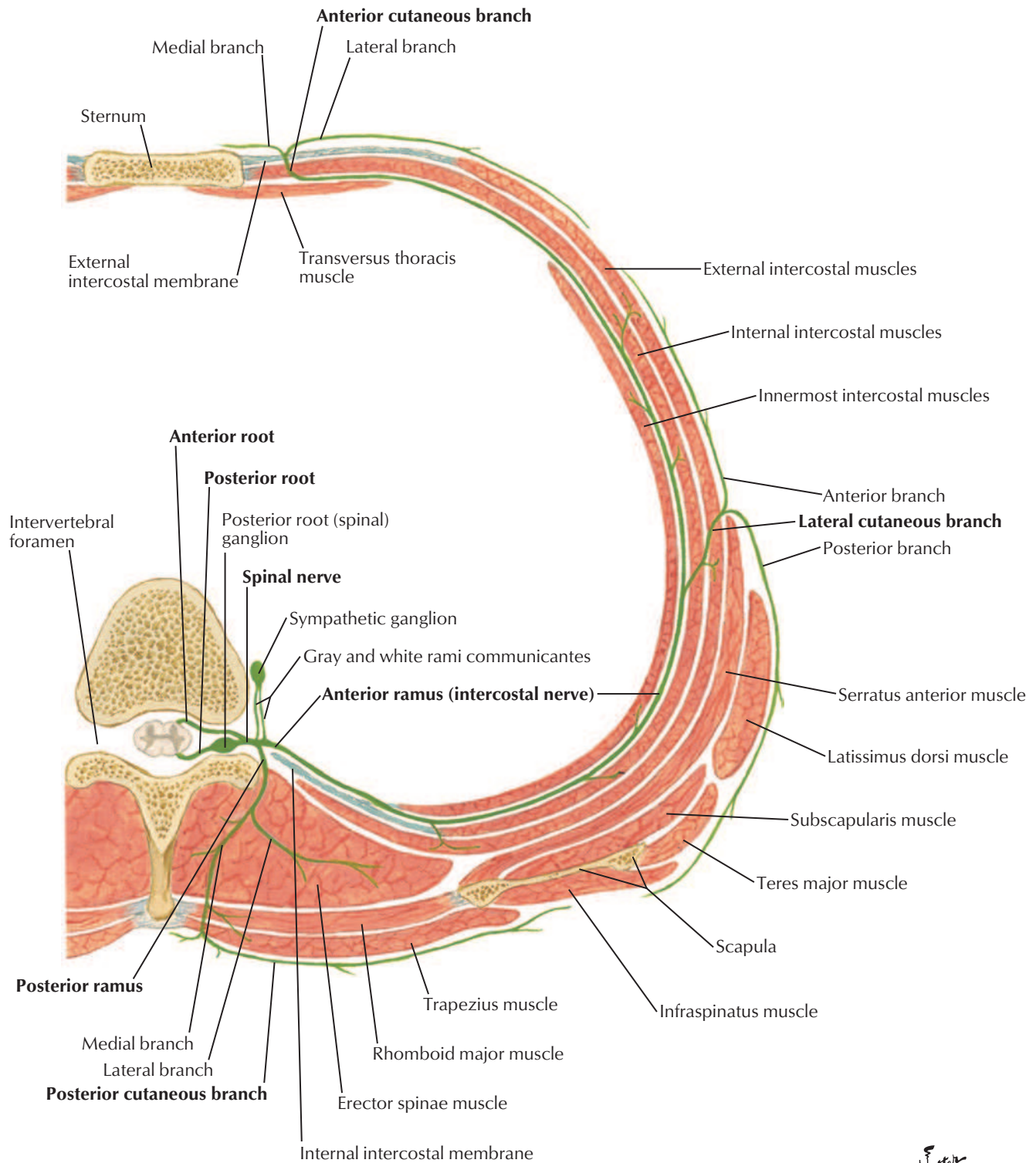


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Typical Thoracic Spinal Nerve: Cross Section

See also [Plate 261](#)



Note: In lower thoracic region, lateral branch of posterior ramus is longer, motor, and cutaneous; medial branch is shorter and motor only.

ANATOMIC STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 SKELETAL SYSTEM		
Spinous processes	Palpable landmarks used to assess spinal curvatures and determine location of spinal cord for procedures such as lumbar puncture and injection of spinal anesthesia	161, 180
C7 spinous process	Most prominent spinous process (vertebra prominens); often used to begin counting vertebrae	161, 163
Intervertebral disc	Age-related changes may produce herniation of nucleus pulposus, causing back pain; occurs most commonly in lower lumbar regions of vertebral column	164, 170
Lamina	Surgically removed in laminectomy to gain access to vertebral canal and spinal cord	164
Intervertebral foramen	May become narrowed by age-related changes (e.g., osteophyte formation) or changes in intervertebral disc height, producing compression of its contents	164, 167, 168
Sacral hiatus	Provides access to epidural space to administer caudal epidural anesthesia	166
5th lumbar vertebra	Spondylolysis is clinical condition in which vertebral body separates from the part of its vertebral arch bearing inferior articulating process; if this occurs bilaterally, L5 body and transverse process may slide forward over sacrum, giving rise to spondylolisthesis	167
L5/S1 vertebrae	Most common level of intervertebral disc herniation	167, 170
Vertebral foramen	May become narrowed by arthritic changes in lumbar vertebrae, resulting in spinal stenosis; can lead to back pain, sciatica, numbness or tingling, and weakness in lower limbs	163, 164
 MUSCULAR SYSTEM		
Trapezius muscle	Responsible for holding scapula against thoracic wall against gravity; drooping of shoulder indicates weakness of or injury to accessory nerve	180
Intrinsic back muscles	Microscopic stretching or tearing of muscle fibers produces back strain, a common cause of low back pain	181, 182
 NERVOUS SYSTEM		
Conus medullaris	Indicates inferior limit of spinal cord; it is necessary to locate this point in procedures such as lumbar puncture	169
Cauda equina	Lumbar and sacral nerve roots may be anesthetized with anesthesia injected into subarachnoid space (spinal block)	169, 170
Spinal meninges	Access to epidural and subarachnoid spaces is necessary for clinical procedures such as epidural anesthesia and lumbar puncture	165, 175
 CARDIOVASCULAR SYSTEM		
Segmental medullary arteries	Narrowing or damage to these arteries caused by atherosclerosis, vertebral fractures, or vertebral dislocations may cause ischemia of spinal cord	176
Vertebral venous plexuses	Venous conduits for metastasis of cancer cells to spine, lungs, and brain	178

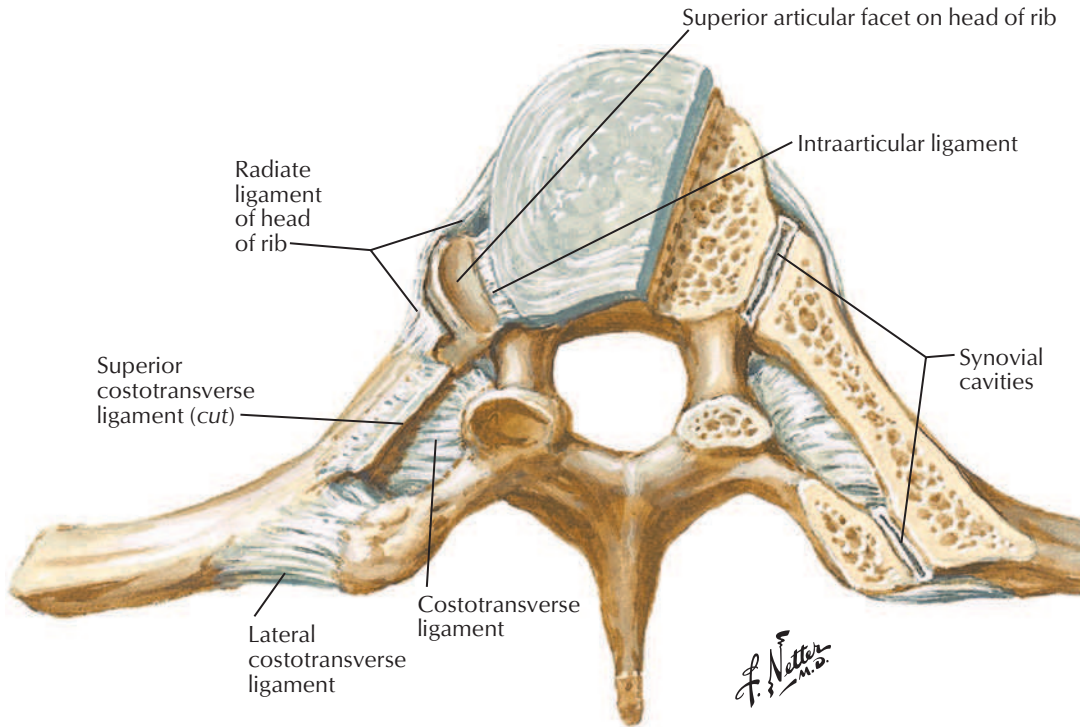
*Selections were based largely on clinical data as well as commonly covered clinical correlations in gross anatomy courses.

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Erector spinae	Sacrospinalis	Posterior sacrum, iliac crest, sacrospinous ligament, supraspinous ligament, spinous processes of lower lumbar vertebrae and sacrum	<i>Iliocostalis</i> : angles of lower ribs, cervical transverse processes <i>Longissimus</i> : between tubercles and angles of ribs, transverse processes of thoracic and cervical vertebrae, mastoid process <i>Spinalis</i> : spinous processes of upper thoracic and midcervical vertebrae	Posterior rami of each region	<i>Cervical portions</i> : occipital, deep cervical, and vertebral arteries <i>Thoracic portions</i> : dorsal branches of posterior intercostal, subcostal, and lumbar arteries <i>Sacral portions</i> : dorsal branches of lateral sacral arteries	Extends and laterally bends vertebral column and head
Interspinales (cervical, thoracic, lumbar)	Segmental	Spinous process	Adjacent spinous process	Posterior rami of spinal nerves	<i>Cervical portions</i> : occipital, deep cervical, and vertebral arteries <i>Thoracic portions</i> : dorsal branches of posterior intercostal arteries <i>Lumbar portions</i> : dorsal branches of lumbar arteries	Aid in extension of vertebral column
Intertransversarii (cervical, thoracic, lumbar)	Segmental	Extend between adjacent transverse processes of vertebrae	Extend between adjacent transverse processes of vertebrae	Posterior rami of spinal nerves	<i>Cervical portions</i> : occipital, deep cervical, and vertebral arteries <i>Thoracic portions</i> : dorsal branches of posterior intercostal, subcostal, and lumbar arteries <i>Lumbar portions</i> : dorsal branches of lateral lumbar arteries	Assist in lateral flexion of vertebral column
Latissimus dorsi	Superficial back	Spinous processes of T7–L5, thoracolumbar fascia, iliac crest, and last three ribs	Intertubercular sulcus of humerus	Thoracodorsal nerve	Thoracodorsal artery, dorsal perforating branches of 9th, 10th, and 11th posterior intercostal, subcostal, and first three lumbar arteries	Extends, adducts, and medially rotates humerus
Levator scapulae	Superficial back	Posterior tubercles of transverse processes of C1–C4	Medial border of scapula from superior angle to spine	Anterior rami of C3–C4 and dorsal scapular nerve	Dorsal scapular artery, transverse cervical artery, ascending cervical artery	Elevates scapula medially, inferiorly rotates glenoid fossa
Multifidus	Transversospinales	Sacrum, ilium, transverse processes of T1–T12, and articular processes of C4–C7	Spinous processes of vertebrae above, spanning two to four segments	Posterior rami of each region	<i>Cervical portions</i> : occipital, deep cervical, and vertebral arteries <i>Thoracic portions</i> : dorsal branches of posterior intercostal, subcostal, and lumbar arteries <i>Sacral portions</i> : dorsal branches of lateral sacral arteries	Stabilizes spine
Obliquus capitis inferior	Suboccipital	Spine of axis	Transverse process of atlas	Suboccipital nerve	Vertebral artery, descending branch of occipital artery	Rotates atlas to turn face to same side
Obliquus capitis superior	Suboccipital	Transverse process of atlas	Occipital bone	Suboccipital nerve	Vertebral artery, descending branch of occipital artery	Extends and bends head laterally
Rectus capitis posterior major	Suboccipital	Spine of axis	Inferior nuchal line	Suboccipital nerve	Vertebral artery, descending branch of occipital artery	Extends and rotates head to same side

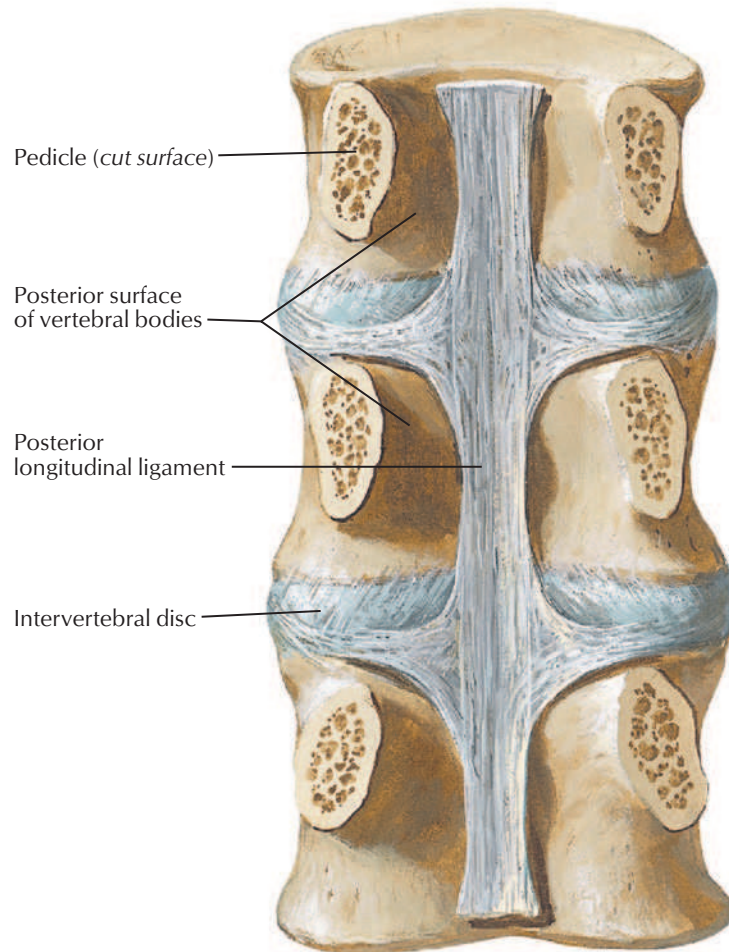
Variations in spinal nerve contributions to the innervation of muscles, their arterial supply, their attachments, and their actions are common themes in human anatomy. Therefore, expect differences between texts and realize that anatomical variation is normal.

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Rectus capitis posterior minor	Suboccipital	Tubercle of posterior arch of atlas	Median inferior nuchal line	Suboccipital nerve	Vertebral artery, descending branch of occipital artery	Extends head
Rhomboid major	Superficial back	Spinous processes of T2–T5 vertebrae	Medial border of scapula below base of spine of scapula	Dorsal scapular nerve	Dorsal scapular <i>OR</i> deep branch of transverse cervical artery, dorsal perforating branches of upper five or six posterior intercostal arteries	Fixes scapula to thoracic wall and retracts and rotates it to depress glenoid cavity
Rhomboid minor	Superficial back	Nuchal ligament, spines of C7 and T1 vertebrae	Medial border of scapula at spine of scapula	Dorsal scapular nerve	Dorsal scapular <i>OR</i> deep branch of transverse cervical artery, dorsal perforating branches of upper five or six posterior intercostal arteries	Fixes scapula to thoracic wall and retracts and rotates it to depress glenoid cavity
Rotatores	Transversospinales	Transverse processes of cervical, thoracic, and lumbar regions	Lamina and transverse process of spine above, spanning one or two segments	Posterior rami of spinal nerves	Dorsal branches of segmental arteries	Stabilizes, extends, and rotates spine
Semispinalis	Transversospinales	Transverse processes of C4–T12	Spinous processes of cervical and thoracic regions	Posterior rami of spinal nerves	<i>Cervical portions:</i> occipital, deep cervical, and vertebral arteries <i>Thoracic portions:</i> dorsal branches of posterior intercostal arteries	Extends head, neck, and thorax and rotates them to opposite side
Serratus posterior inferior	Intermediate back	Spinous processes of T11–L2	Inferior aspect of ribs 9–12	Anterior rami of lower thoracic nerves	Posterior intercostal arteries	Depresses ribs
Serratus posterior superior	Intermediate back	Nuchal ligament, spinous processes of C7–T3	Superior aspect of ribs 2–5	Anterior rami of upper thoracic nerves	Posterior intercostal arteries	Elevates ribs
Splenius capitis	Spinotransverse	Nuchal ligament, spinous processes of C7–T4	Mastoid process of temporal bone, lateral third of superior nuchal line	Posterior rami of middle cervical nerves	Descending branch of occipital artery, deep cervical artery	<i>Bilaterally:</i> extends head <i>Unilaterally:</i> laterally bends (flexes) and rotates face to same side
Splenius cervicis	Spinotransverse	Spinous processes of T3–T6	Transverse processes (C1–C3)	Posterior rami of lower cervical nerves	Descending branch of occipital artery, deep cervical artery	<i>Bilaterally:</i> extends neck <i>Unilaterally:</i> laterally bends (flexes) and rotates neck toward same side
Trapezius	Superficial back	Superior nuchal line, external occipital protuberance, nuchal ligament, spinous processes of C7–T12	Lateral third of clavicle, acromion, spine of scapula	Accessory nerve (CN XI)	Transverse cervical artery, dorsal perforating branches of posterior intercostal arteries	Elevates, retracts, and rotates scapula; lower fibers depress scapula

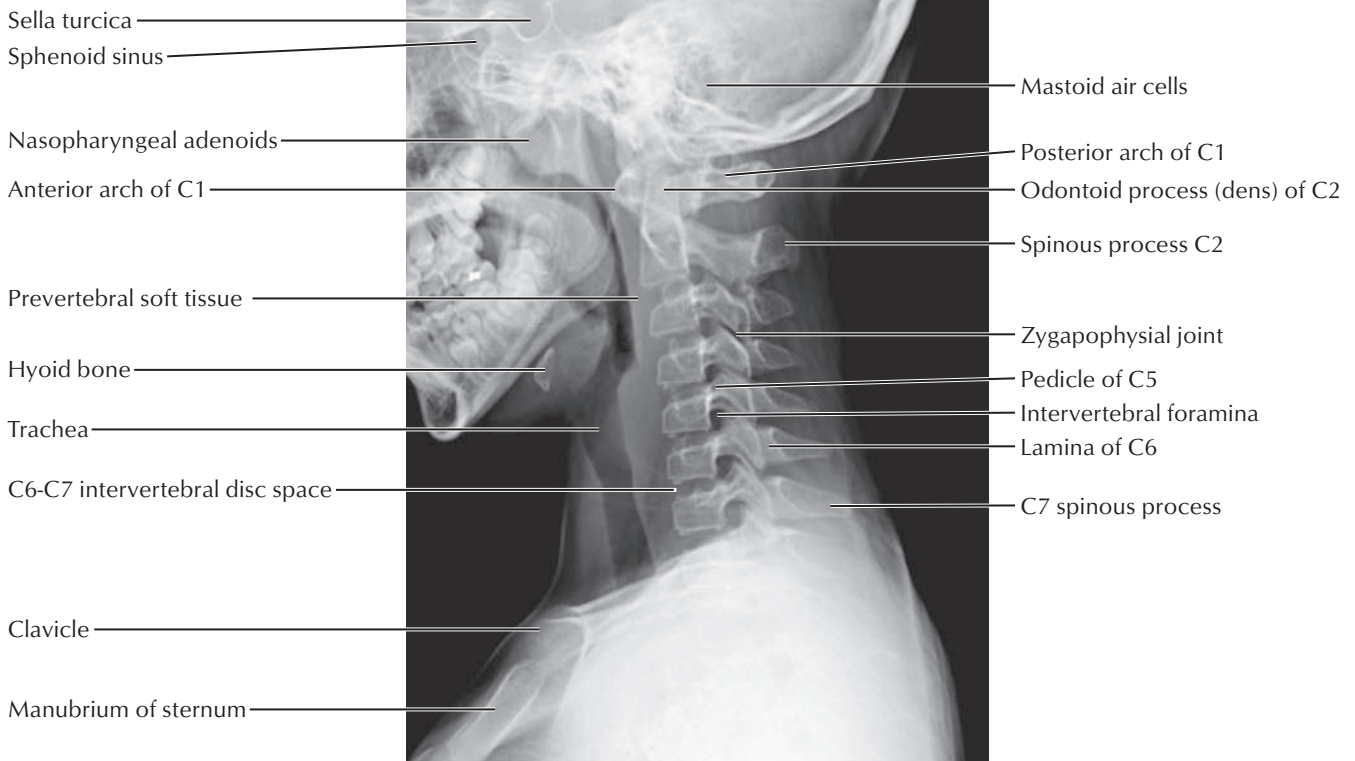
Thoracic vertebrae, transverse section: superior view



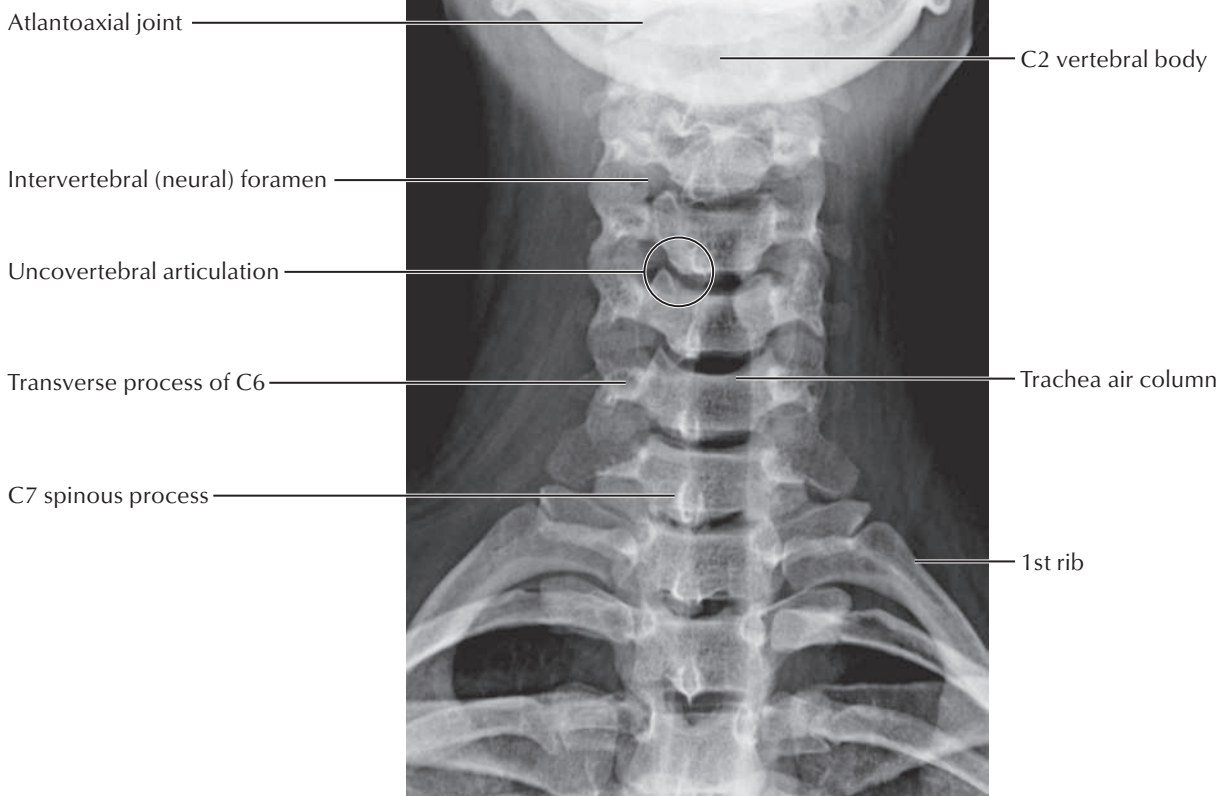
Lumbar anterior vertebral segments: posterior view (pedicles sectioned)



Lateral view

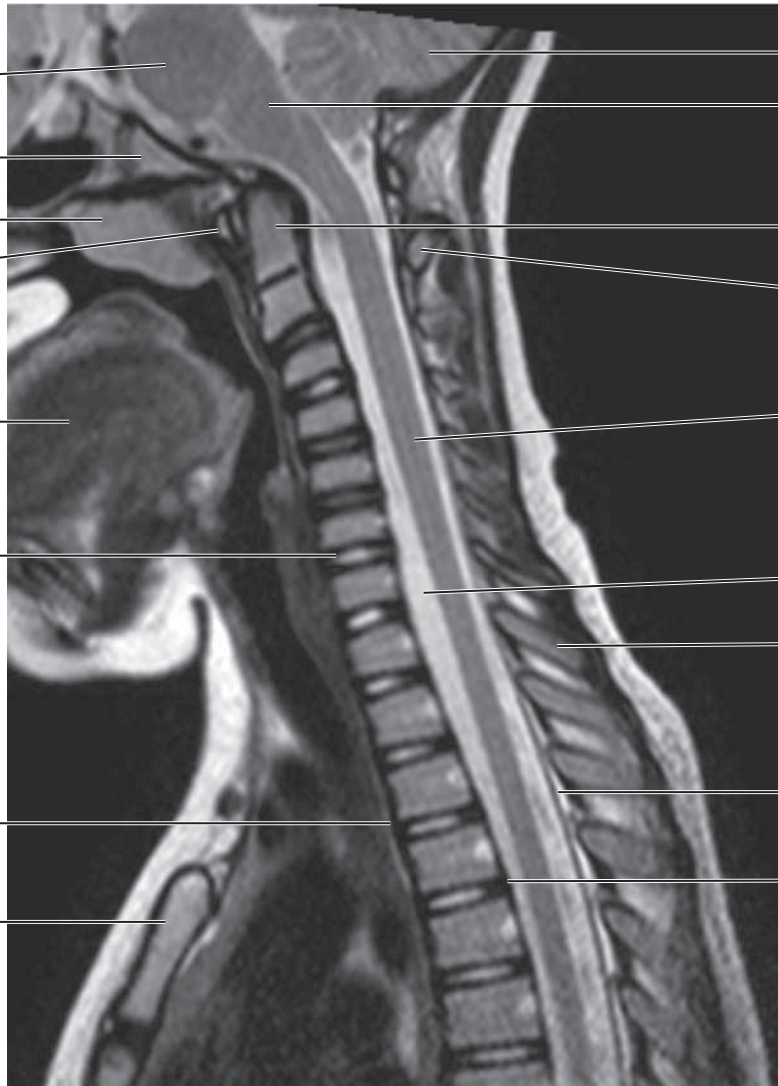


Anteroposterior view



Sagittal T2-weighted MRI of cervical spine, without contrast

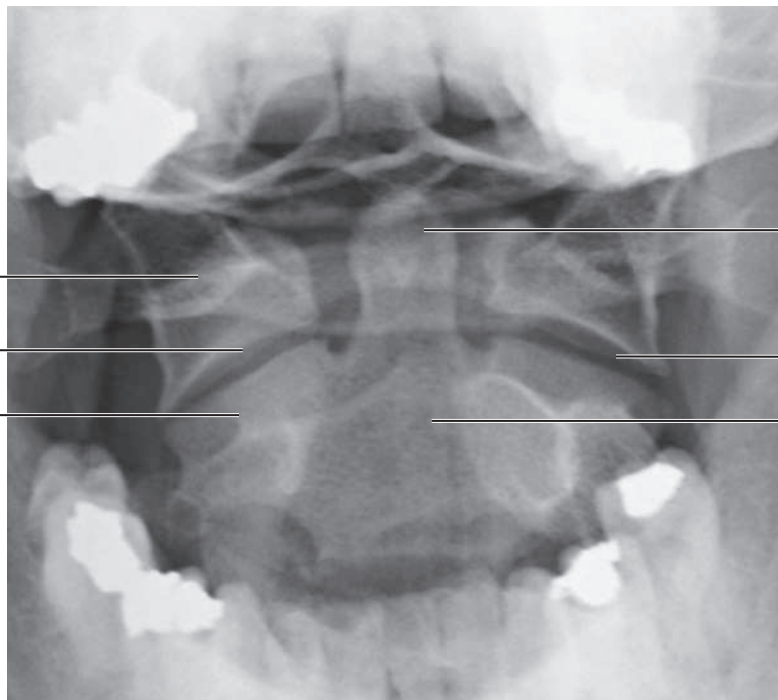
- Pons
- Clivus
- Nasopharyngeal adenoids
- Anterior arch of C1
- Tongue
- C6-C7 intervertebral disc
- Anterior longitudinal ligament
- Manubrium of sternum



- Cerebellum
- Medulla oblongata
- Odontoid process of C2 (dens)
- Posterior arch C1
- Cervical spinal cord
- Cerebral spinal fluid within the thecal sac
- Spinous process of C7
- Dura mater
- Posterior longitudinal ligament

Open-mouth radiograph of cervical spine

- Superior articular surface of the atlas
- Inferior articular surface of the atlas
- Superior articular facet of the axis



- Odontoid process C2 (dens)
- Atlantoaxial articulation
- Body of C2

Thoracolumbar Spine: Lateral Radiograph

Lateral radiograph of thoracolumbar spine

Air within the trachea

Air within the esophagus

Level of carina

Diaphragm silhouette

Posterior ribs of T9

T12 vertebra

Pedicle of L1

Intervertebral foramina

Inferior vertebral notch of L2

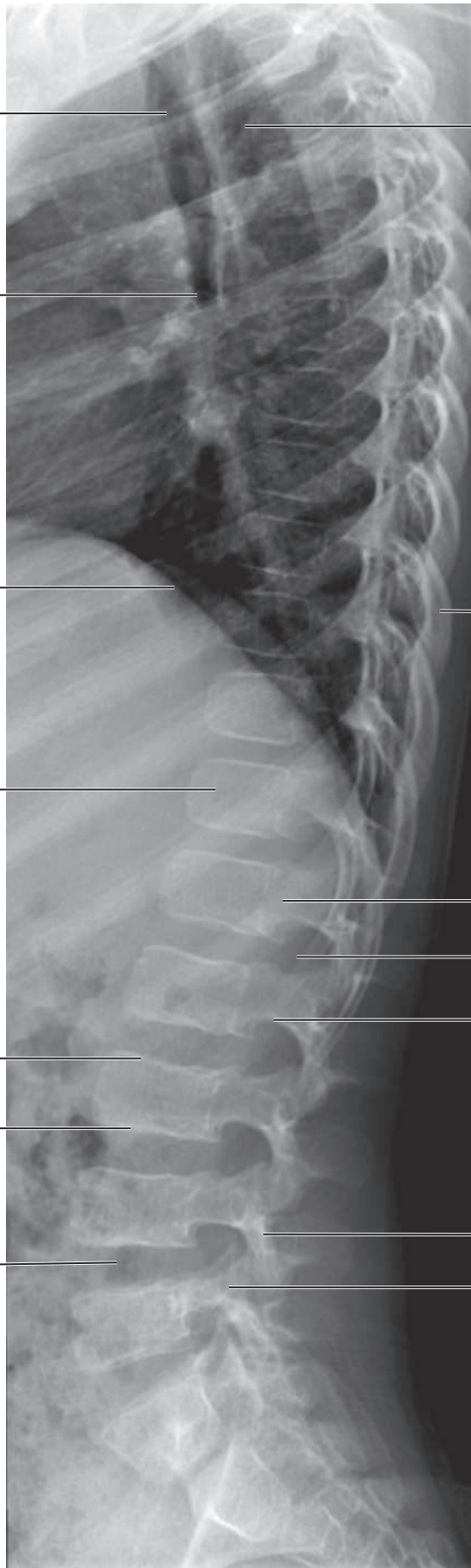
Superior end plate of L3

Inferior end plate of L3

Inferior articular facet of L4

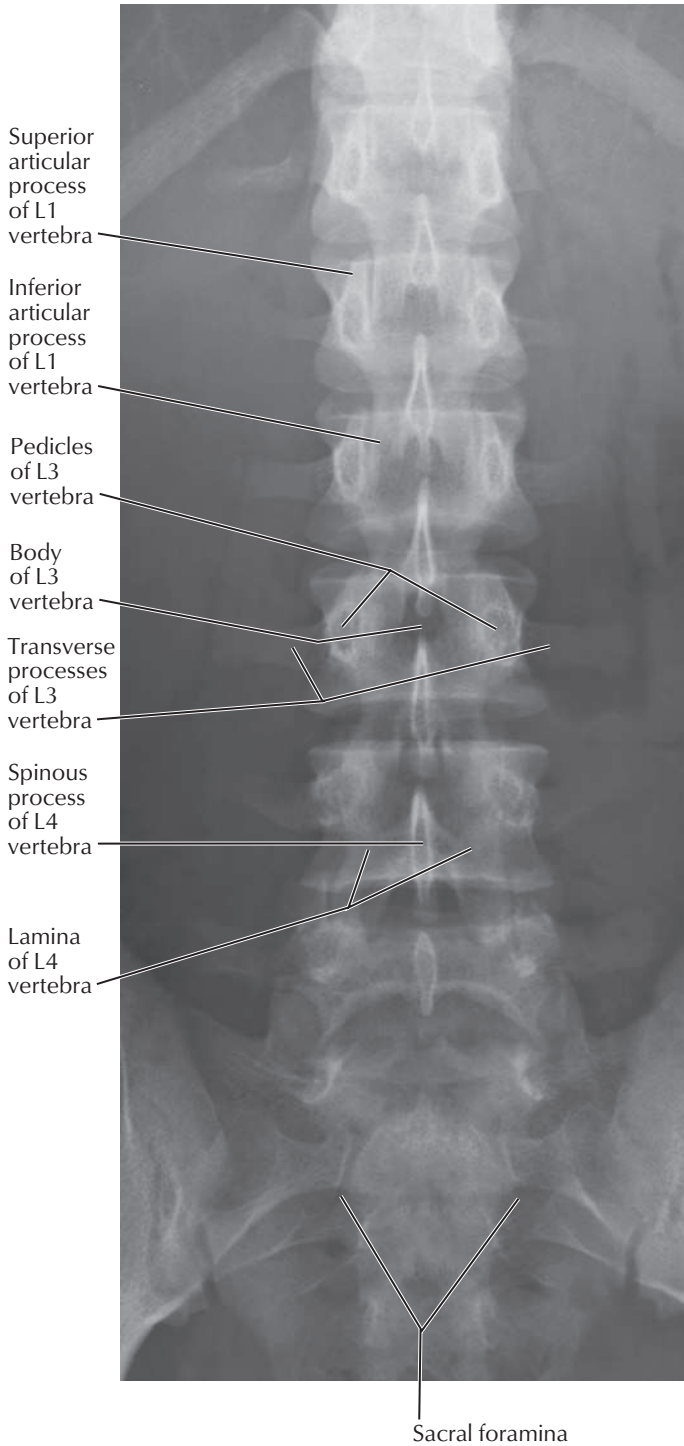
L4-L5 intervertebral disc space

Superior articular facet of L5

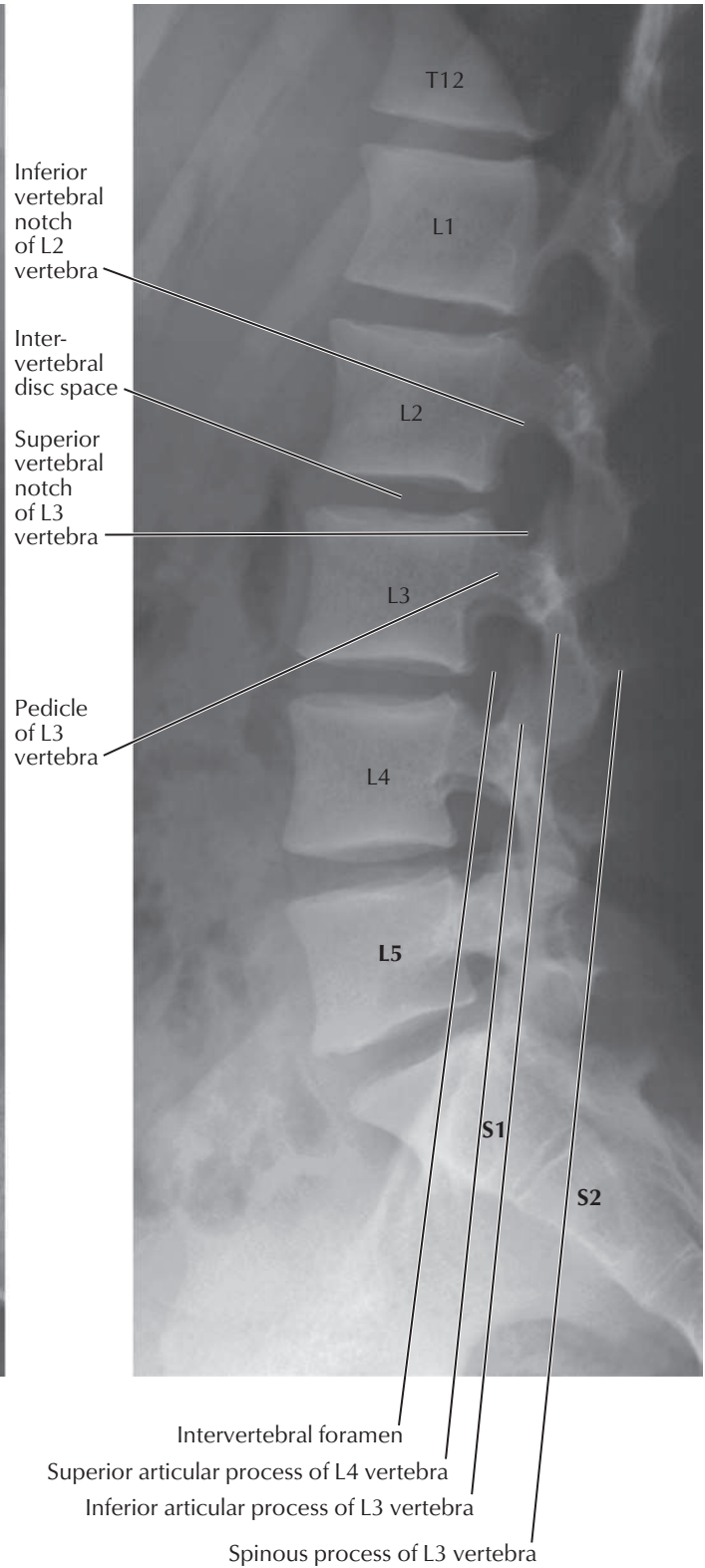


Radiographs of lumbar vertebrae

Anteroposterior radiograph

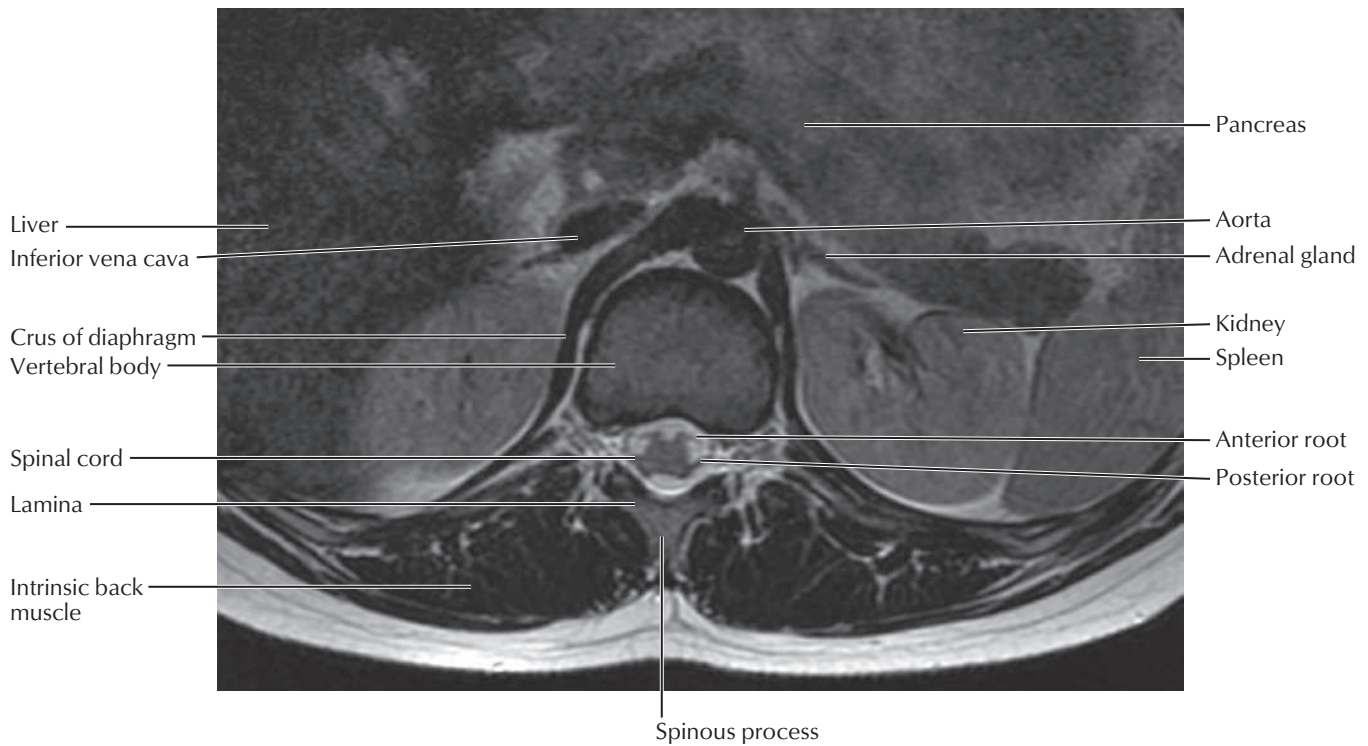


Lateral radiograph

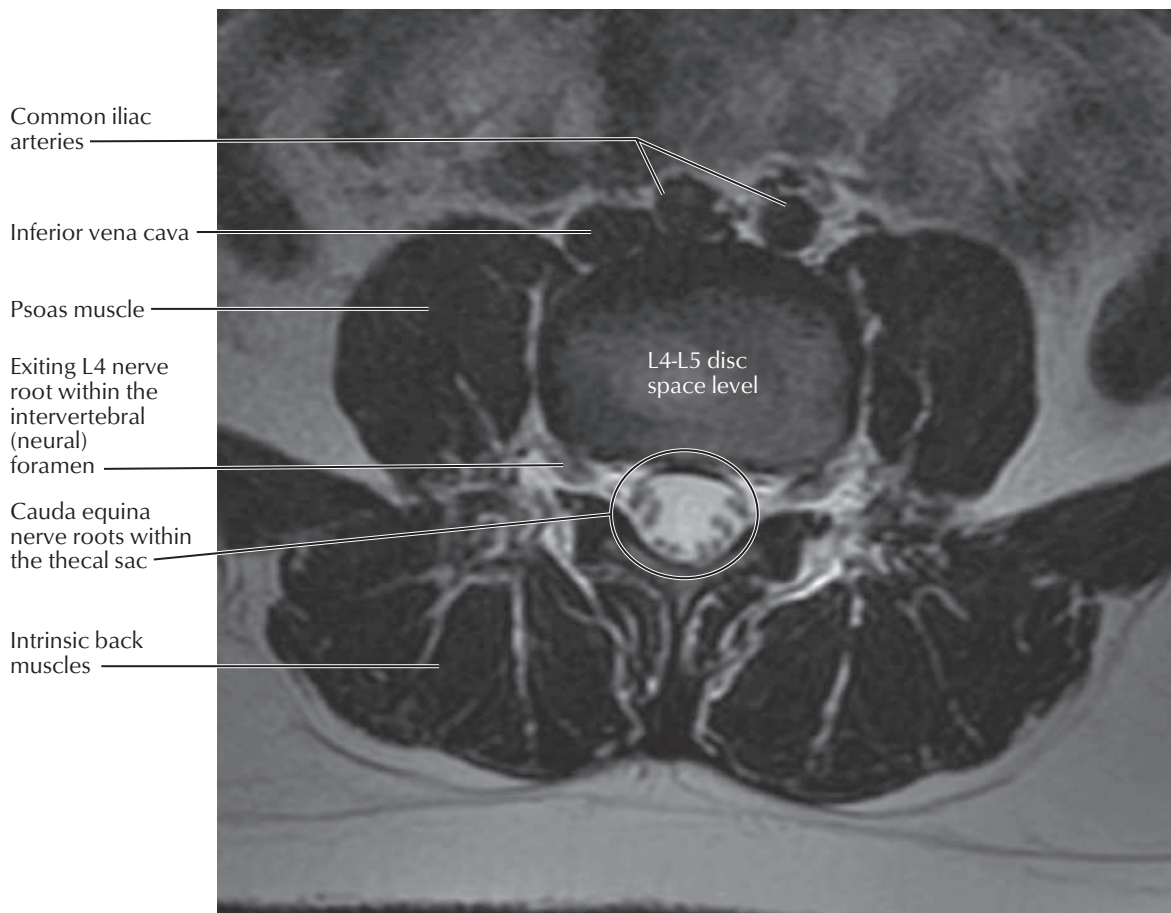


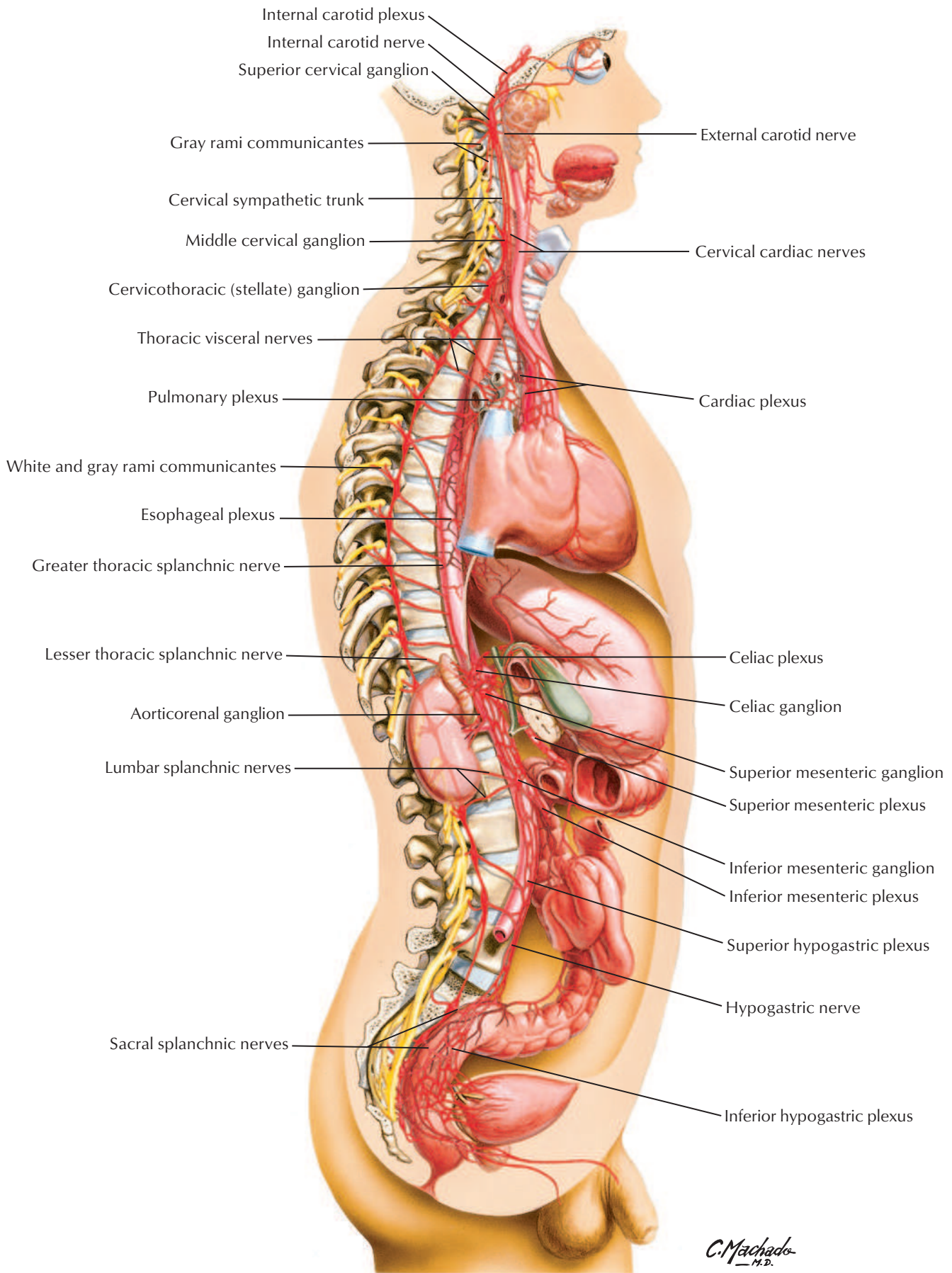
Note: The vertebral bodies are numbered.

Axial T2-weighted MRI section through upper lumbar level, without contrast

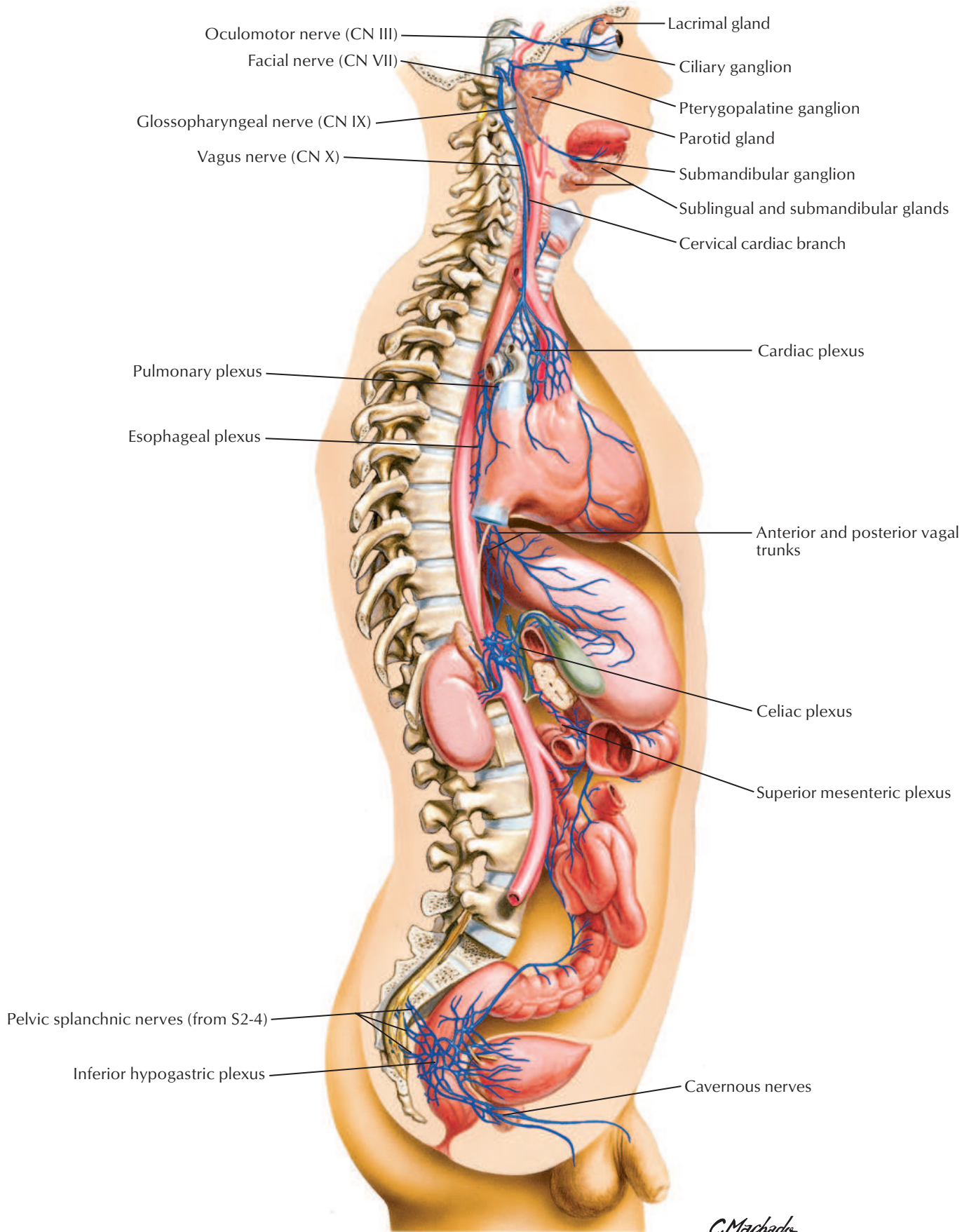


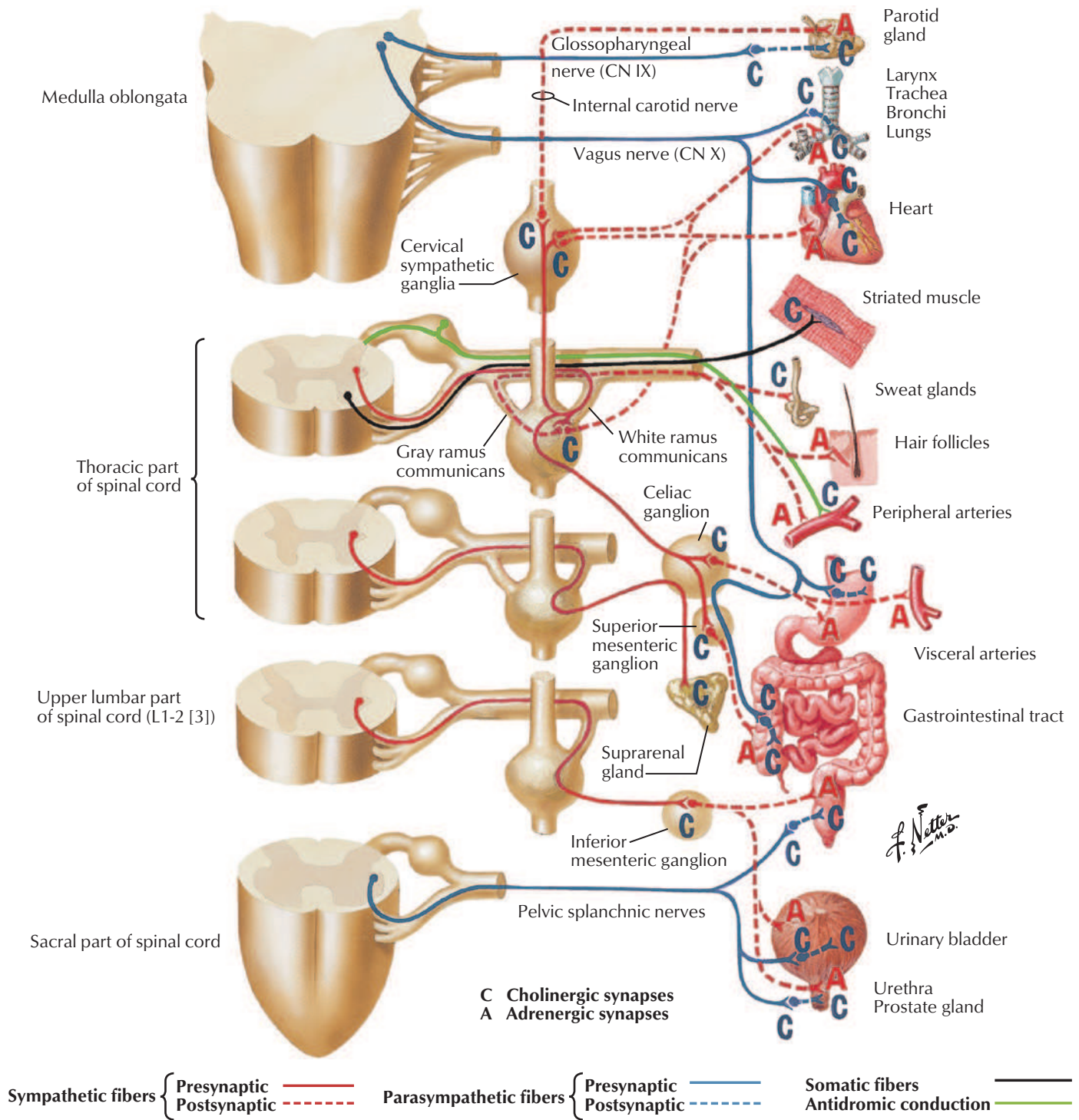
Axial T2-weighted MRI section through lower lumbar level, without contrast



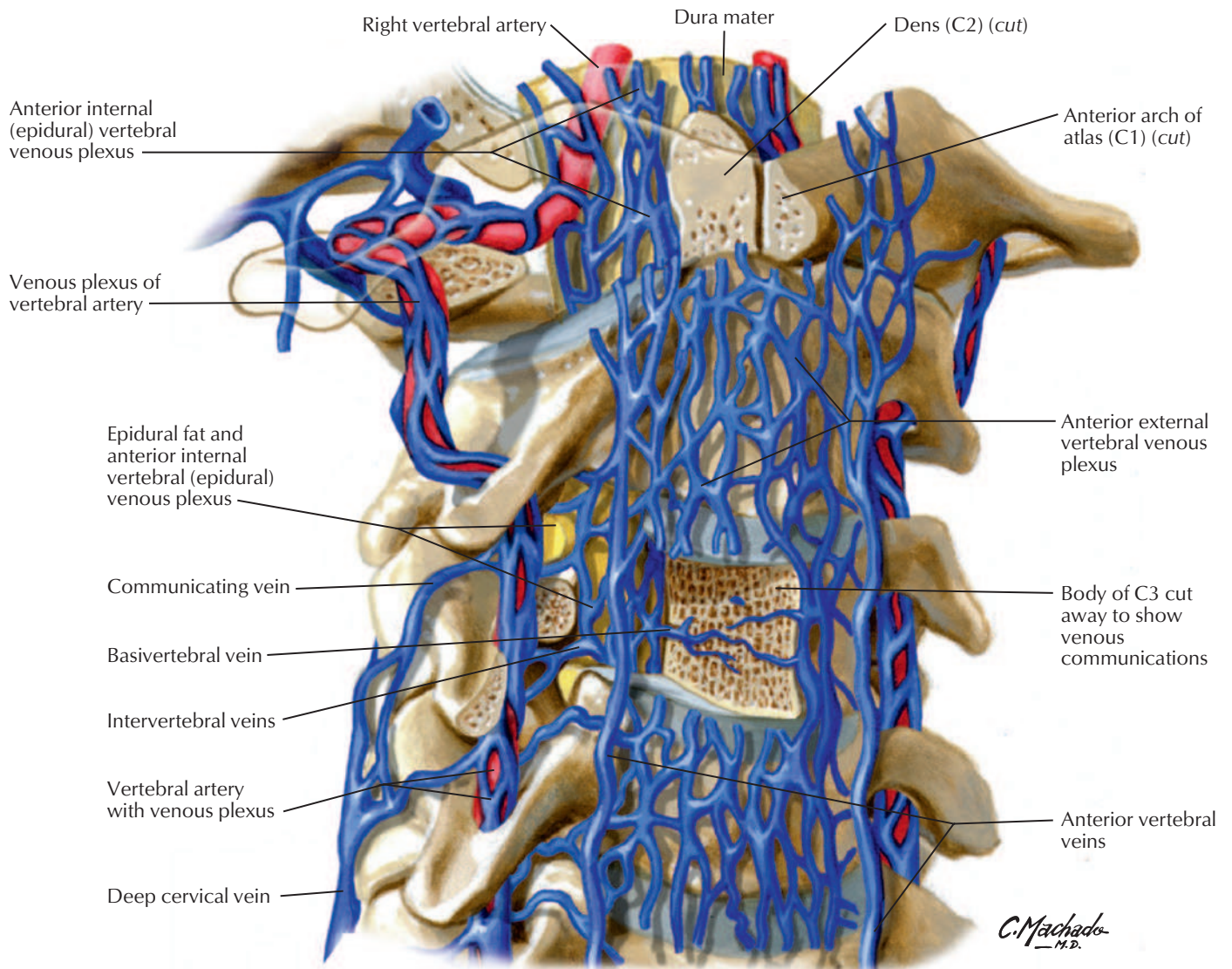


Parasympathetic Nervous System: General Topography

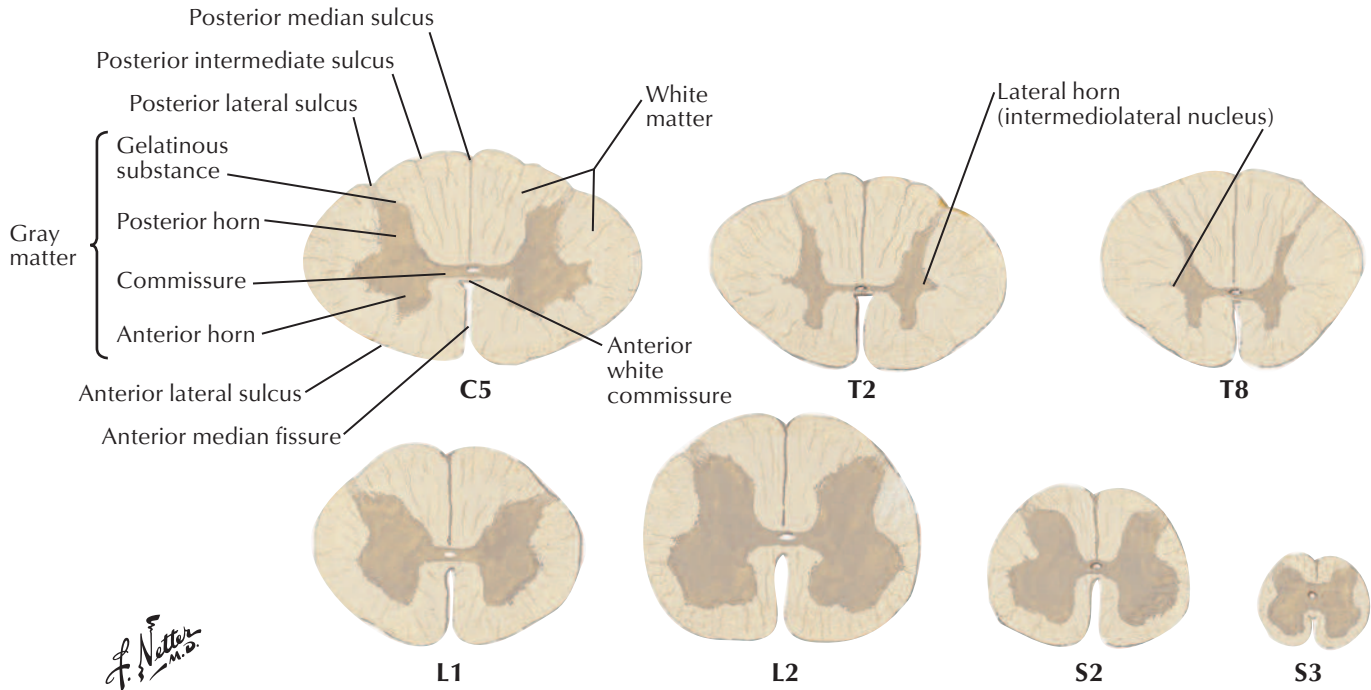




Vertebral Veins: Detail Showing Venous Communications

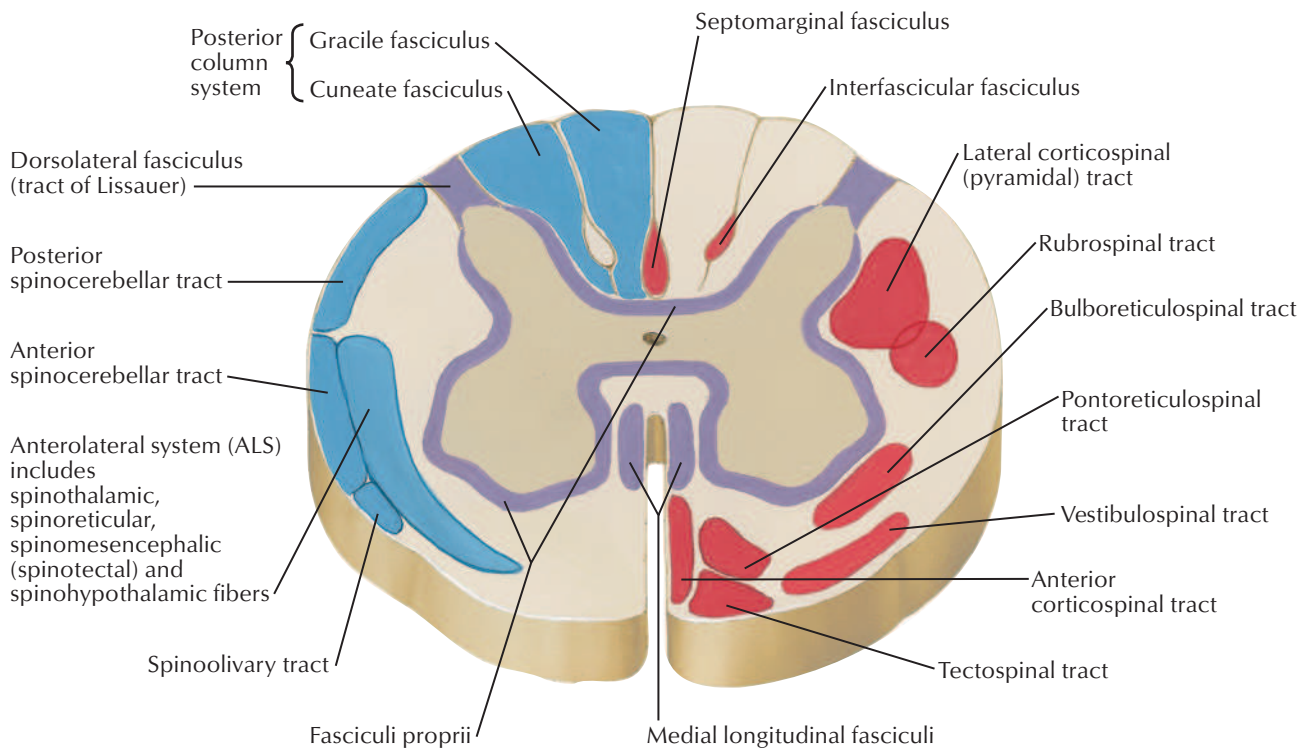


Sections through spinal cord at various levels



Principal fiber tracts of spinal cord

- Ascending pathways
- Descending pathways
- Fibers passing in both directions



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Surface Anatomy	187	Regional Scans	244
Mammary Gland	188-191	Cross-Sectional Anatomy	245-248
Body Wall	192-201	Structures with High Clinical	
Lungs	202-214	Significance	Tables 4.1-4.2
Heart	215-233	Muscle Table	Table 4.3
Mediastinum	234-243	Electronic Bonus Plates	BP44-BP57

ELECTRONIC BONUS PLATES



BP44 Respiratory System



BP45 Cervical Ribs and Related Anomalies



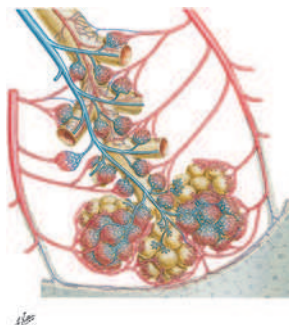
BP46 Muscle Attachments of Ribs



BP47 Muscles of Respiration



BP48 Intrapulmonary Airways: Schema



BP49 Intrapulmonary Blood Circulation: Schema



BP50 Gas Exchange

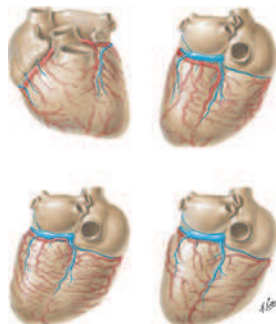


BP51 Anterior Aspect of Heart

ELECTRONIC BONUS PLATES—*cont'd*



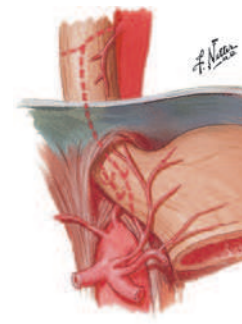
BP52 Coronary Arteries:
Right Anterior Oblique
Views with Arteriograms



BP53 Coronary Arteries
and Cardiac Veins:
Variations



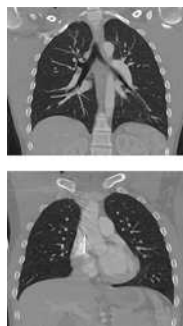
BP54 Intrinsic Nerves and
Variations in Nerves of
Esophagus



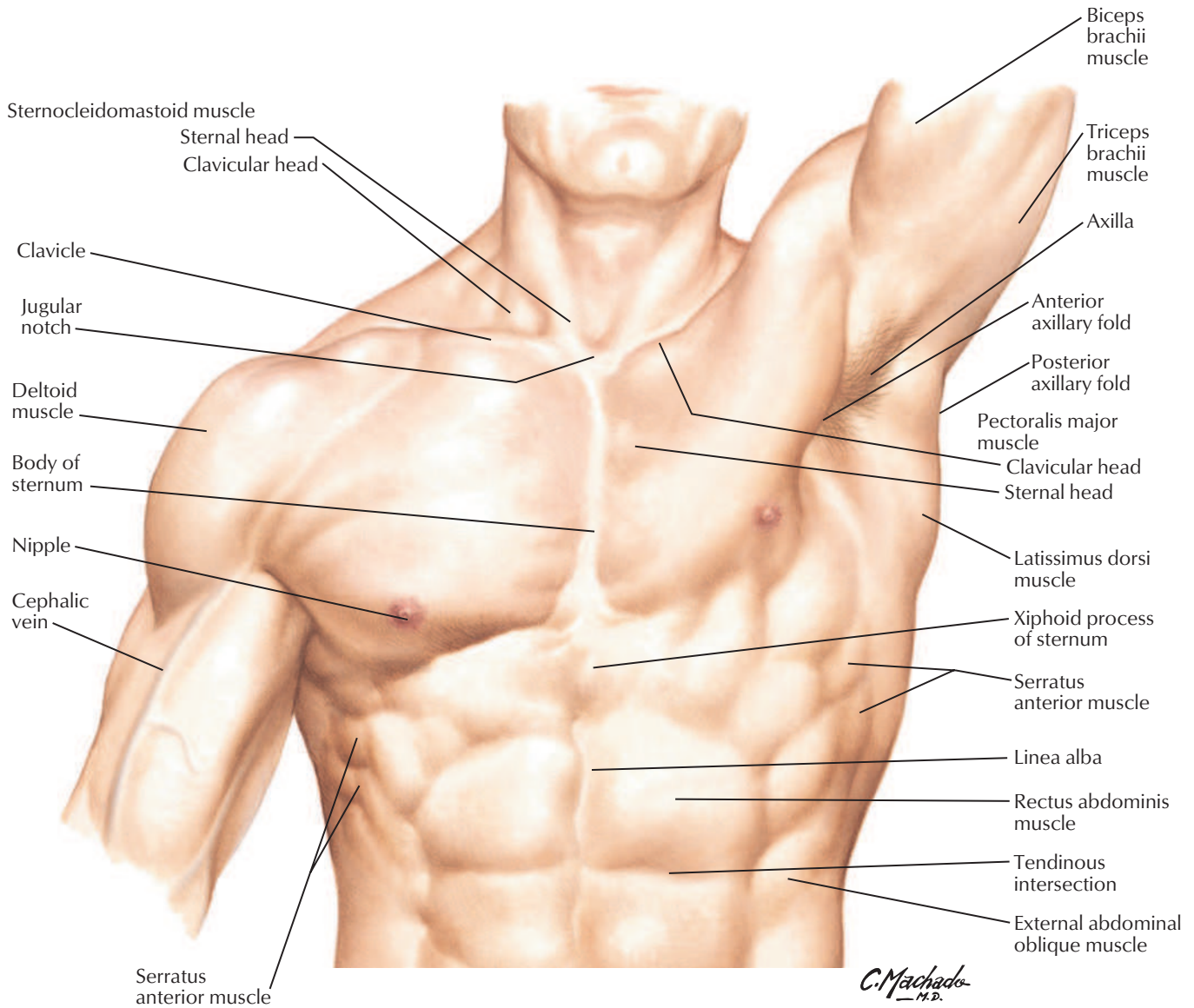
BP55 Arteries of
Esophagus: Variations



BP56 Thorax: Coronal
Section (Midaxillary Line,
Tracheal Bifurcation, Left
Atrium)



BP57 Thorax: Coronal CTs



Anterolateral dissection

Pectoralis major muscle (deep to pectoral fascia)

Serratus anterior muscle

External abdominal oblique muscle

Clavicle

Subclavius muscle

2nd rib

Pectoralis major muscle

Pectoral fasciae

Intercostal muscles

Intercostal vessels and nerve

Lung

6th rib

Suspensory retinacula of breast (Cooper's)

Areolar glands (of Montgomery)

Areola

Nipple

Lactiferous ducts

Lactiferous sinus

Fat

Gland lobules

Suspensory retinacula of breast (Cooper's)

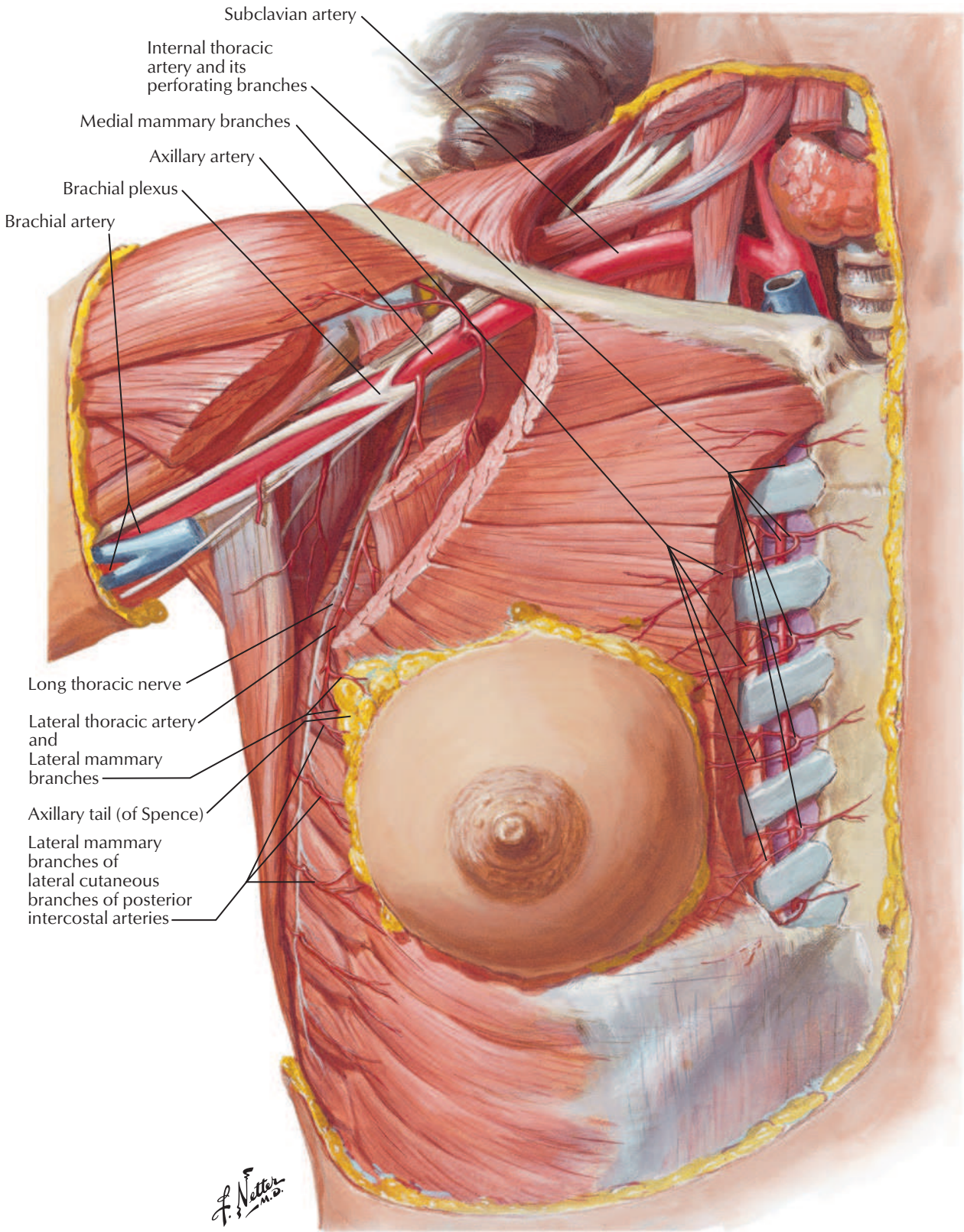
Lactiferous ducts

Lactiferous sinus

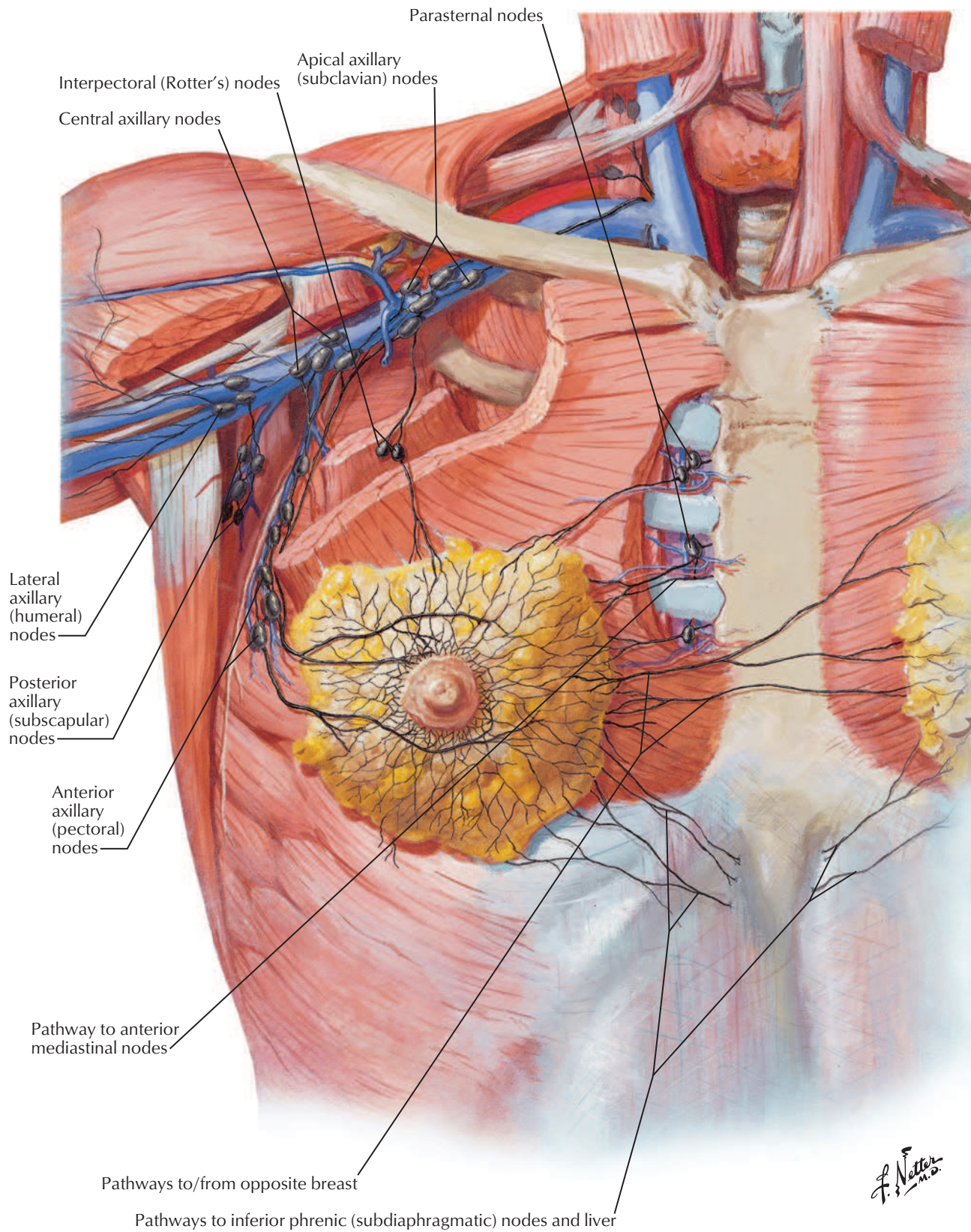
Gland lobules

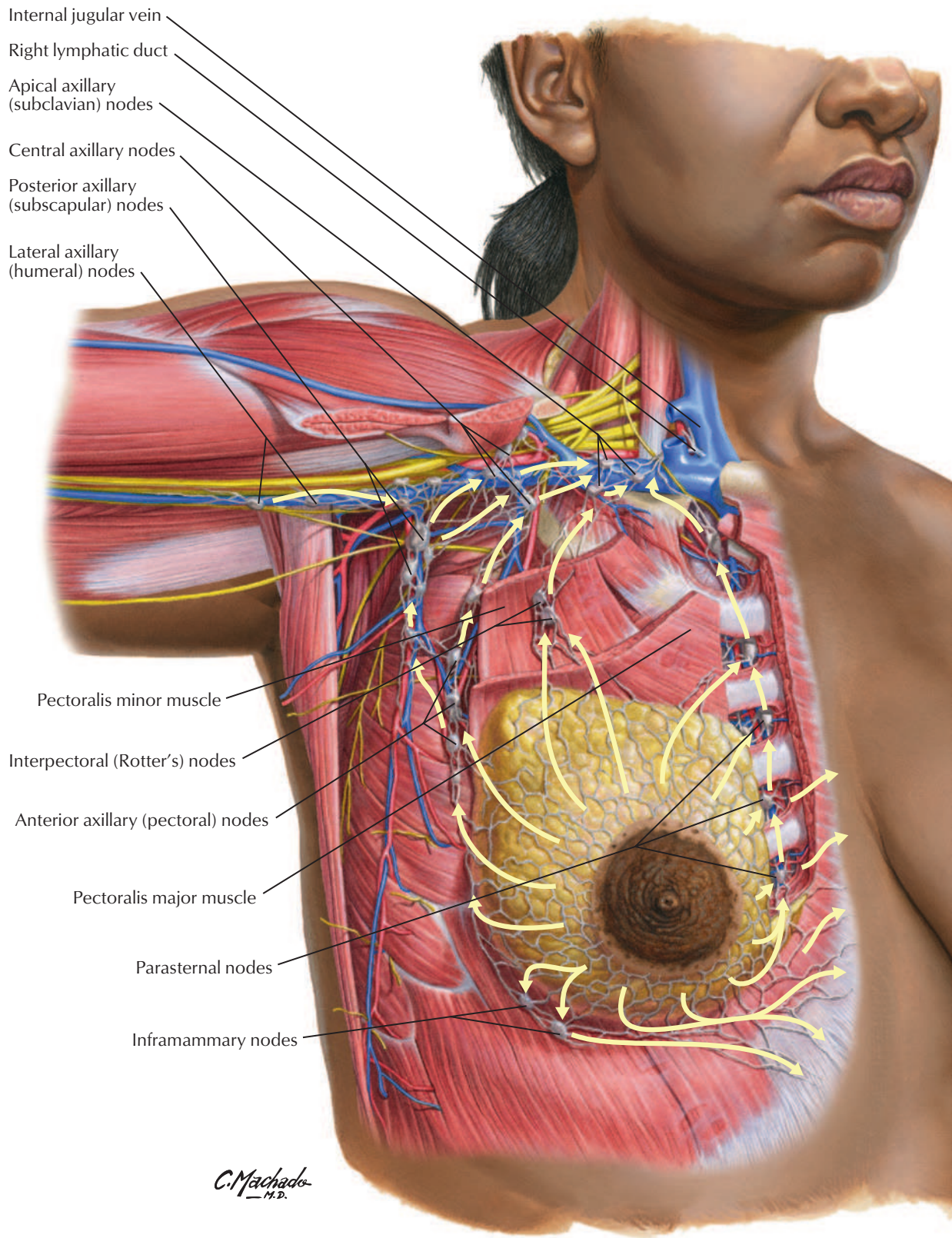
Fat (superficial fascia)

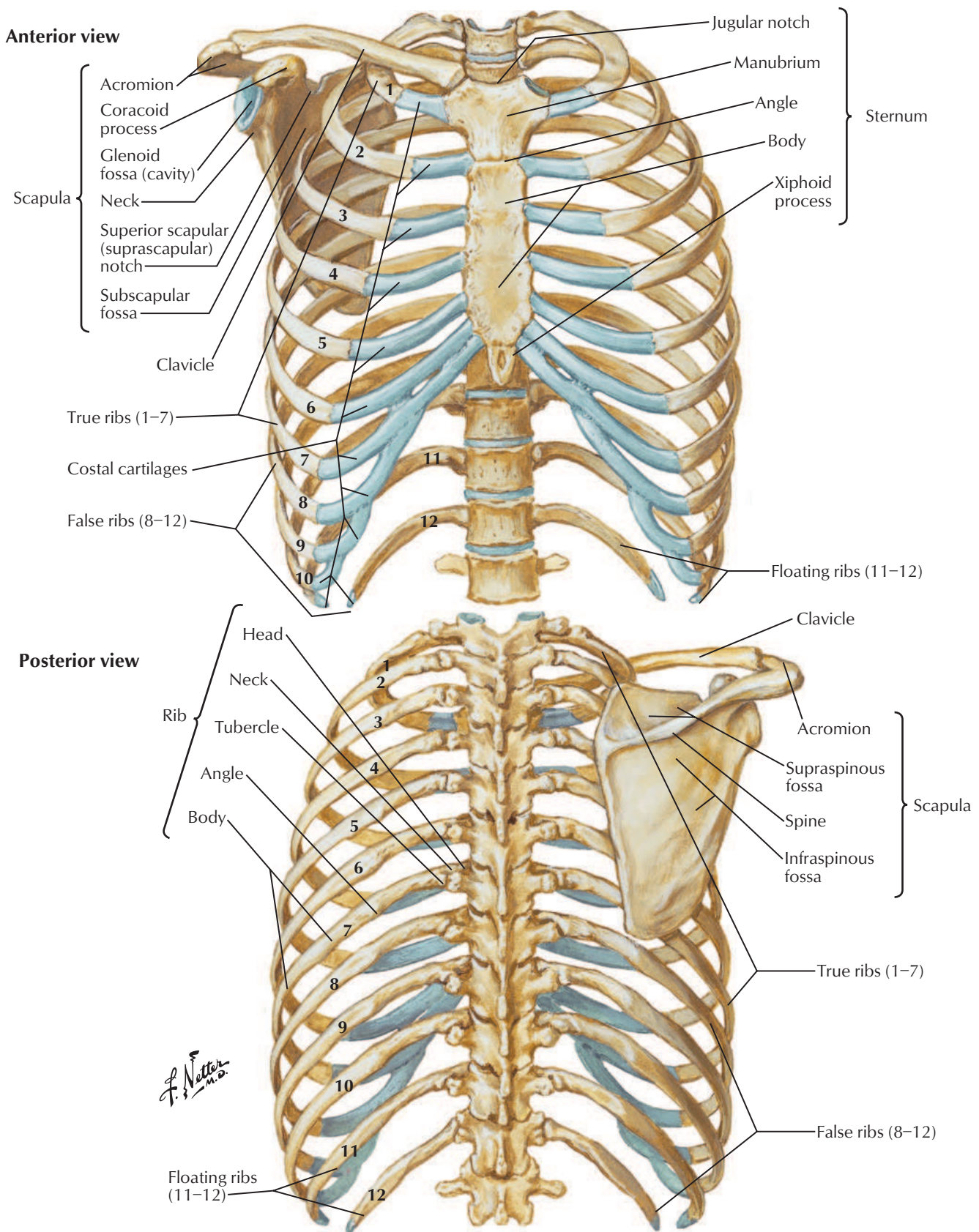
Sagittal section

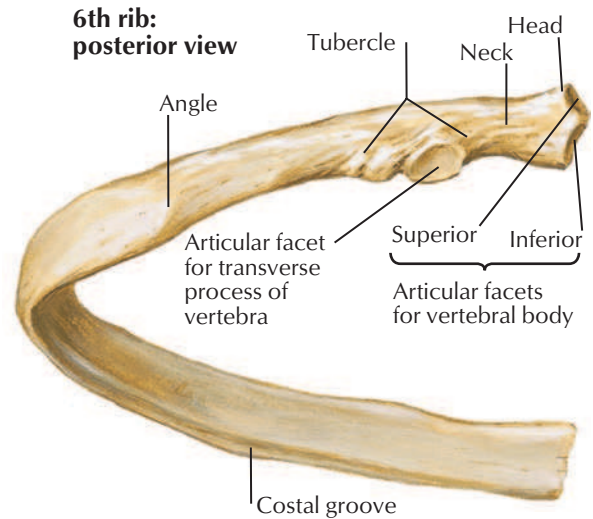
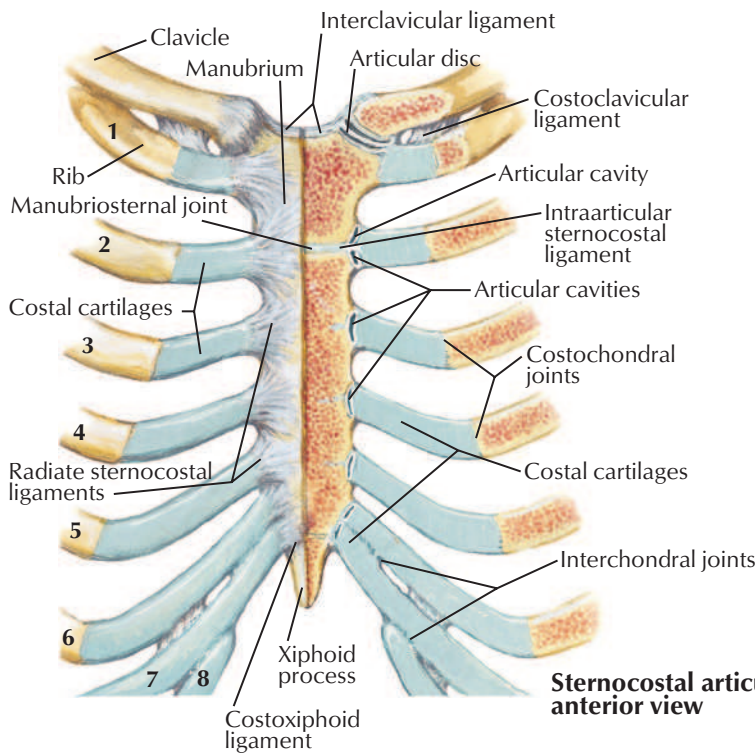


Lymph Vessels and Nodes of Mammary Gland



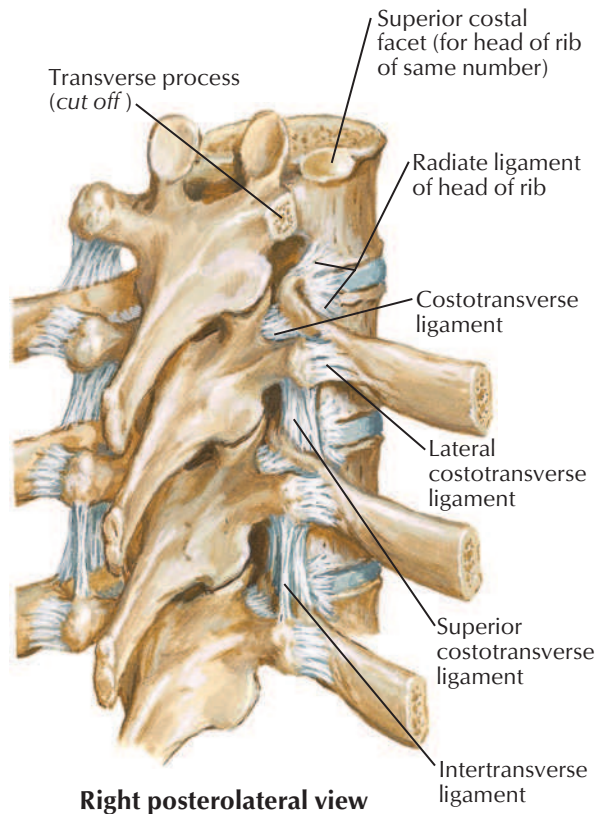
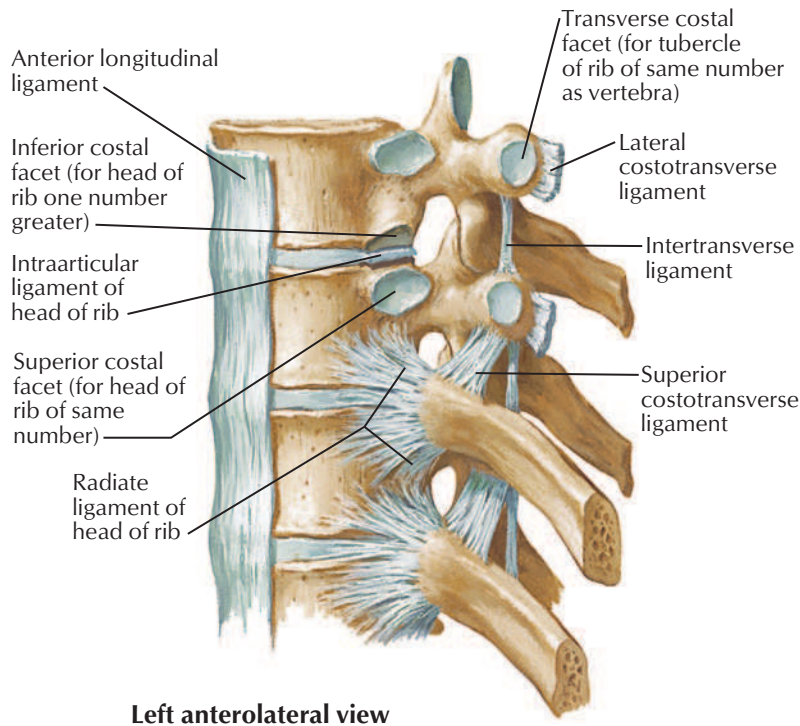


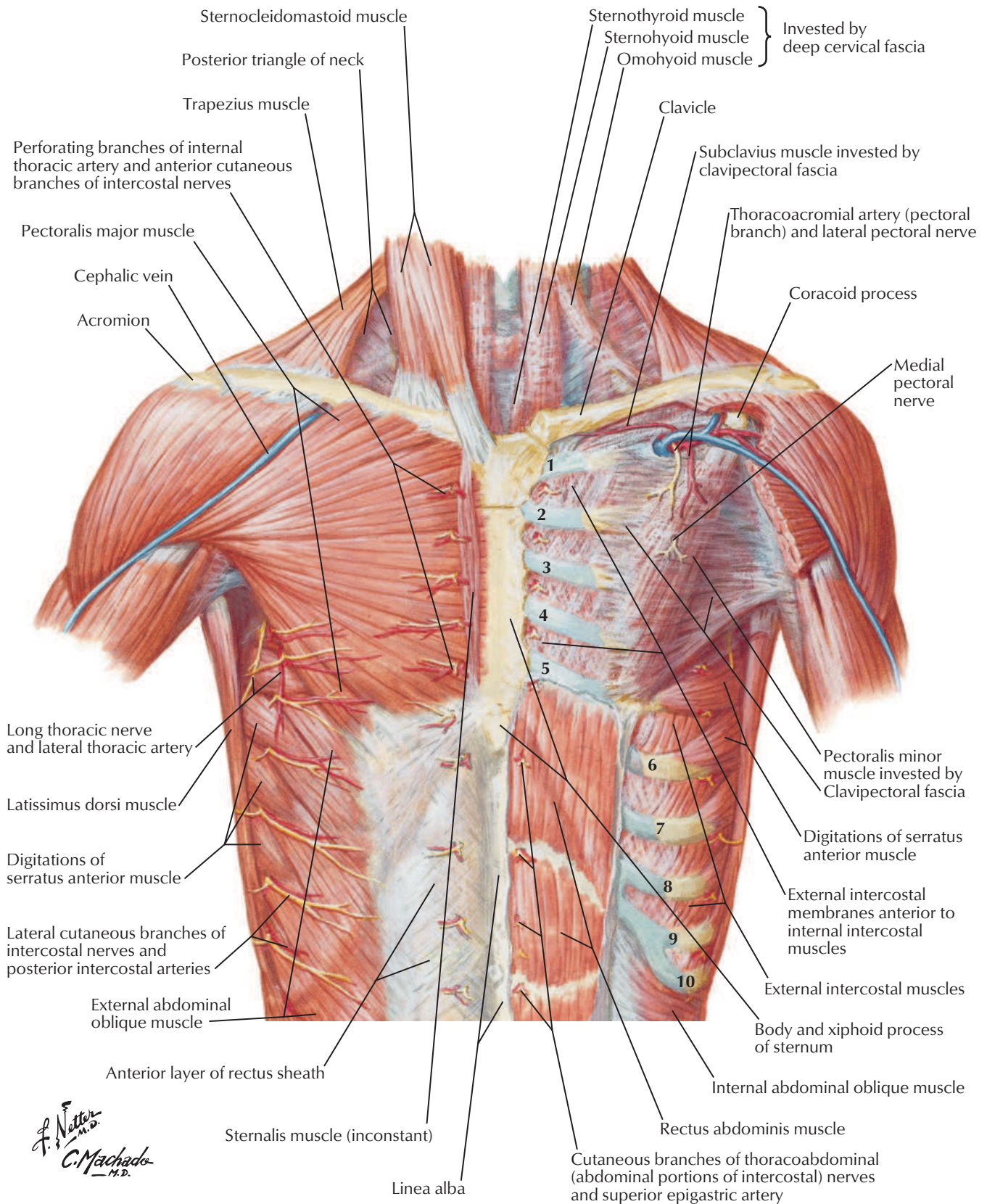




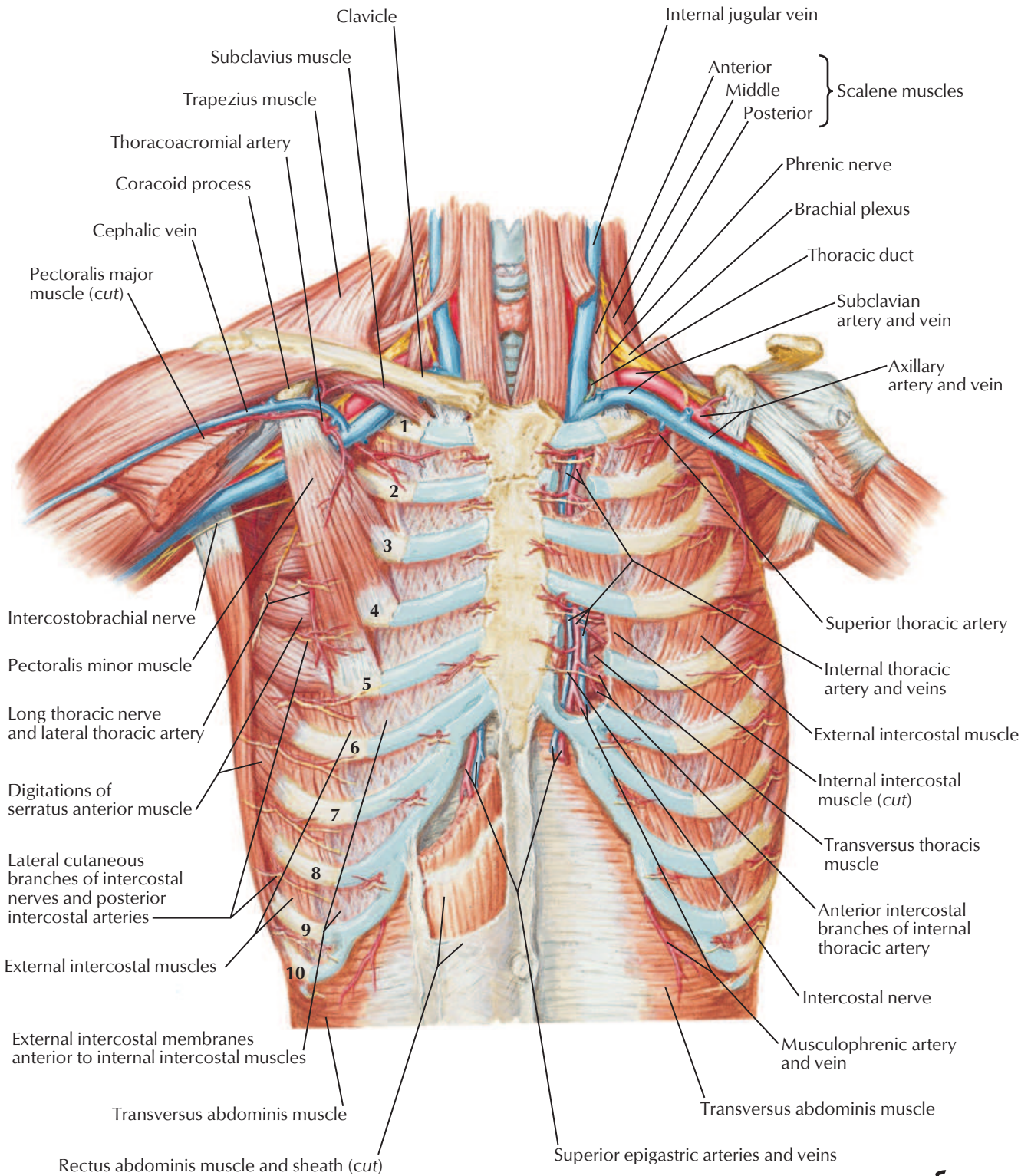
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Note: The head of a typical rib articulates with the superior costal facet of the thoracic vertebra of the same number (by its inferior articular facet), the inferior costal facet of the vertebra above (by its superior articular facet), and the intervertebral disc between the two vertebrae. The costal tubercle articulates with the transverse process of the vertebra of the same number.



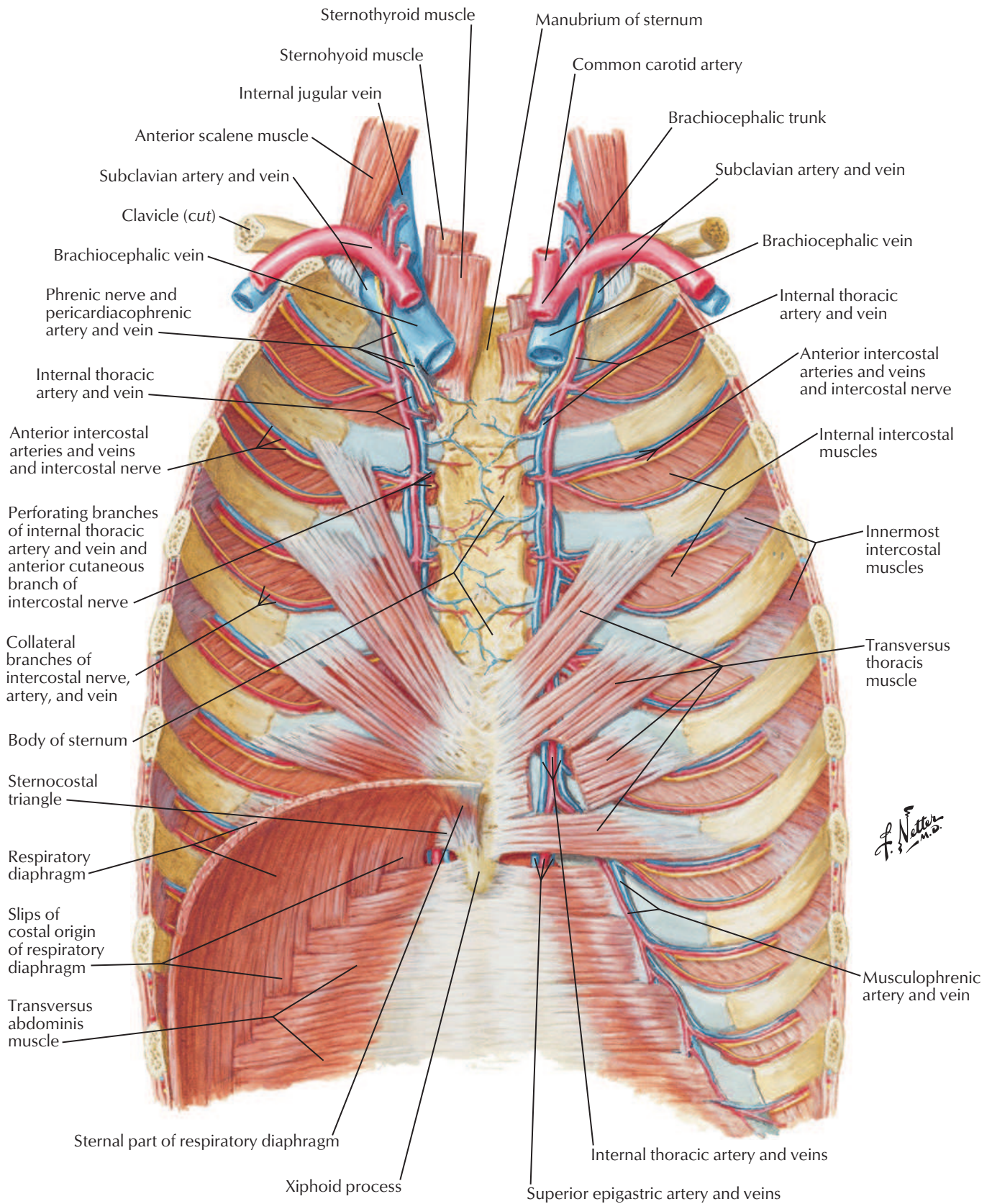


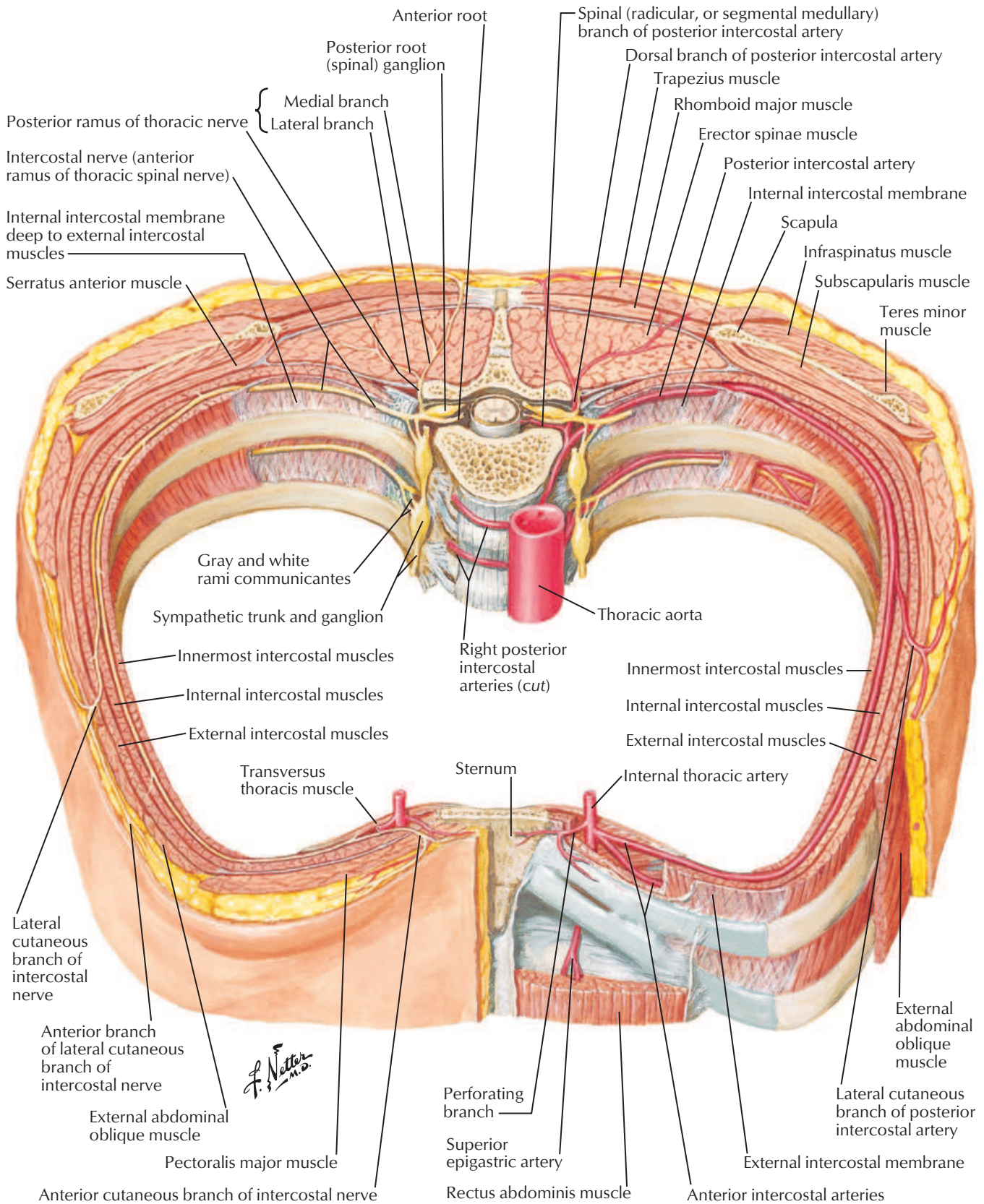
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 M.D.
 C. Machado
 M.D.



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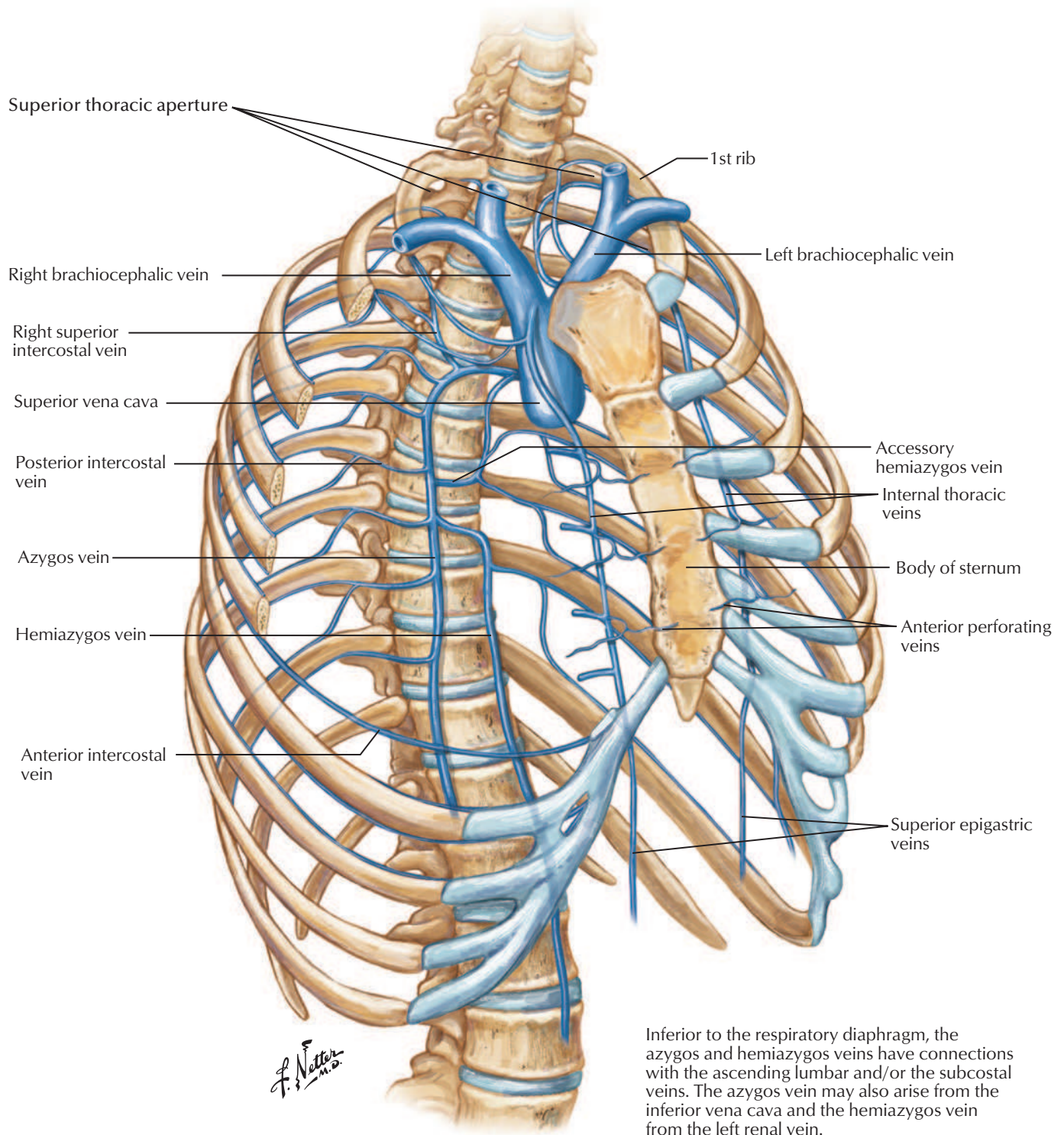
Anterior Thoracic Wall: Internal View

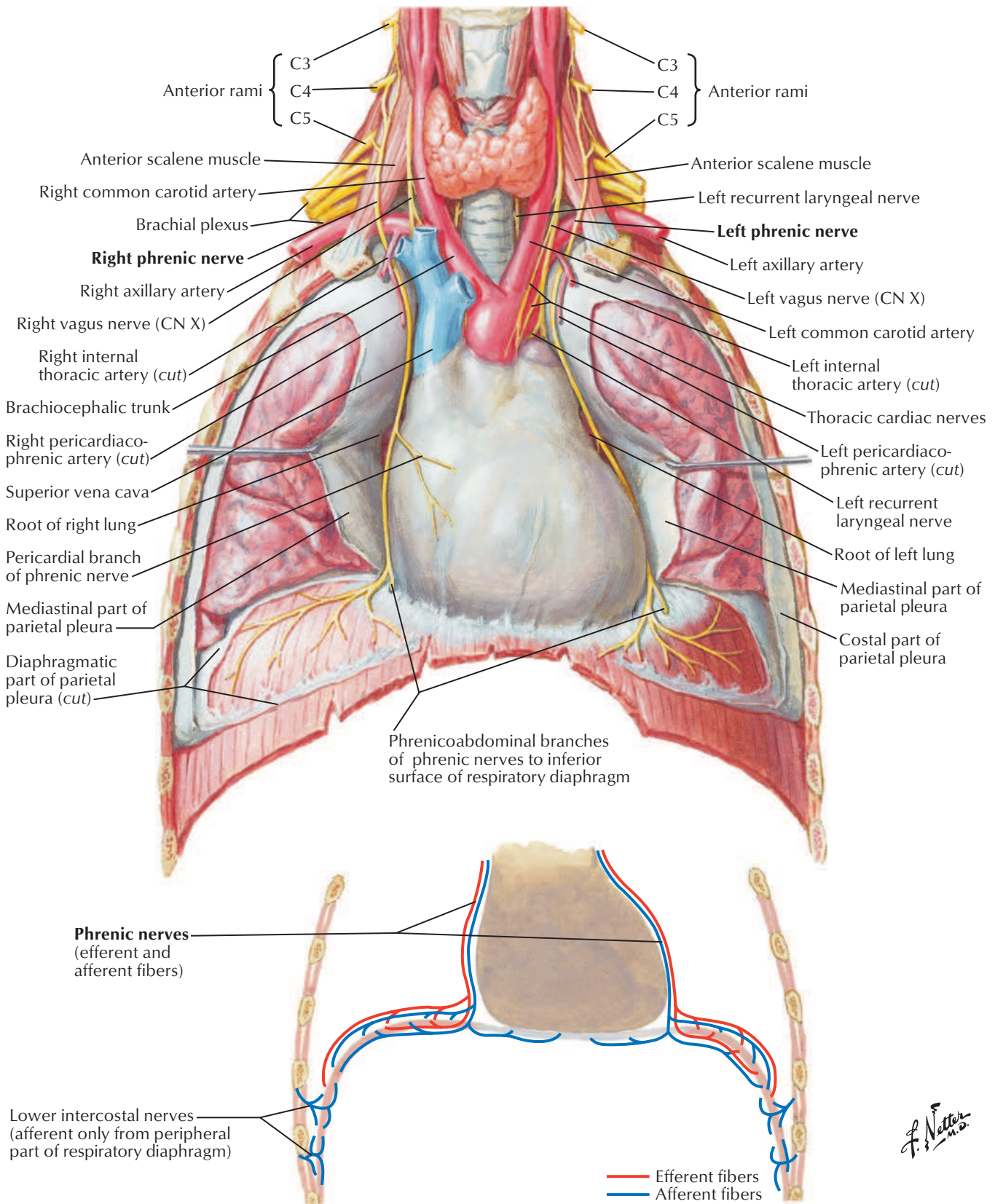




Veins of Internal Thoracic Wall

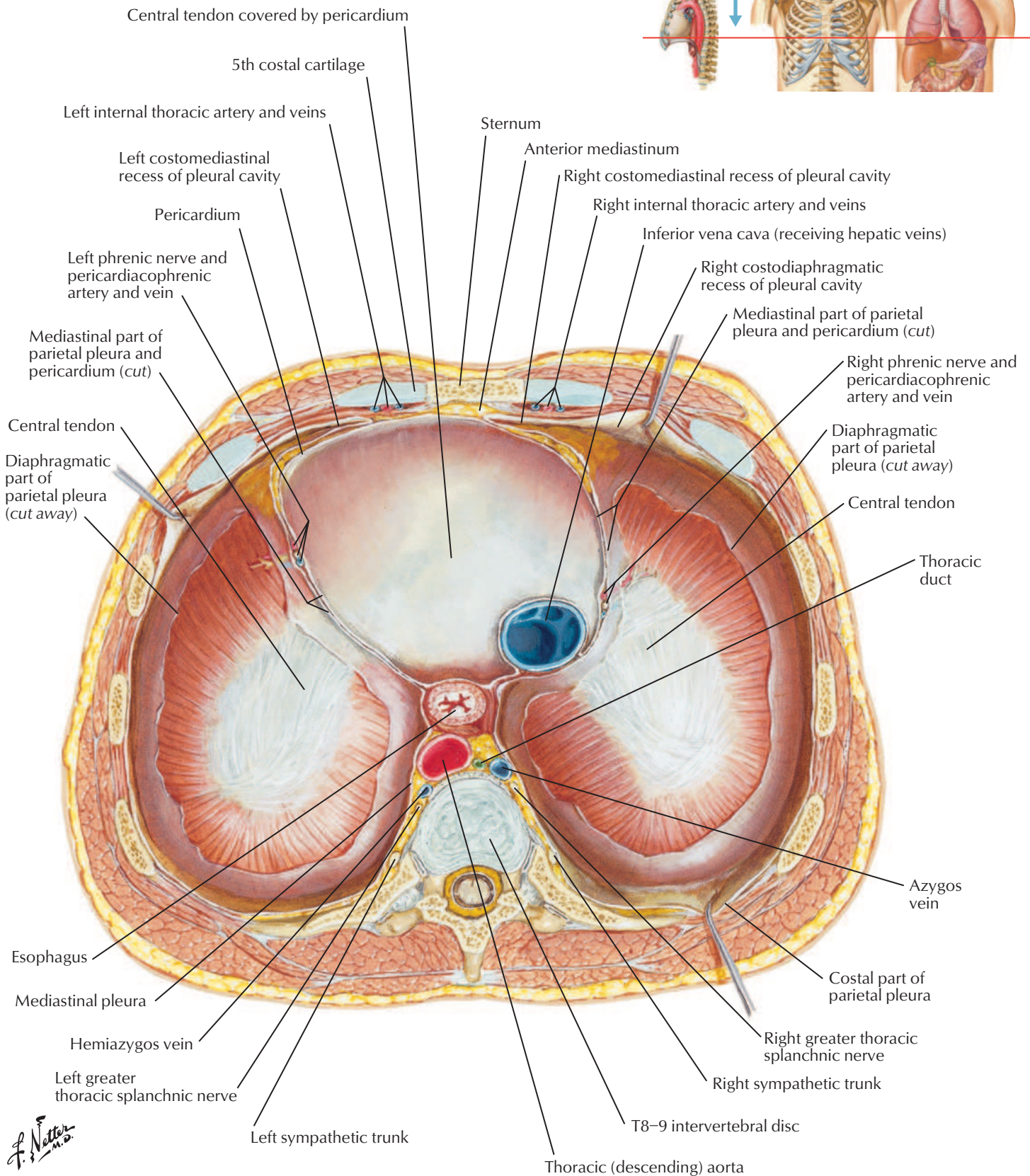
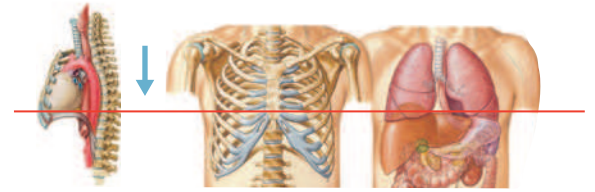
See also [Plates 234, 241, 259](#)



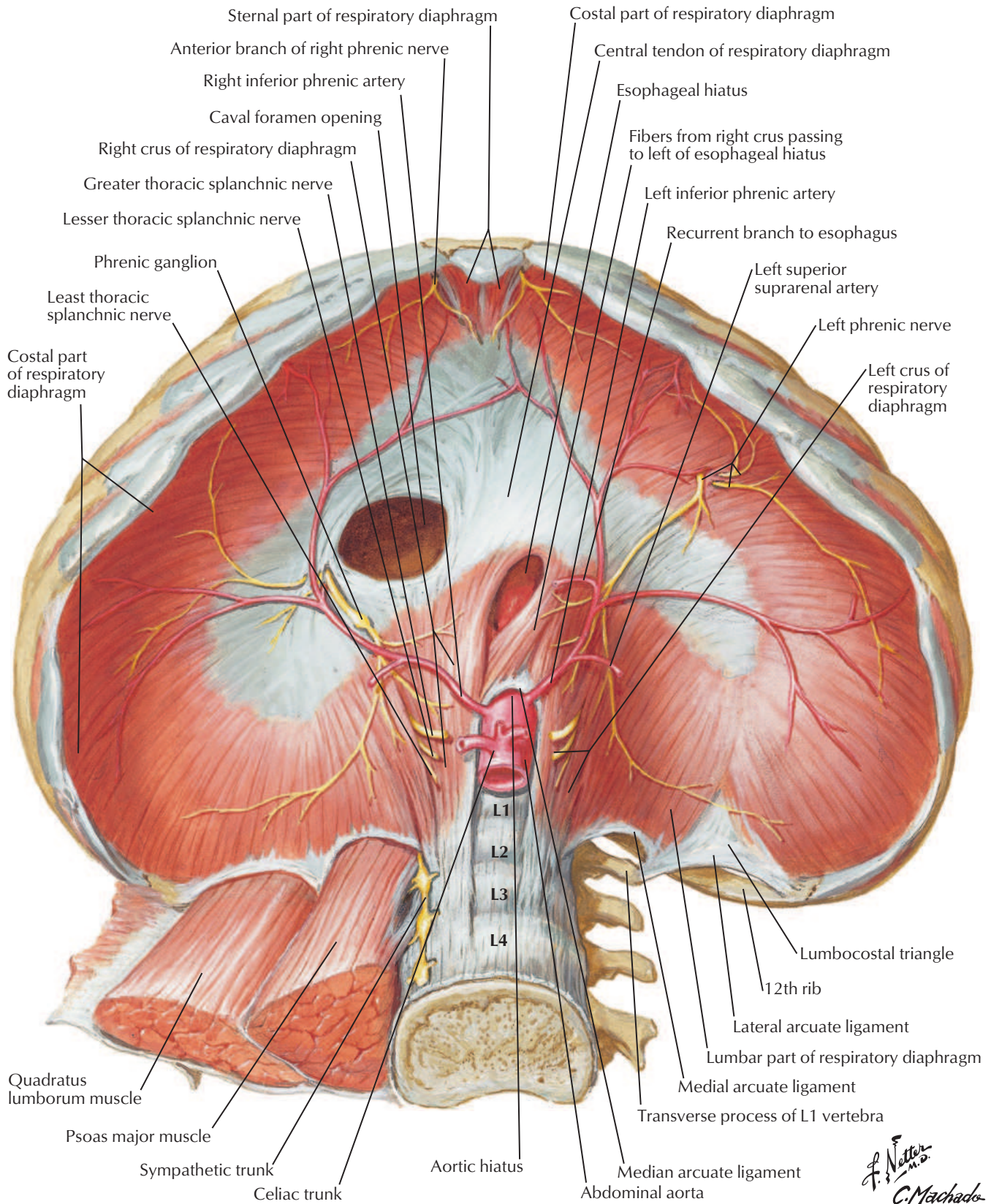


Respiratory Diaphragm: Thoracic Surface

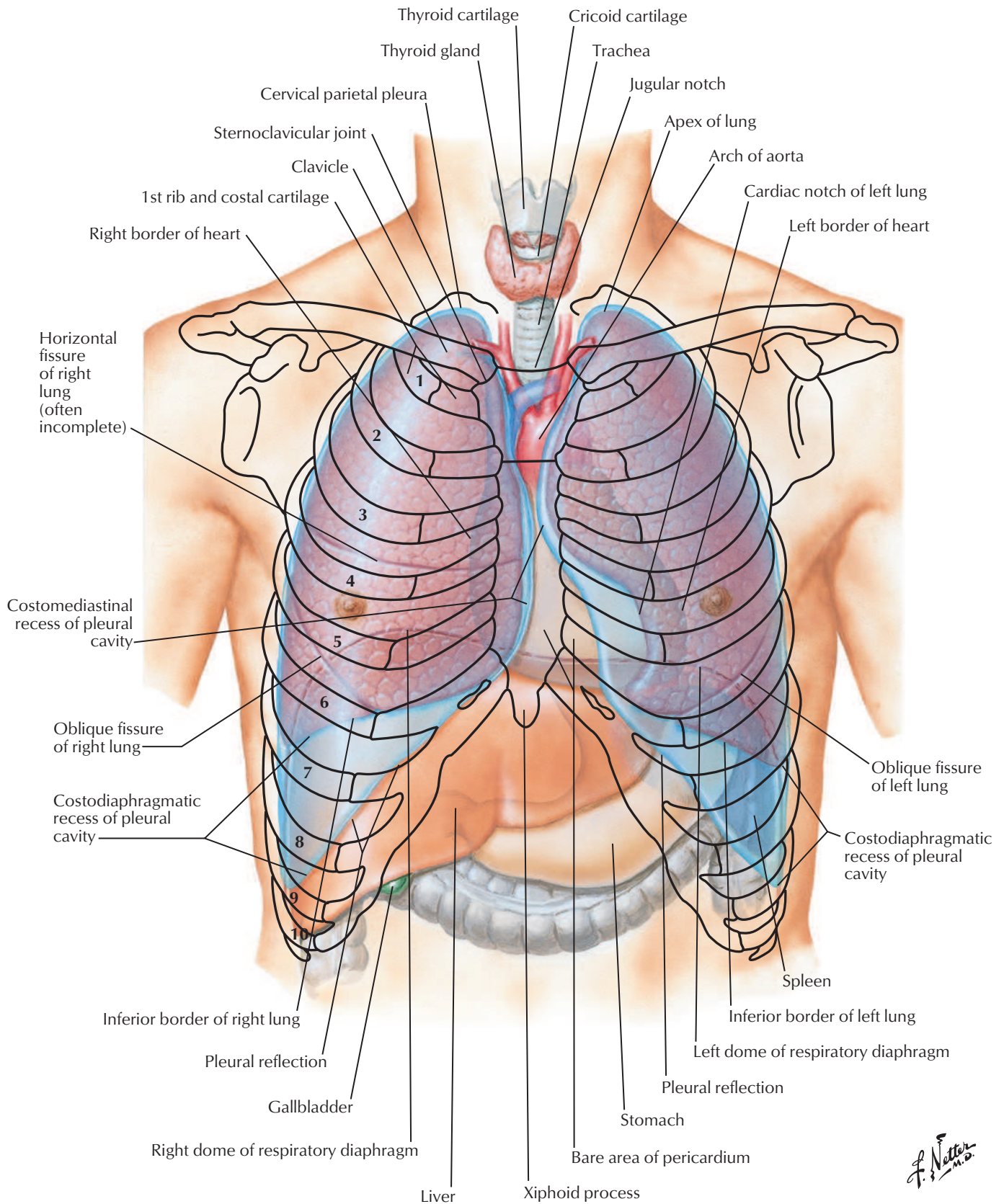
See also [Plate 236](#)

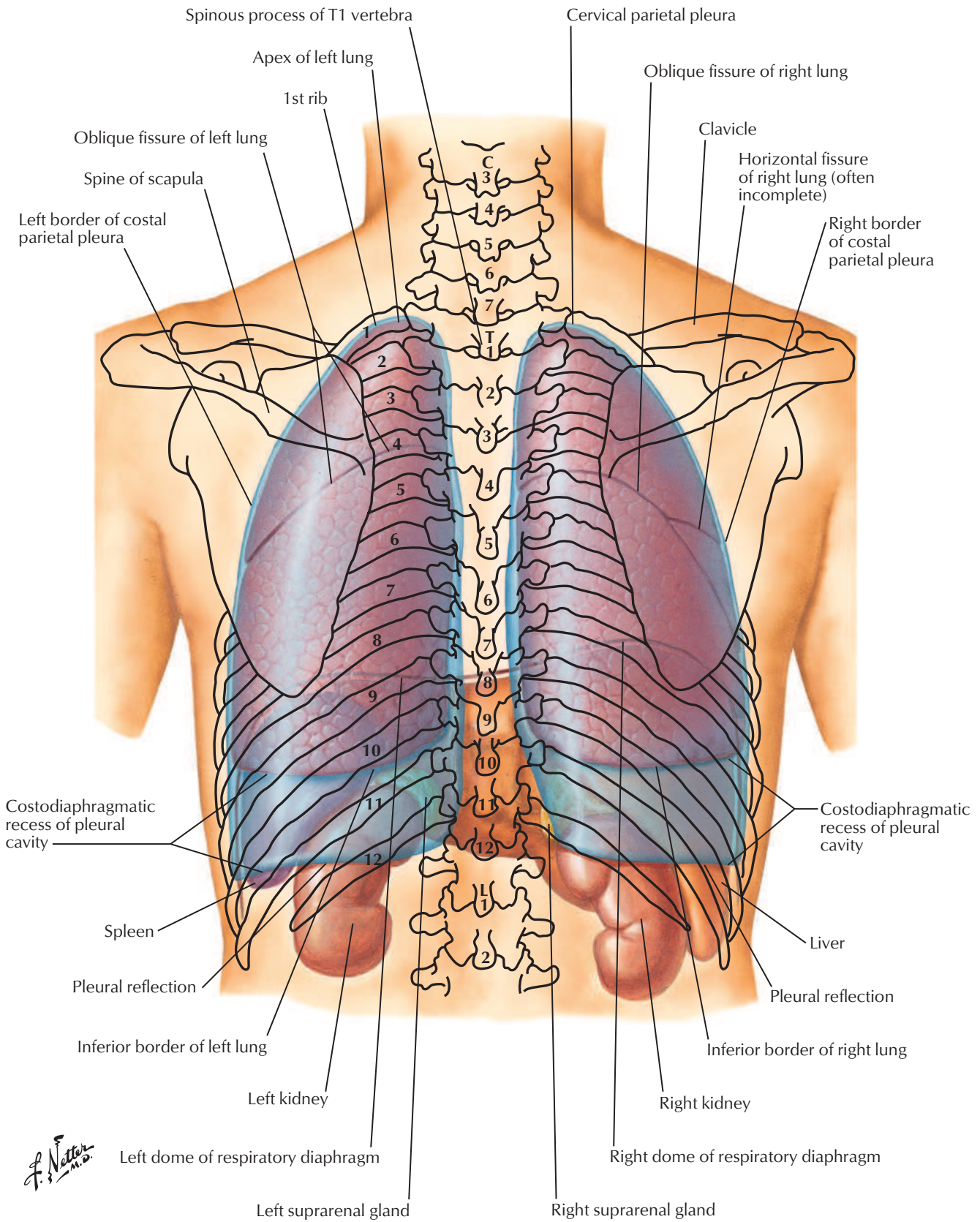


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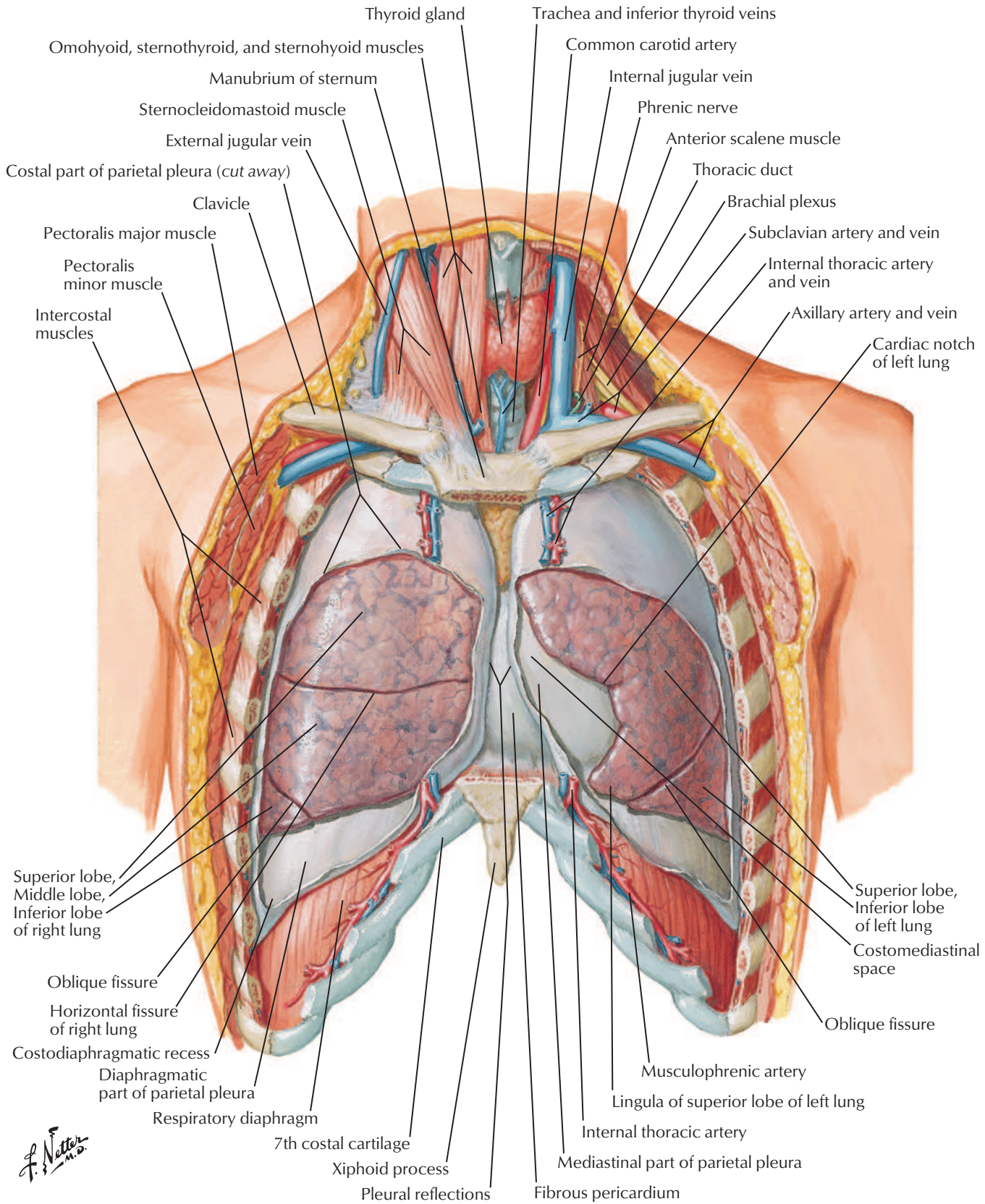


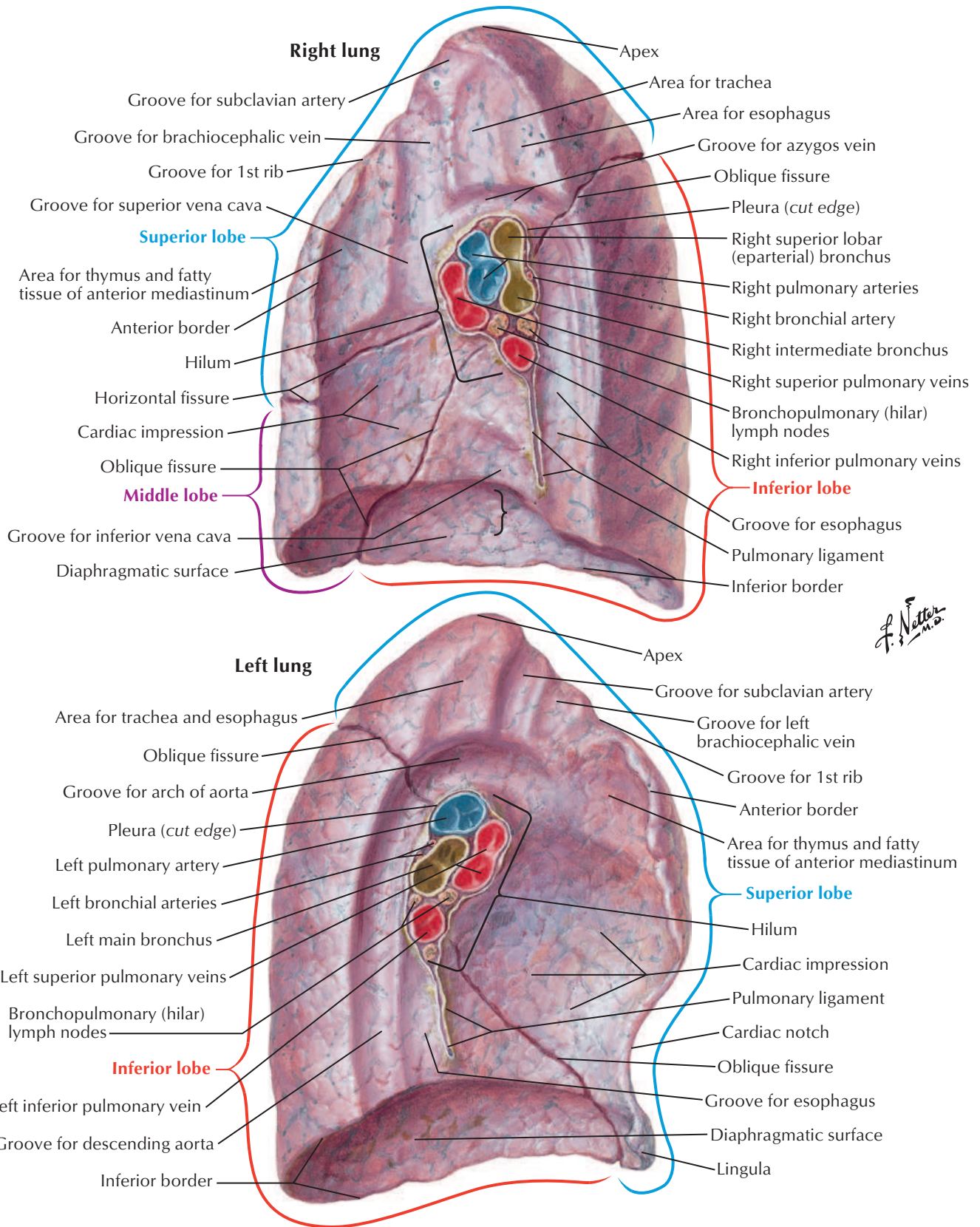
Topography of Lungs: Anterior View

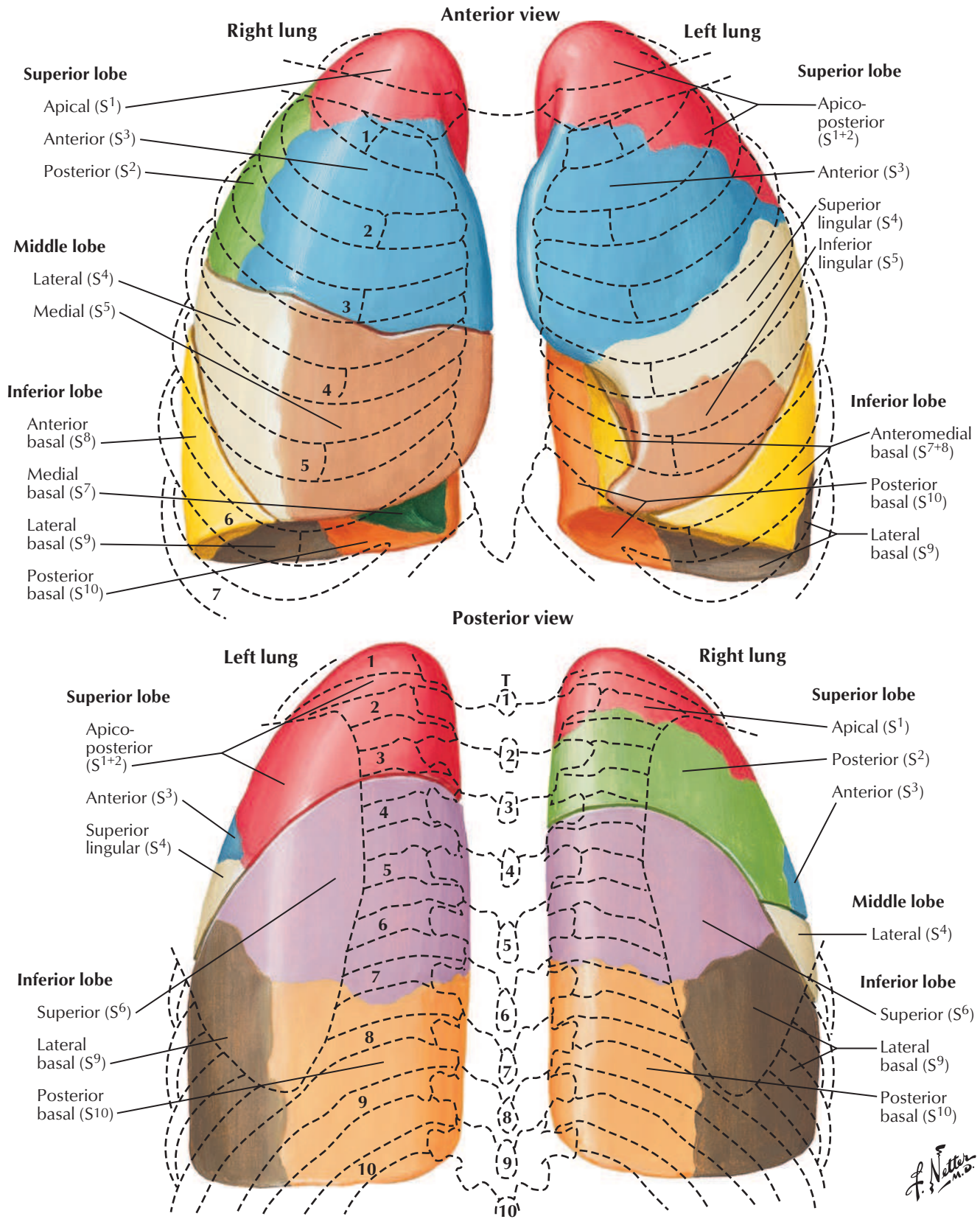




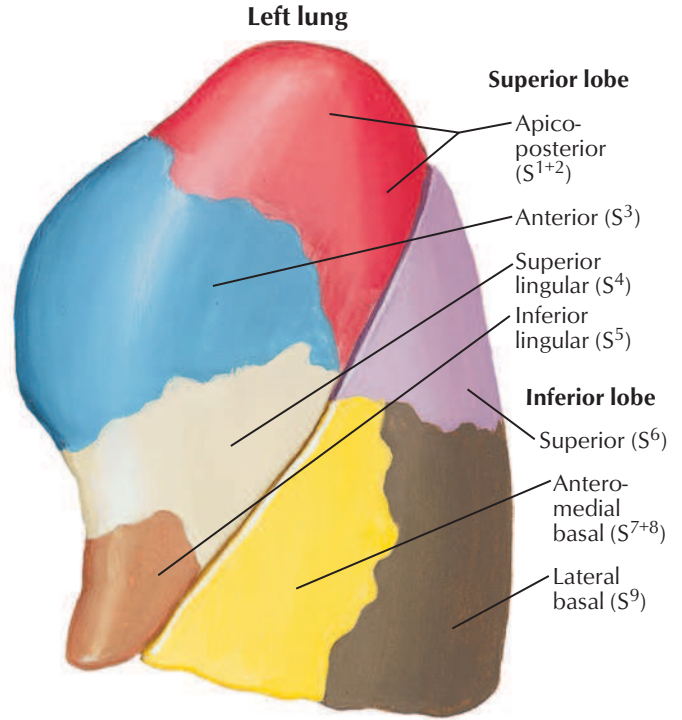
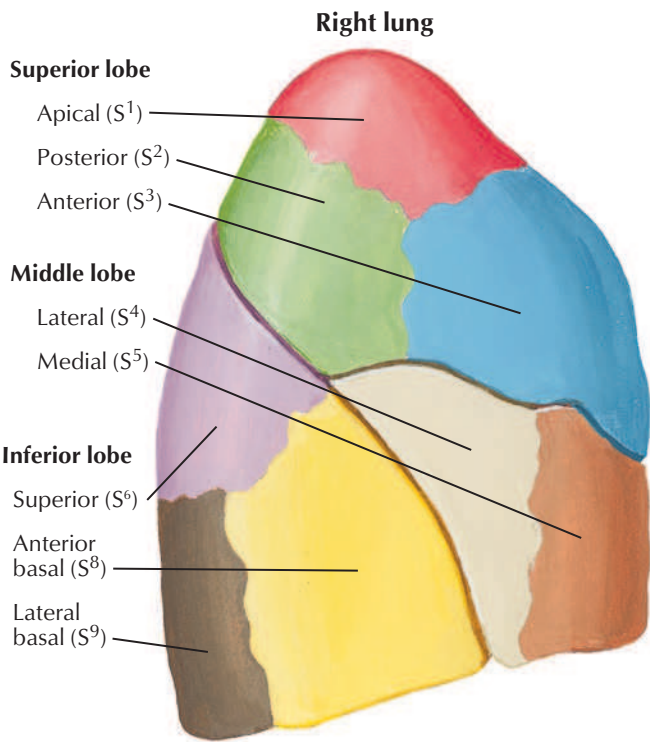
Lungs in Situ: Anterior View





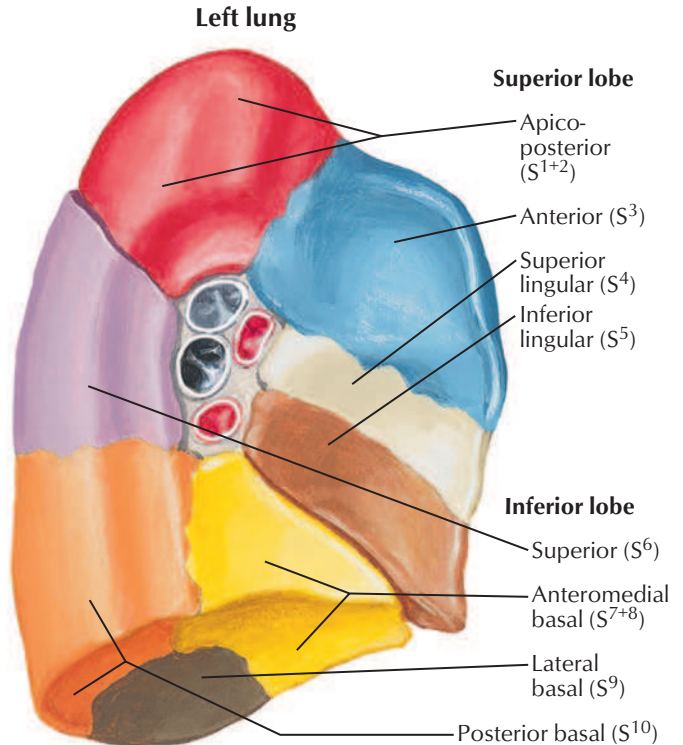
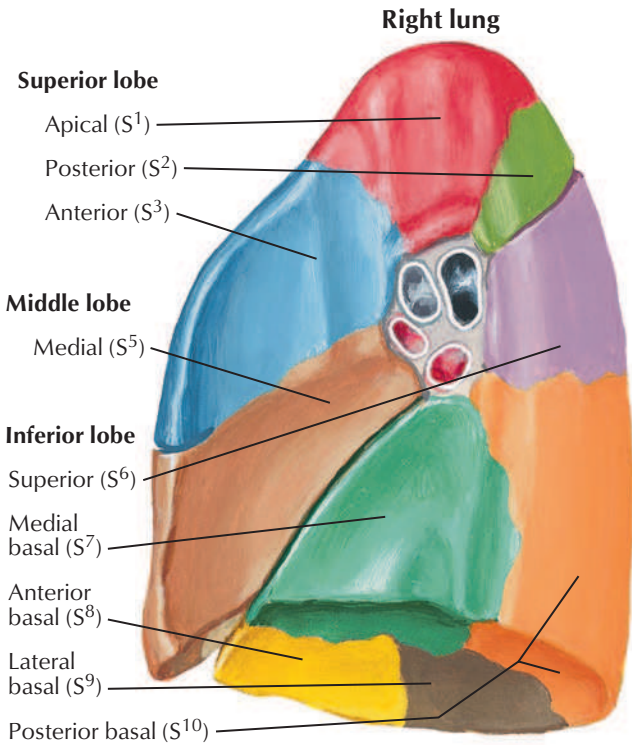


Lateral views



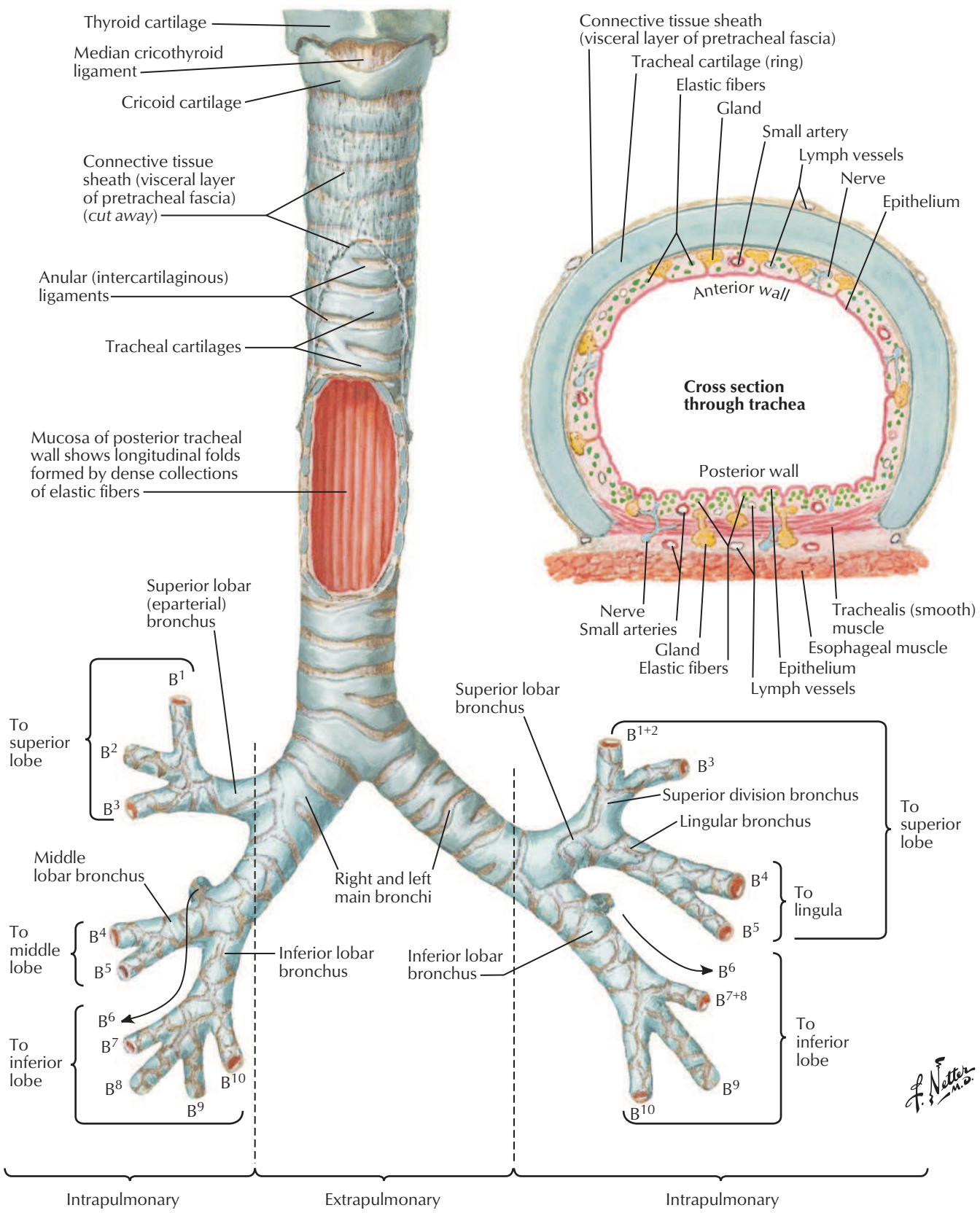
J. Netter M.D.

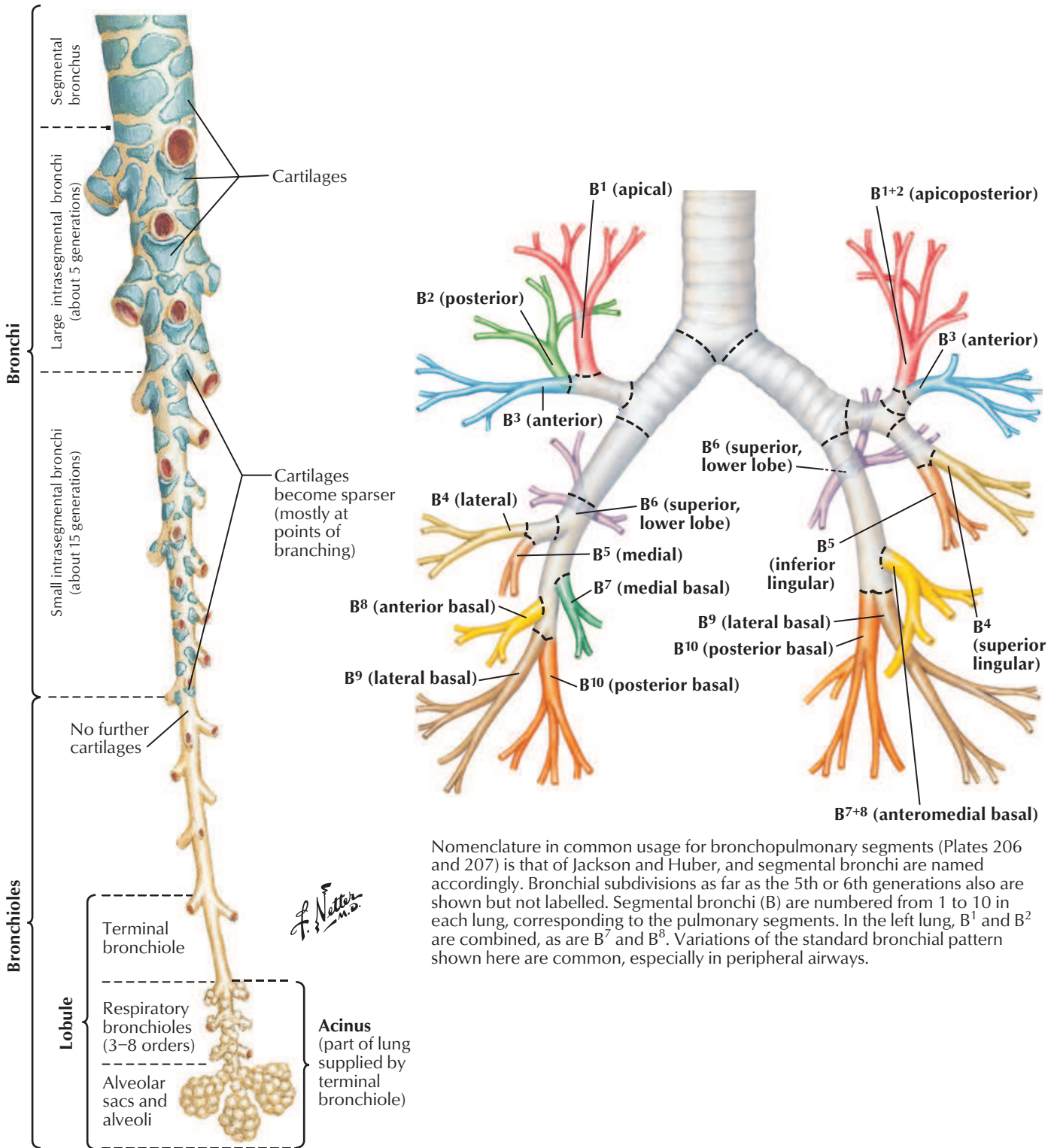
Medial views



Trachea and Major Bronchi

See also **Plates 81, 211, 214**

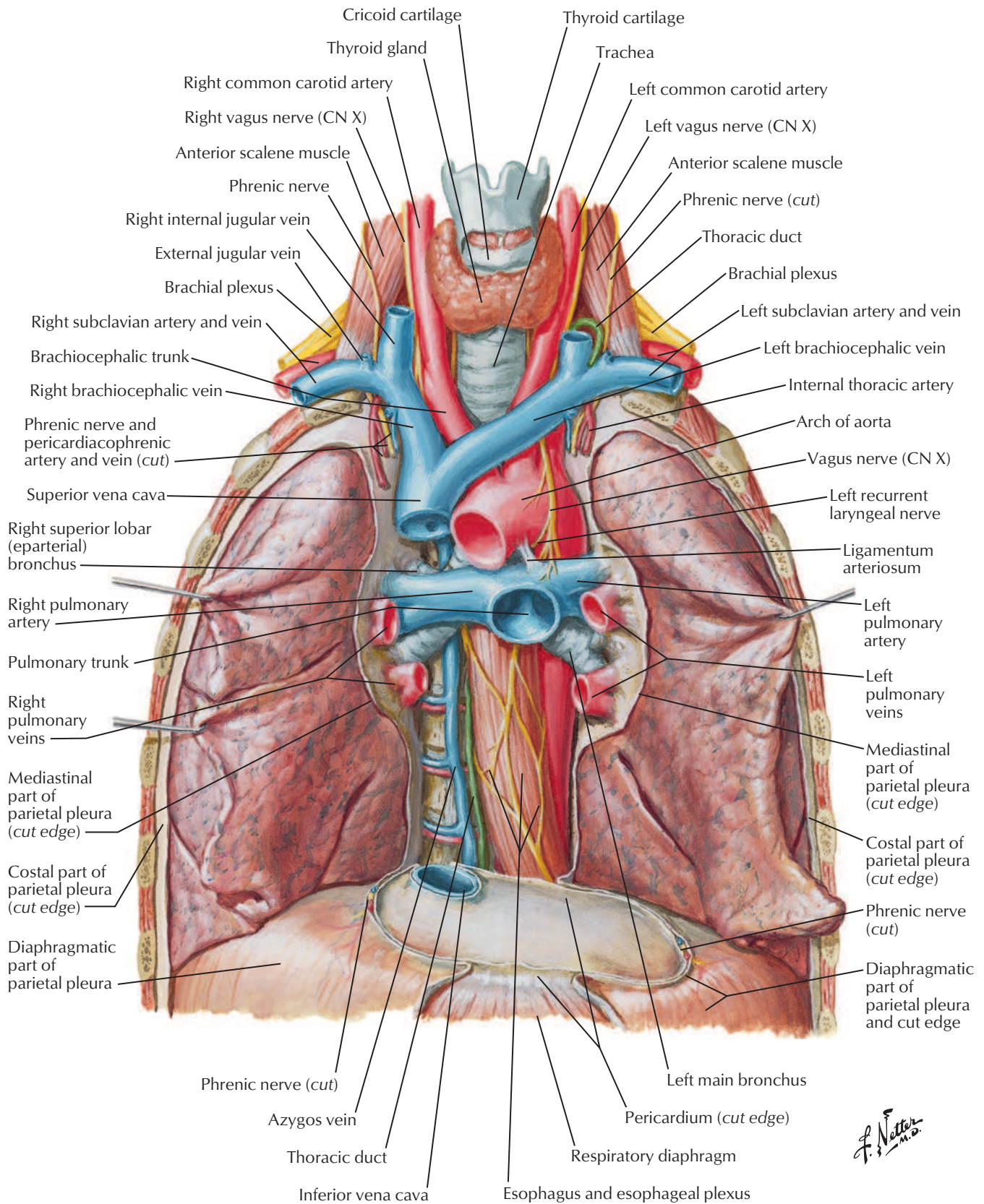


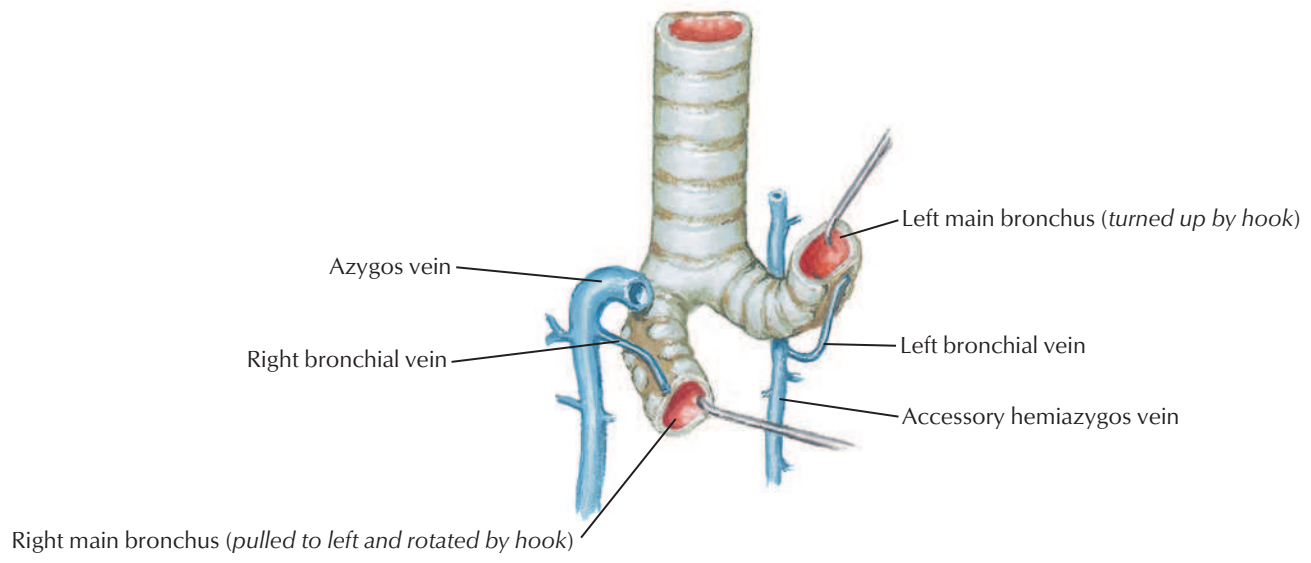
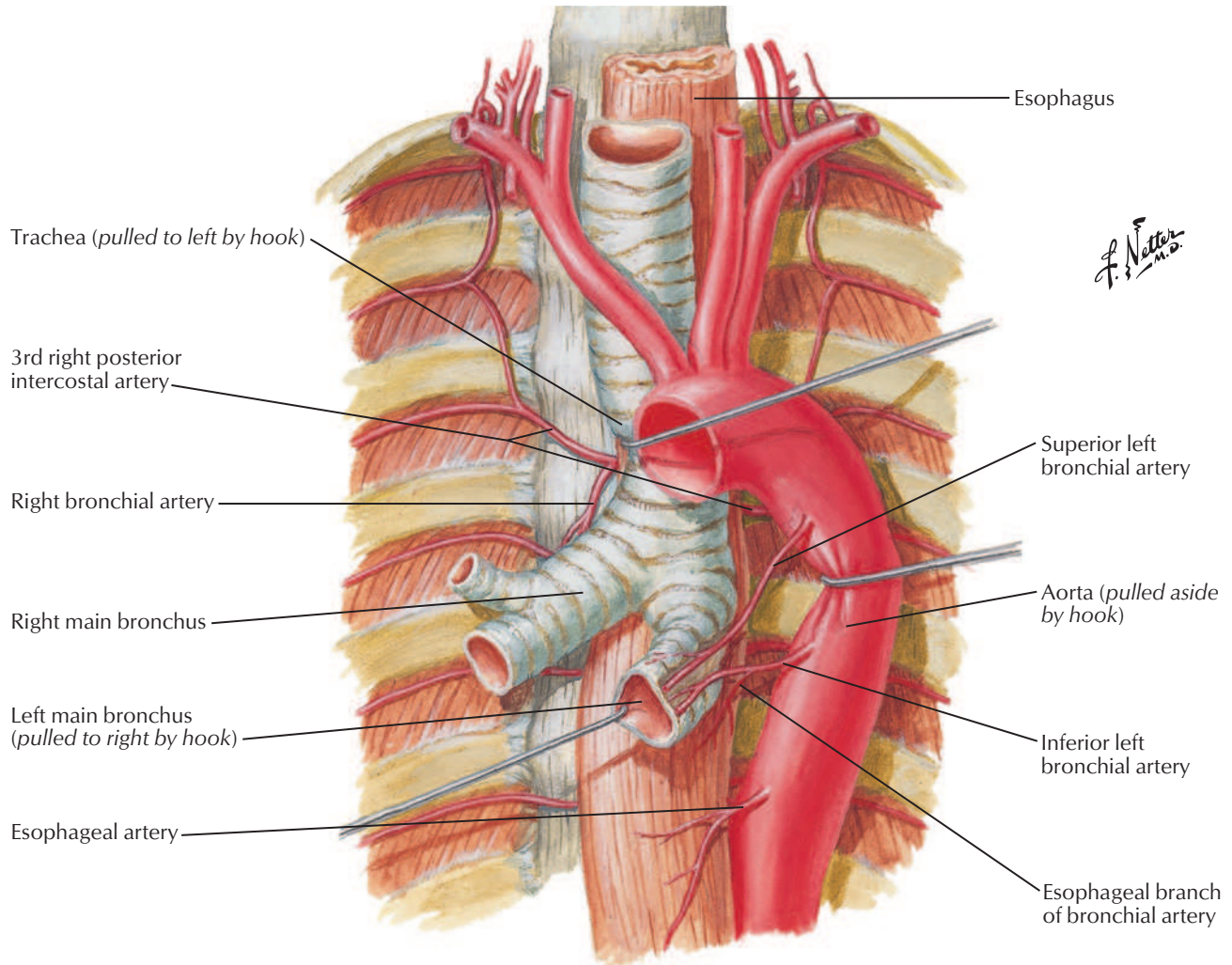


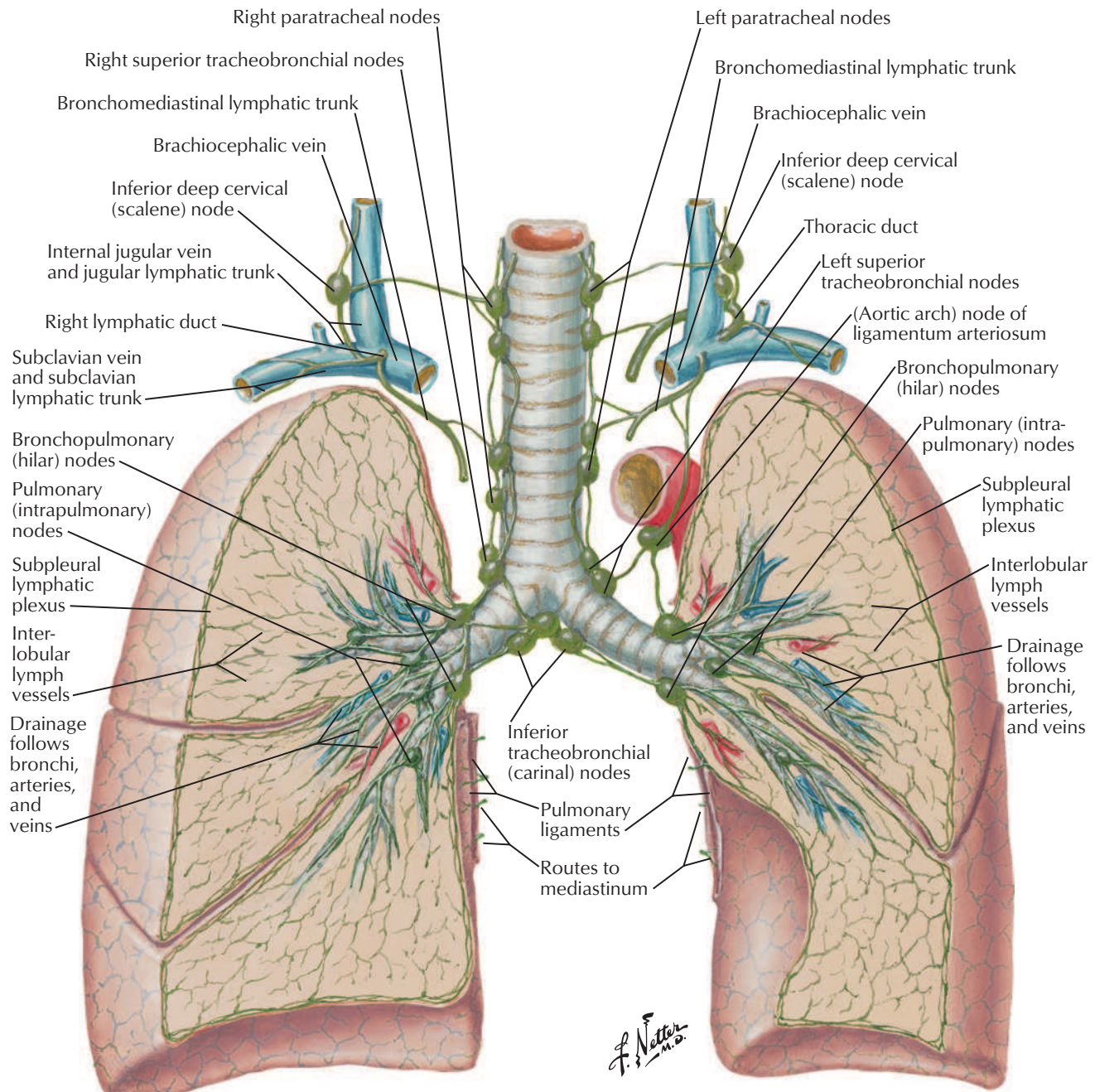
Subdivisions of intrapulmonary airways

Nomenclature in common usage for bronchopulmonary segments (Plates 206 and 207) is that of Jackson and Huber, and segmental bronchi are named accordingly. Bronchial subdivisions as far as the 5th or 6th generations also are shown but not labelled. Segmental bronchi (B) are numbered from 1 to 10 in each lung, corresponding to the pulmonary segments. In the left lung, B¹ and B² are combined, as are B⁷ and B⁸. Variations of the standard bronchial pattern shown here are common, especially in peripheral airways.

Great Vessels of Superior Mediastinum



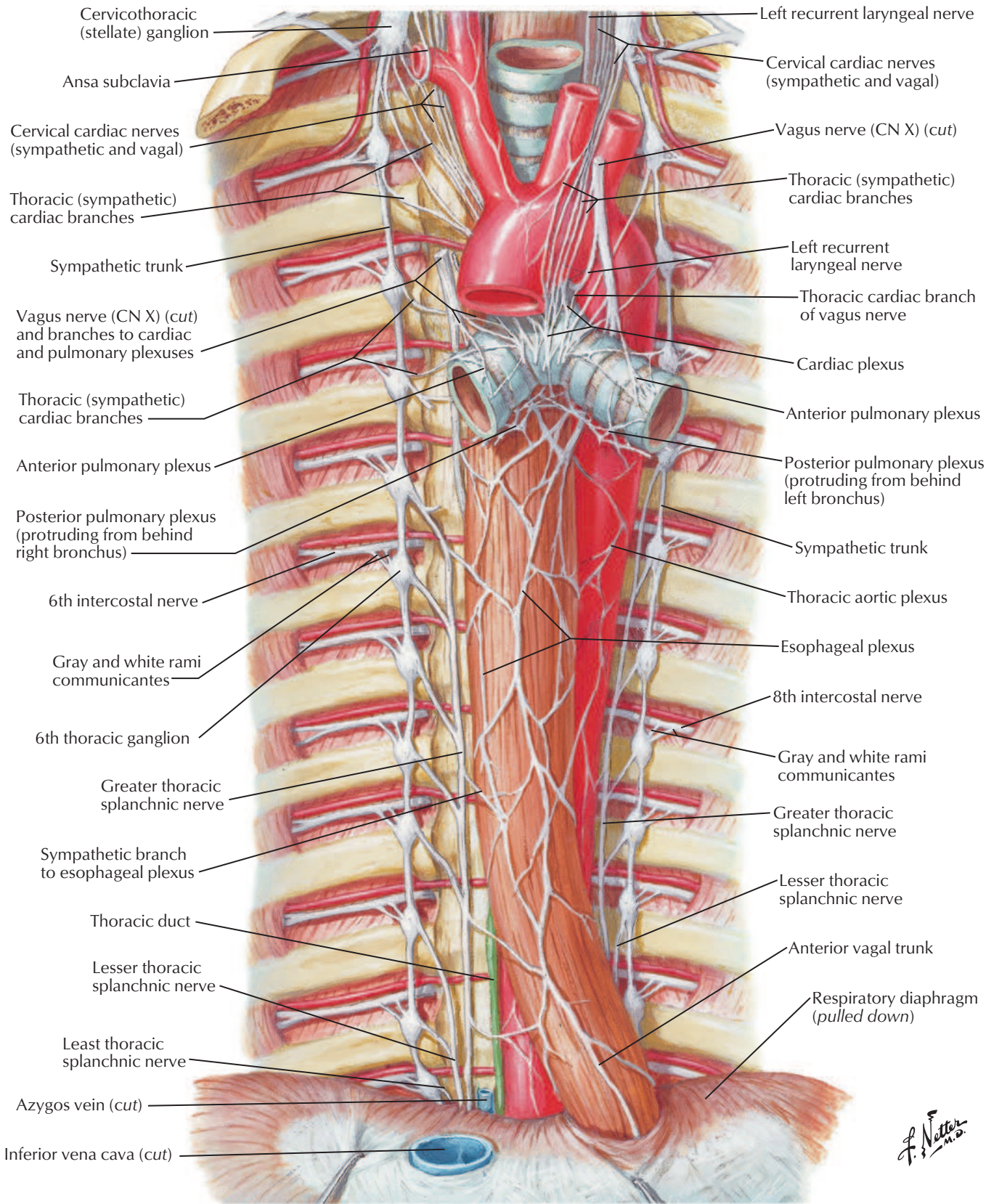




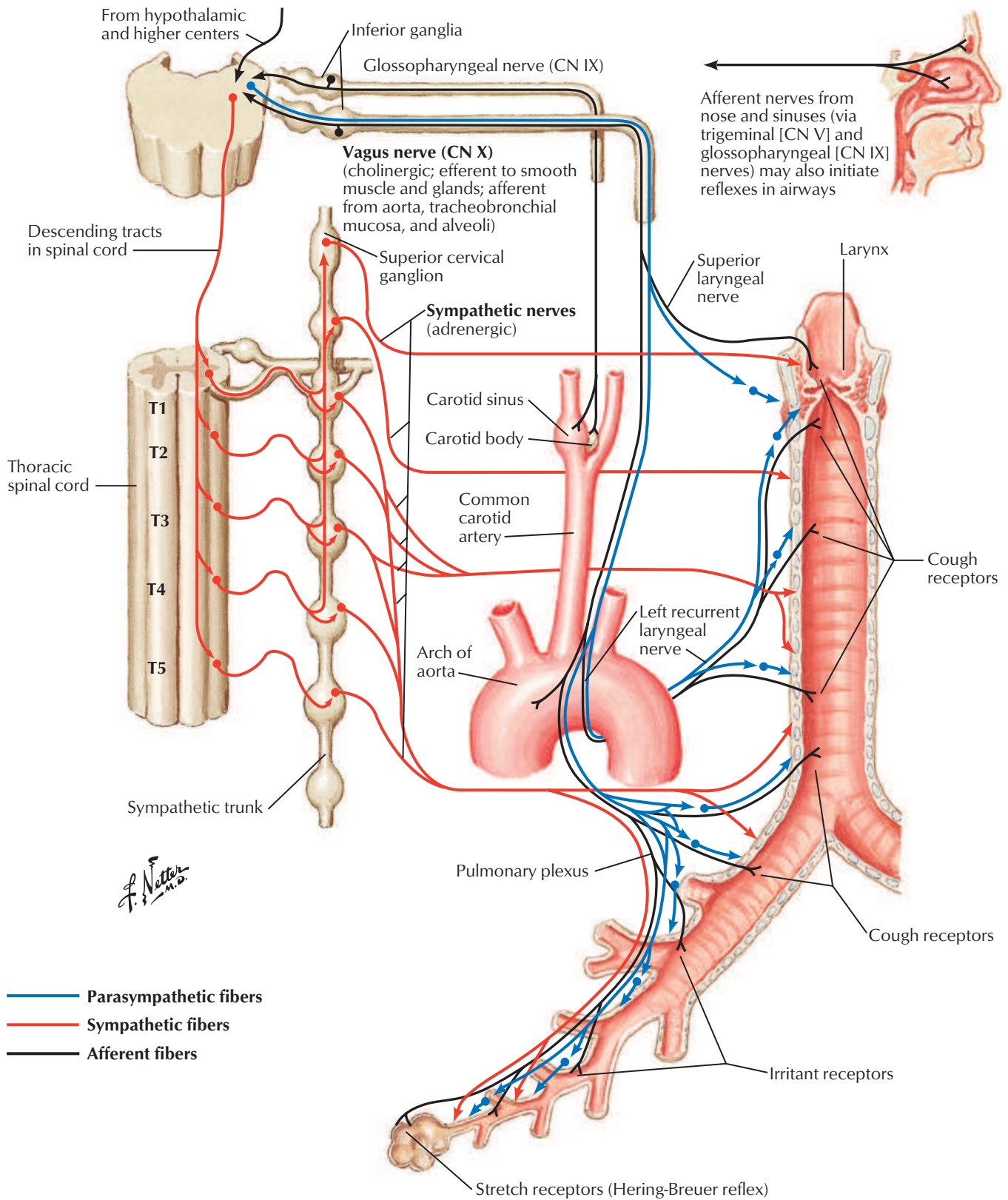
Lymphatic drainage routes

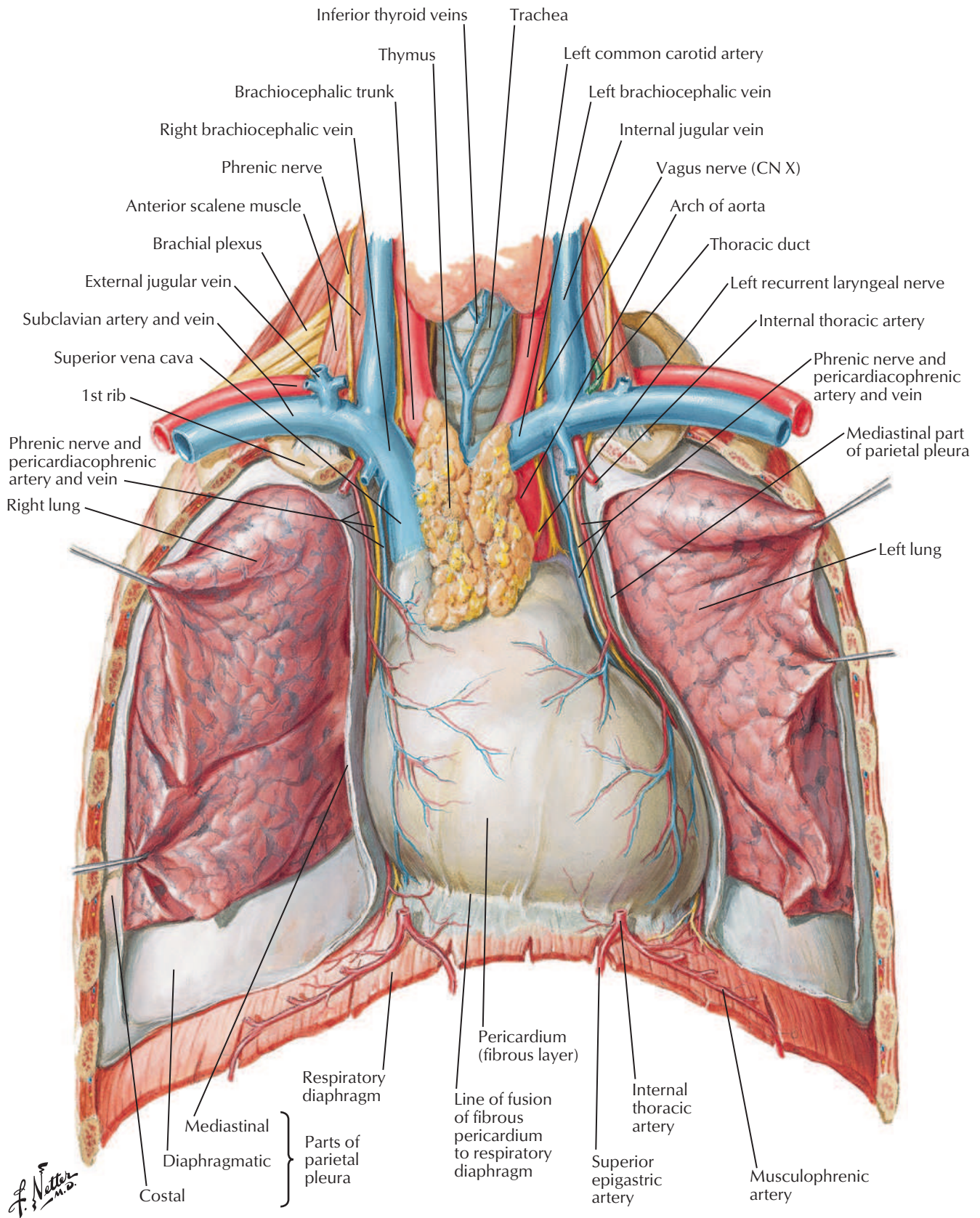
Right lung: All lobes drain to pulmonary and bronchopulmonary (hilar) nodes, then to inferior tracheobronchial (carinal) nodes, right superior tracheobronchial nodes, and right paratracheal nodes on the way to the brachiocephalic vein via the bronchomediastinal lymphatic trunk and/or inferior deep cervical (scalene) node.

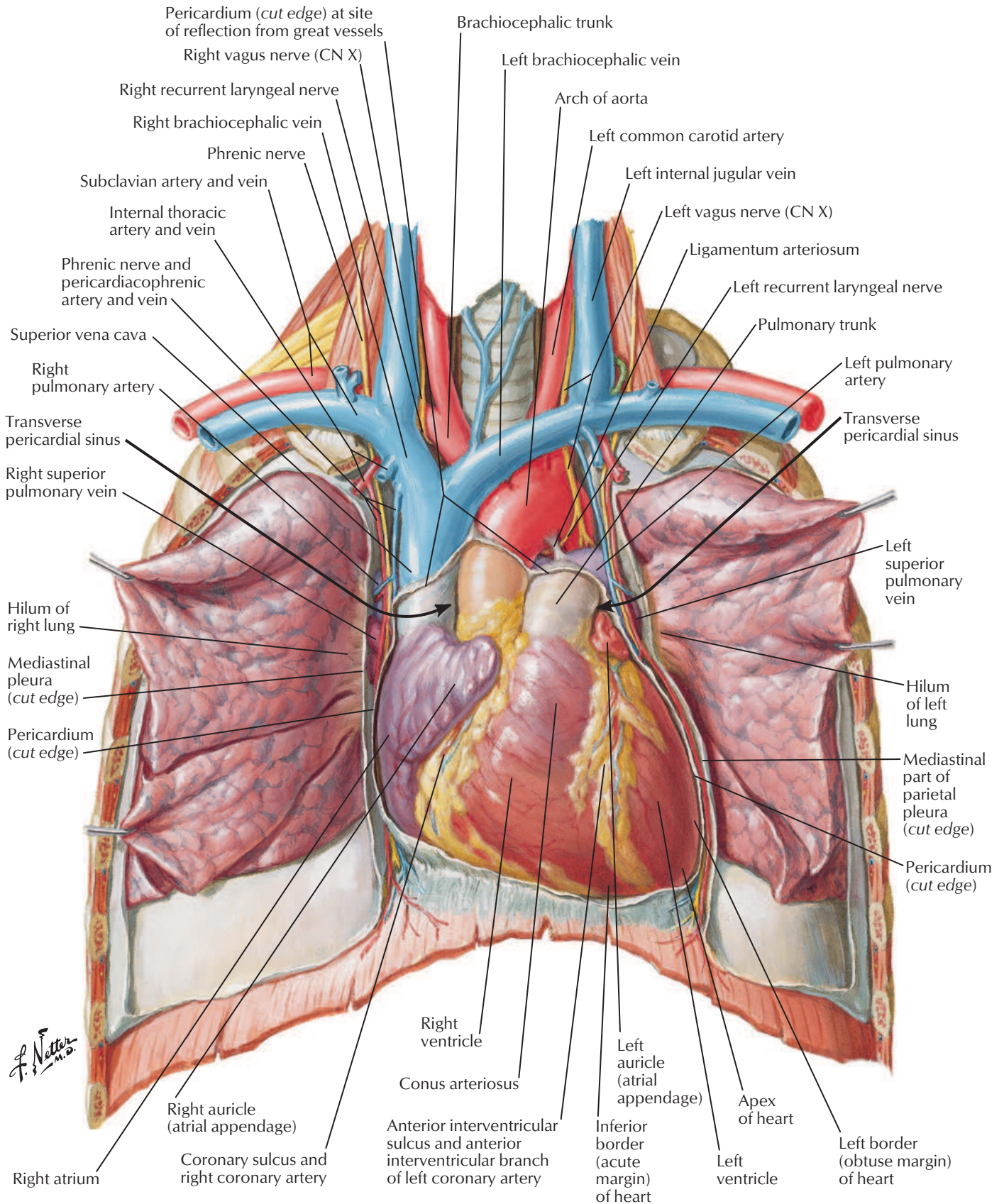
Left lung: The superior lobe drains to pulmonary and bronchopulmonary (hilar) nodes, inferior tracheobronchial (carinal) nodes, left superior tracheobronchial nodes, left paratracheal nodes and/or (aortic arch) node of ligamentum arteriosum, then to the brachiocephalic vein via the left bronchomediastinal trunk and thoracic duct. The left inferior lobe also drains to the pulmonary and bronchopulmonary (hilar) nodes and to inferior tracheobronchial (carinal) nodes, but then mostly to right superior tracheobronchial nodes, where it follows the same route as lymph from the right lung.



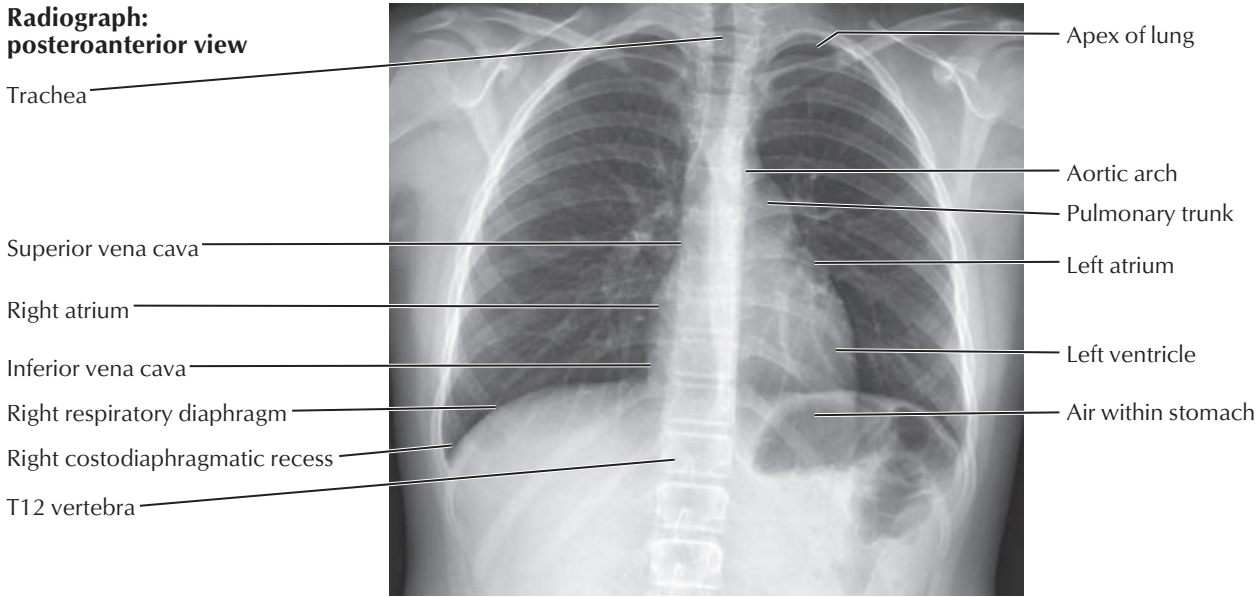
Innervation of Tracheobronchial Tree: Schema



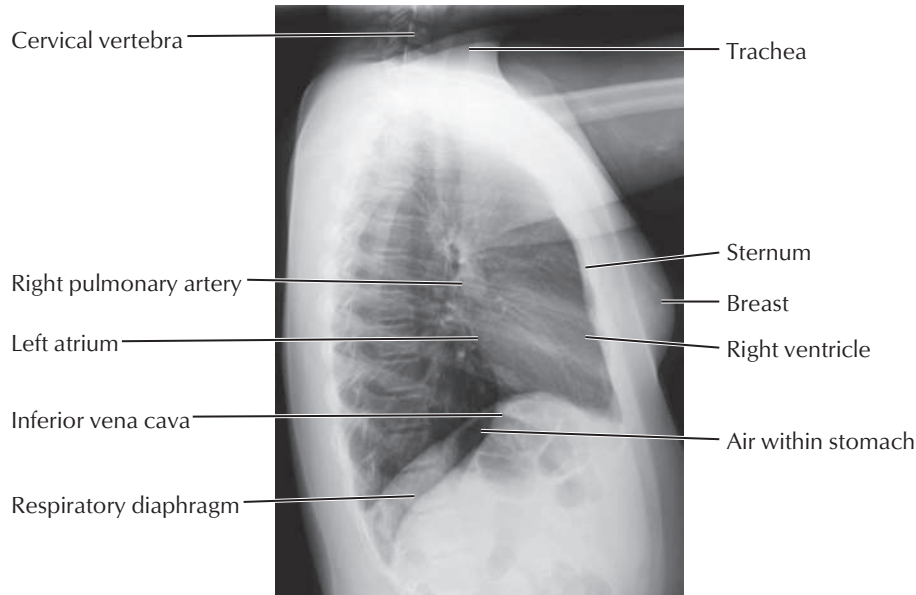




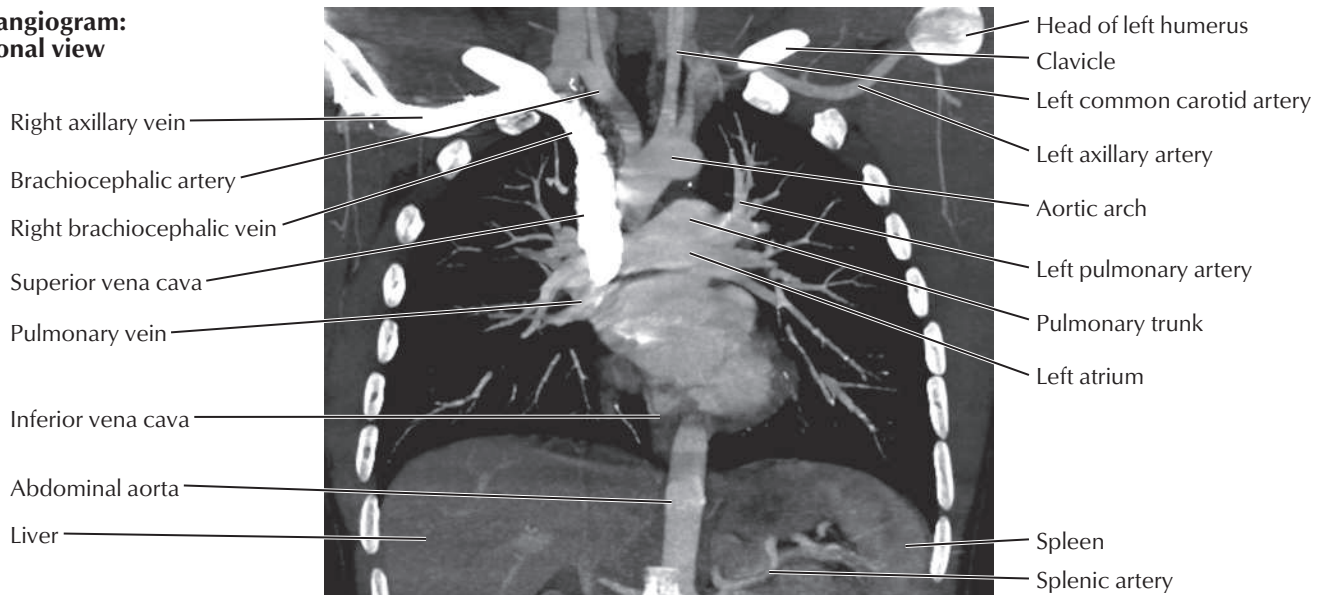
**Radiograph:
posteroanterior view**

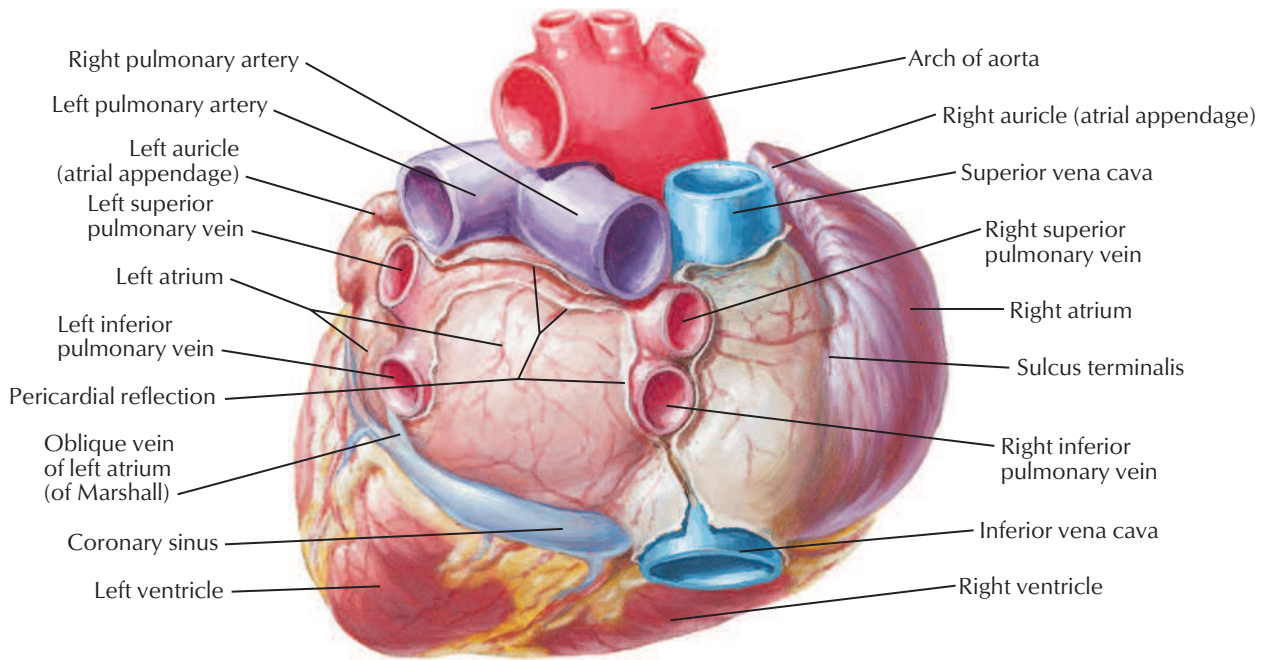


**Radiograph:
lateral view**

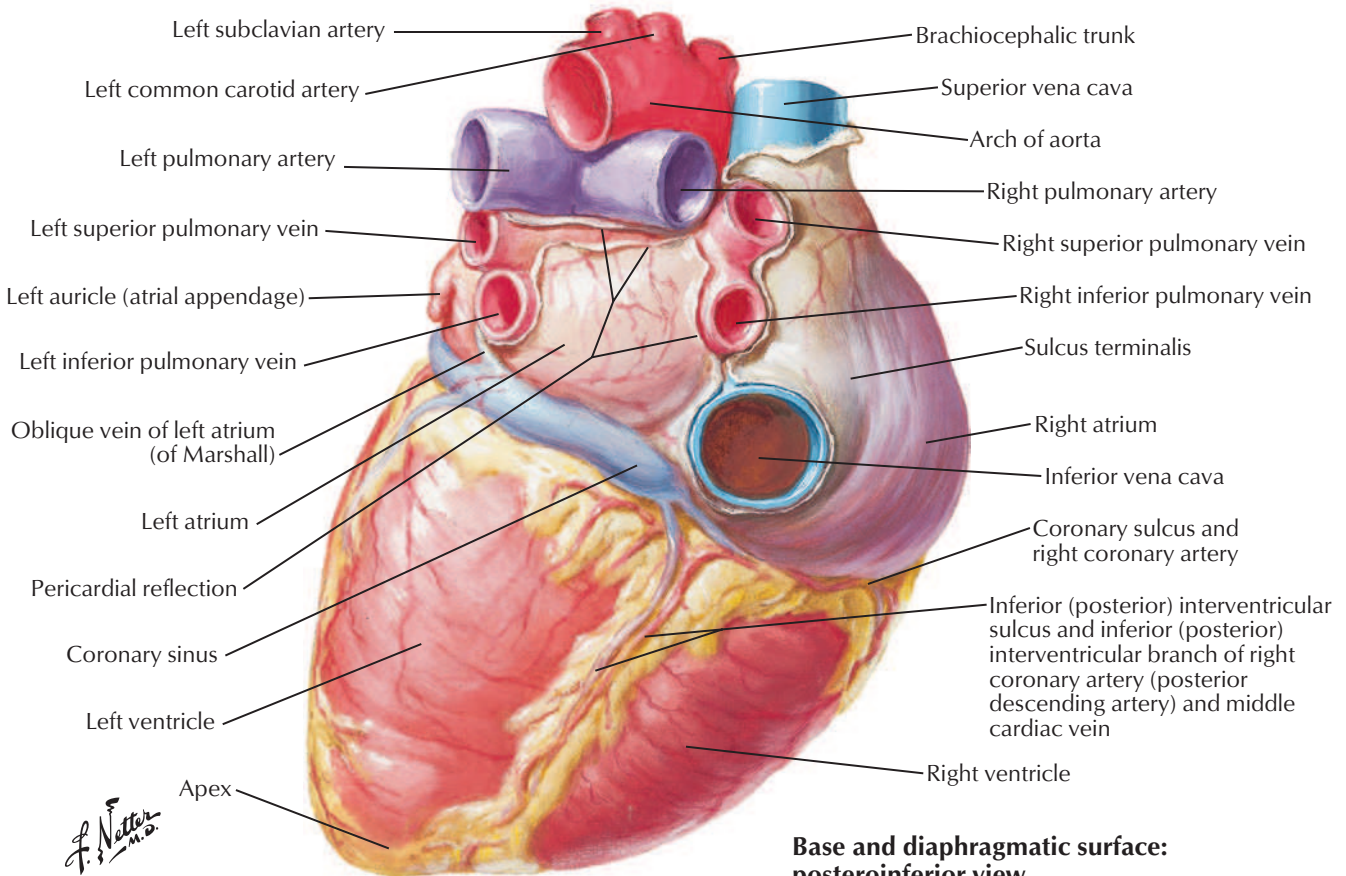


**CT angiogram:
coronal view**

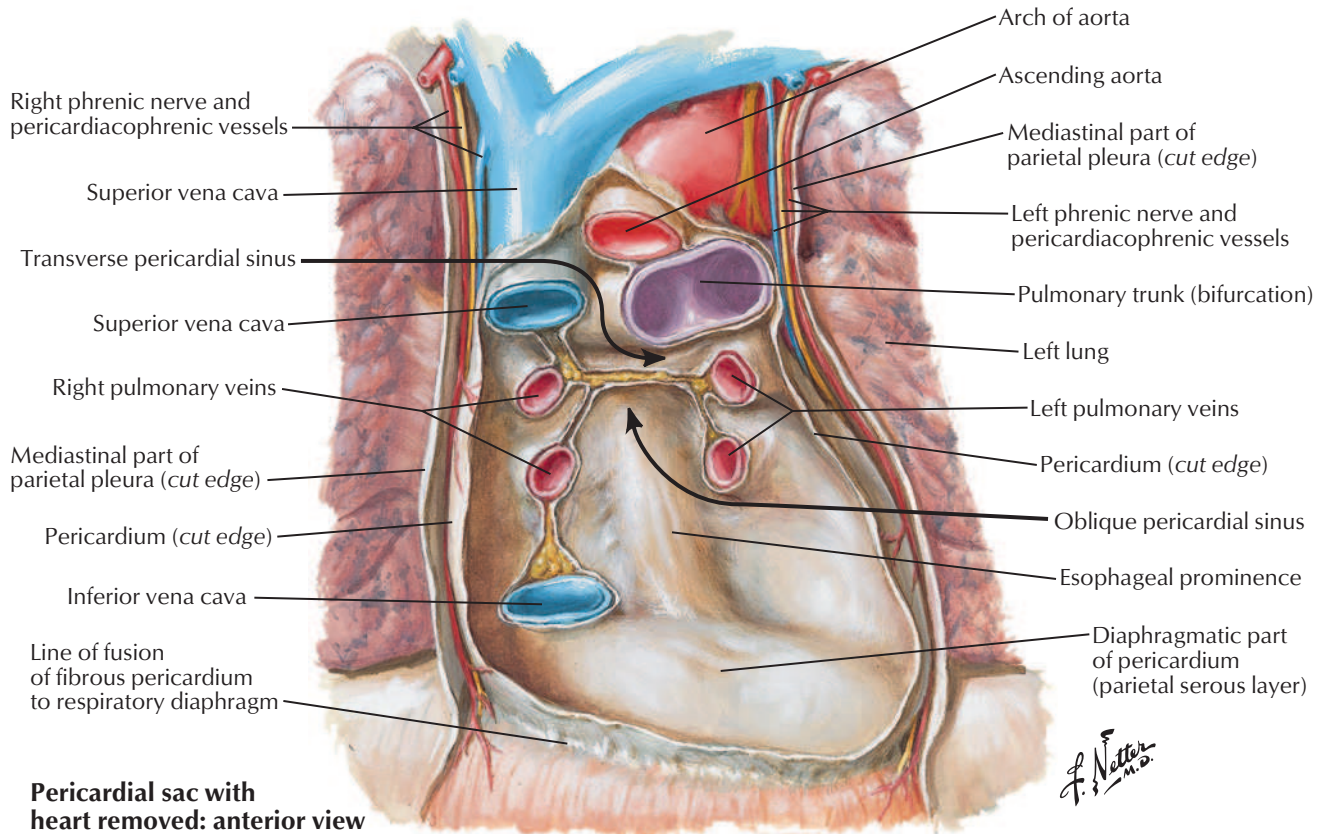
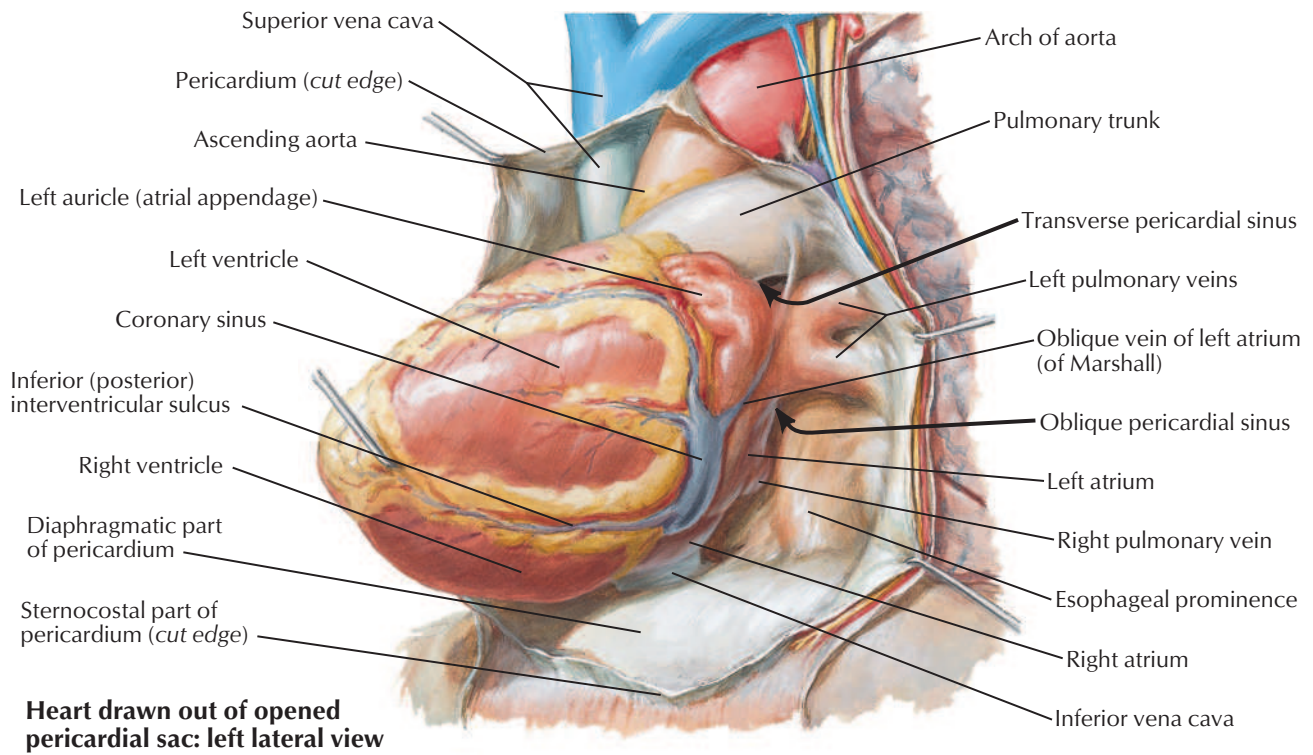




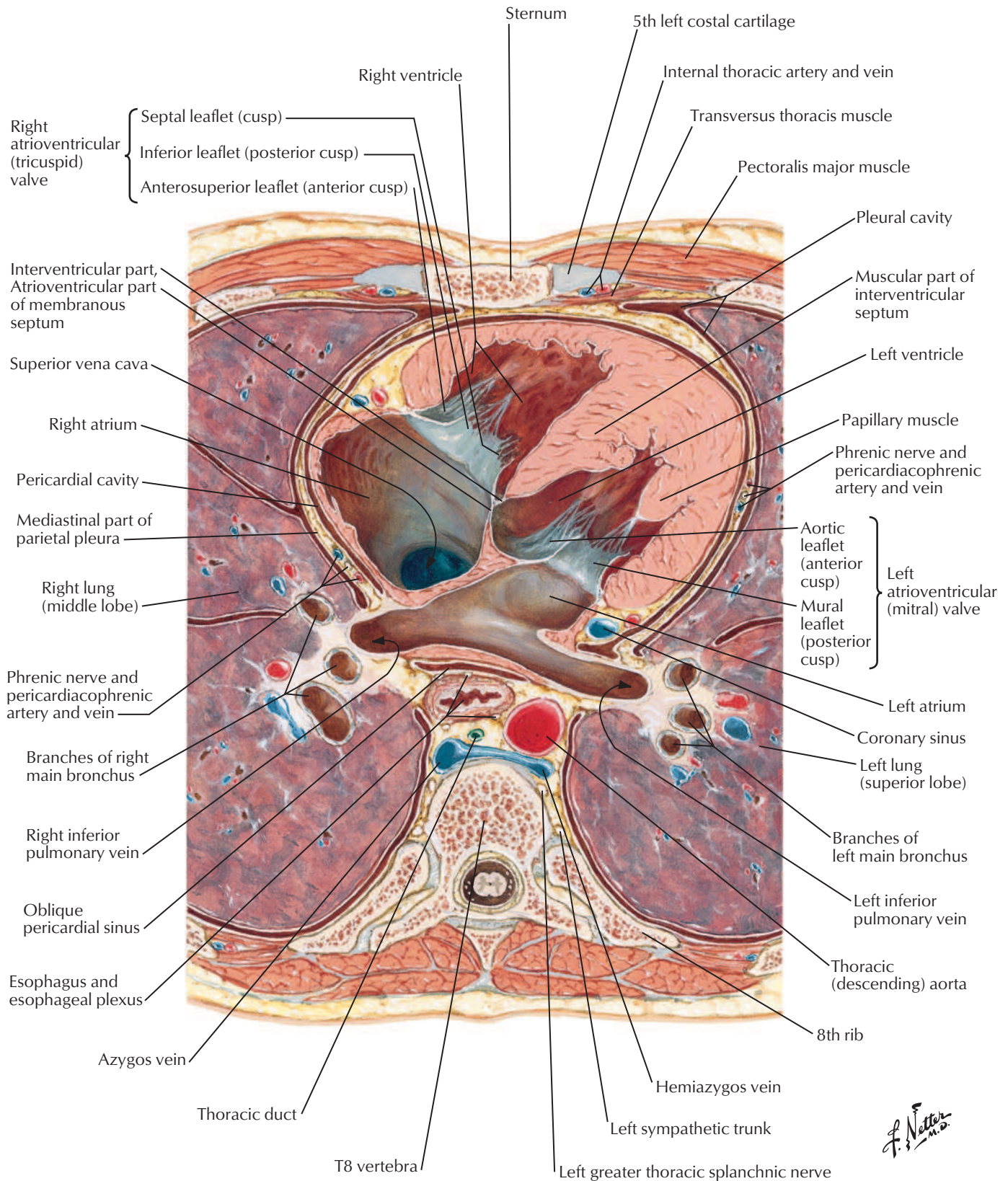
Base of heart: posterior view

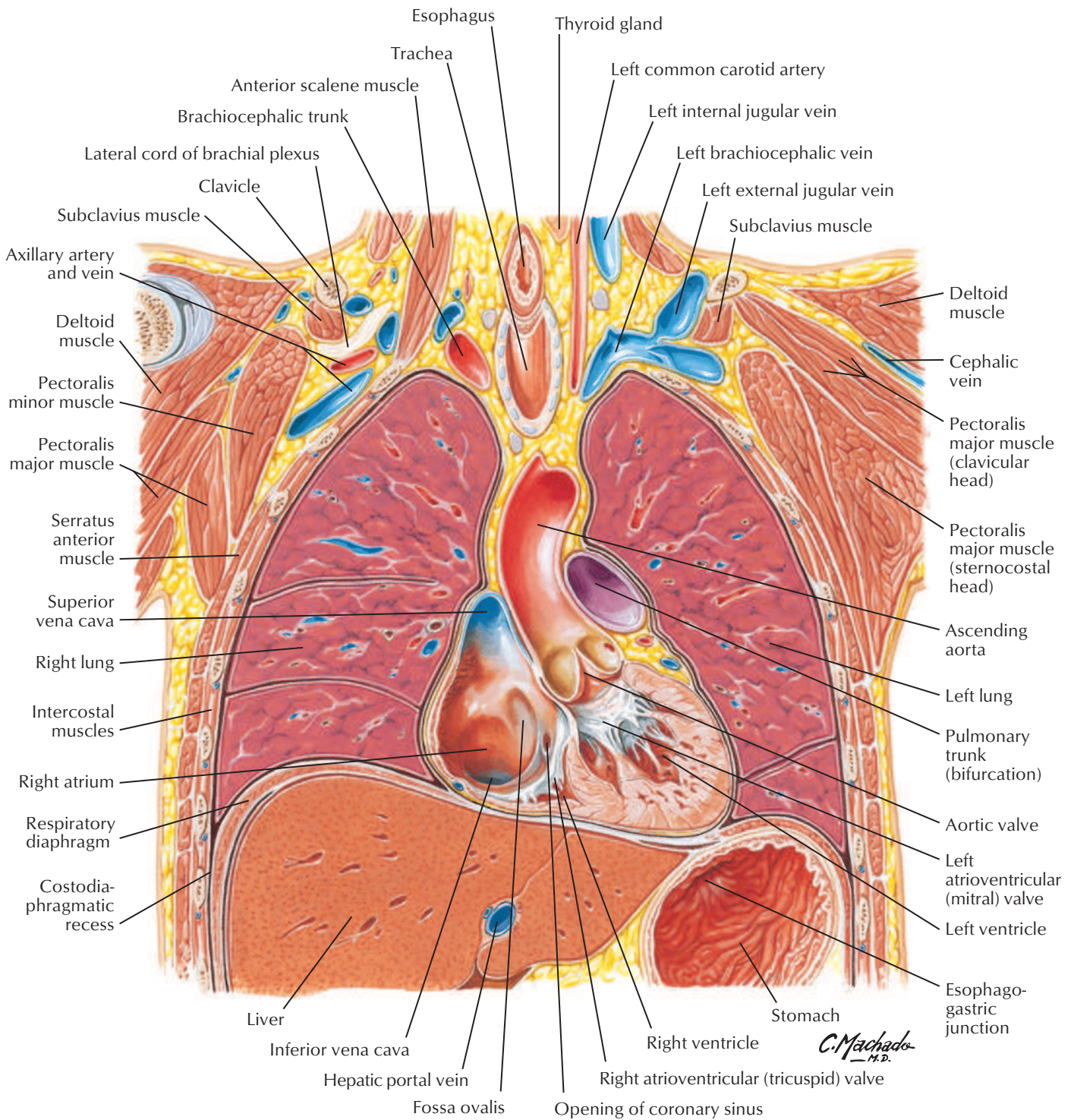


Base and diaphragmatic surface: posteroinferior view

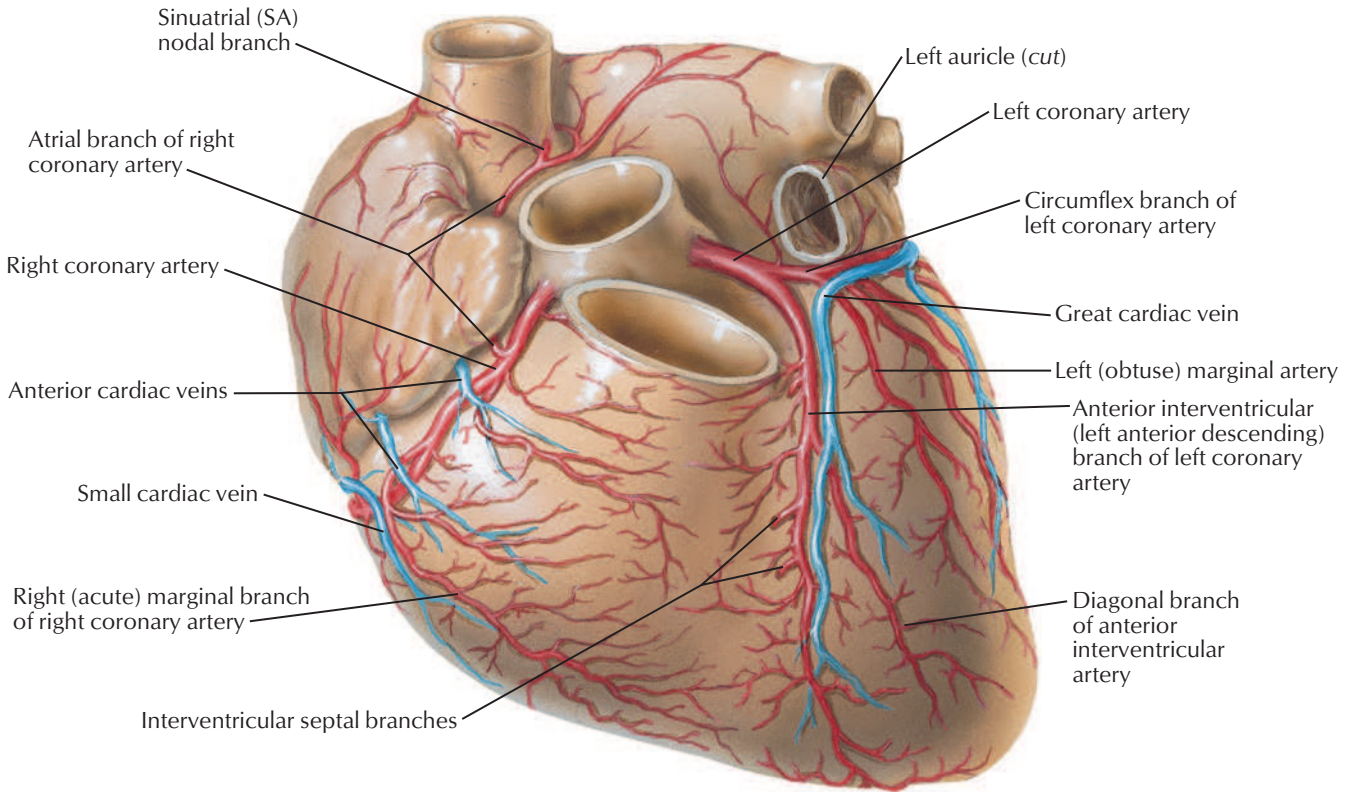


Mediastinum: Cross Section

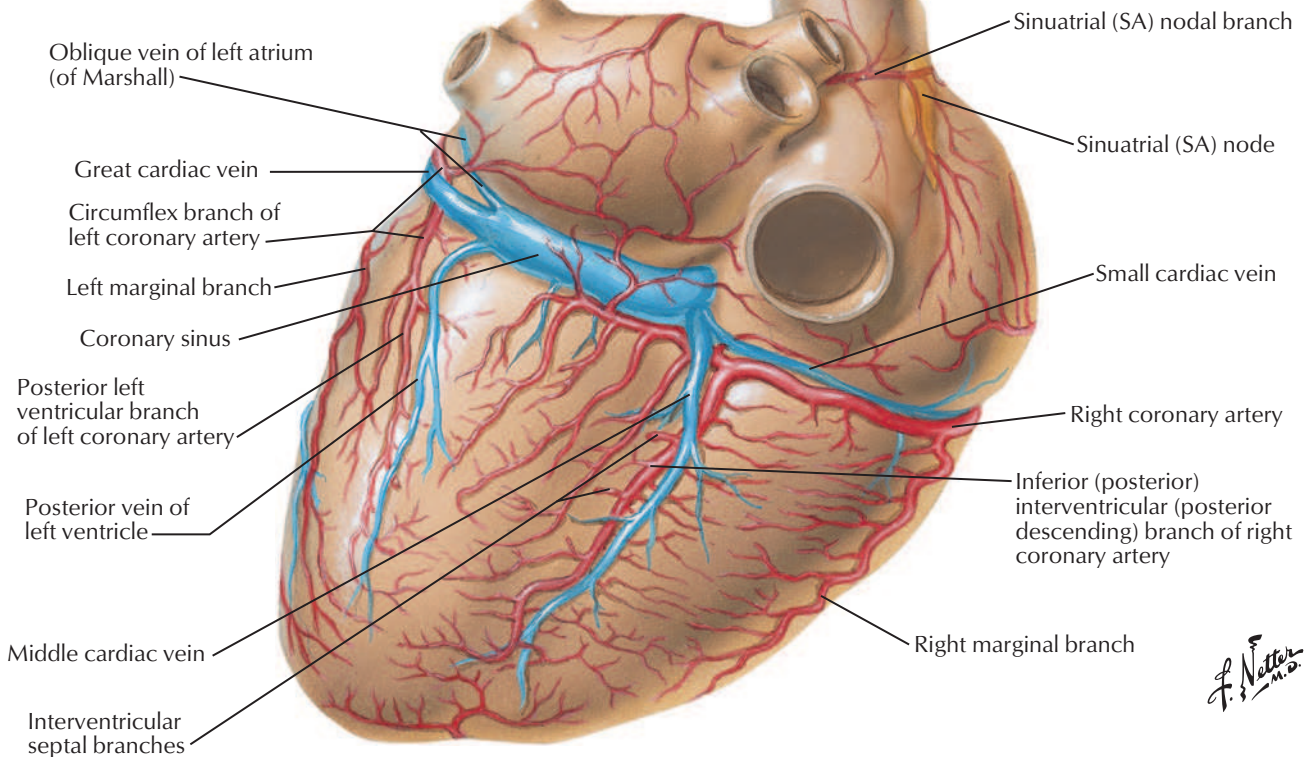


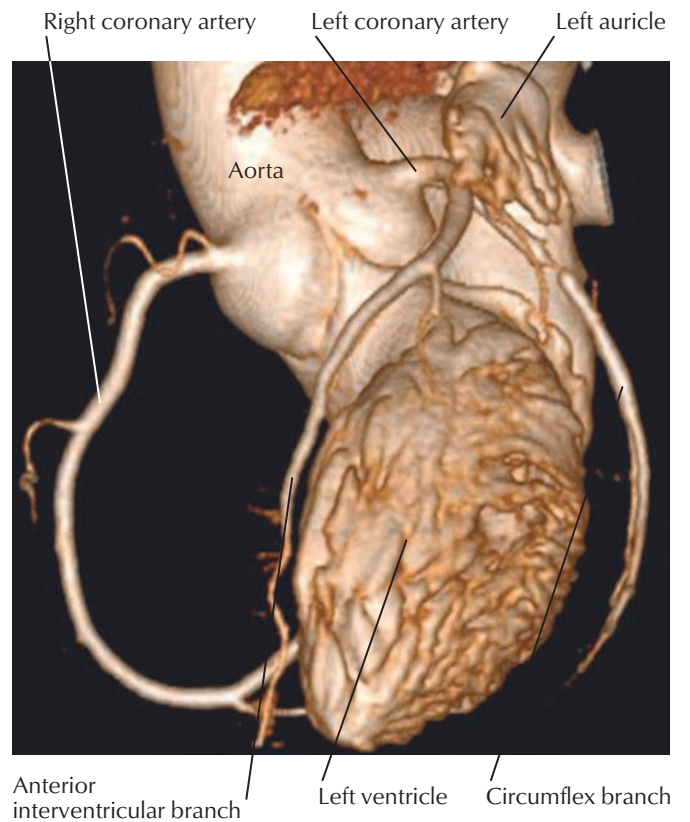
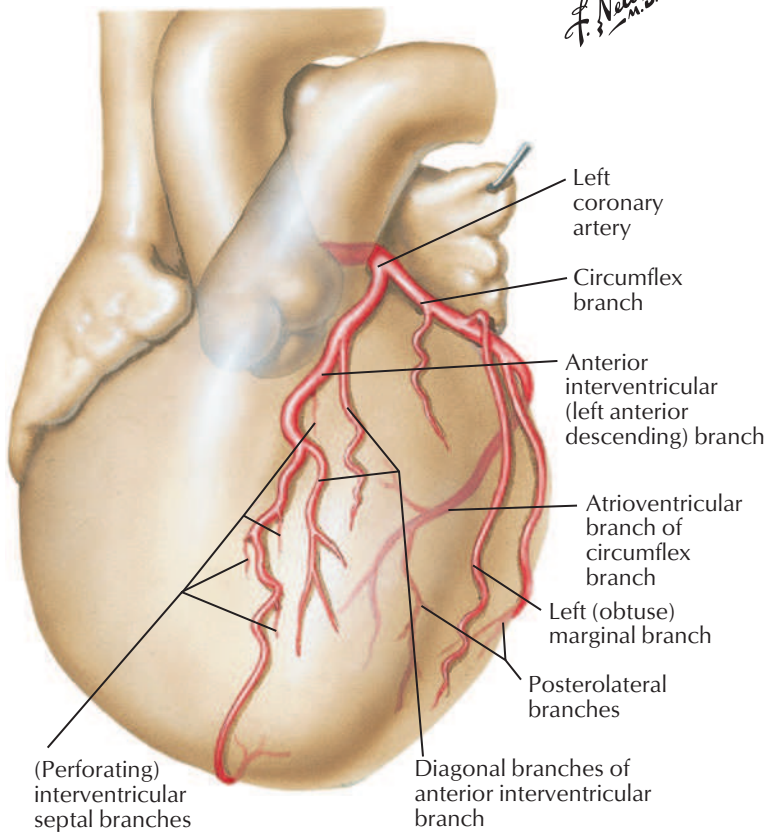
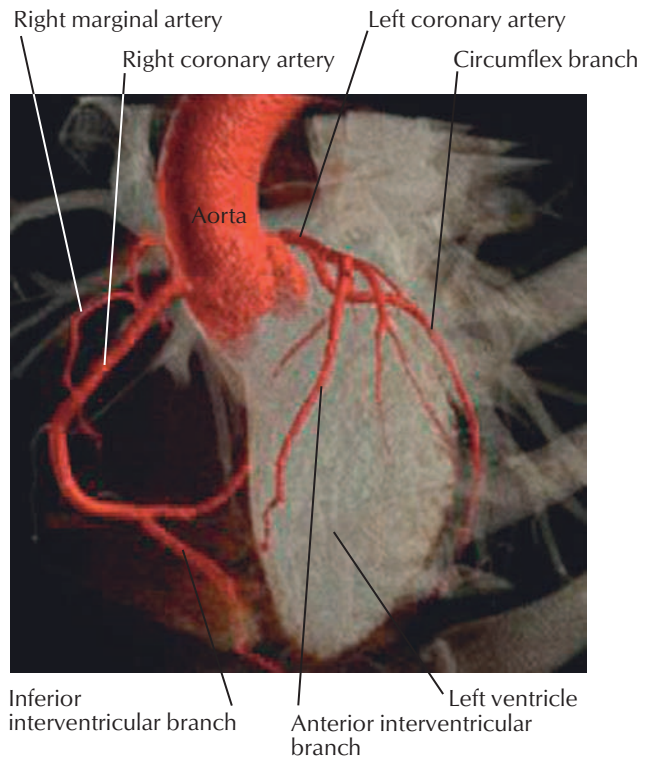
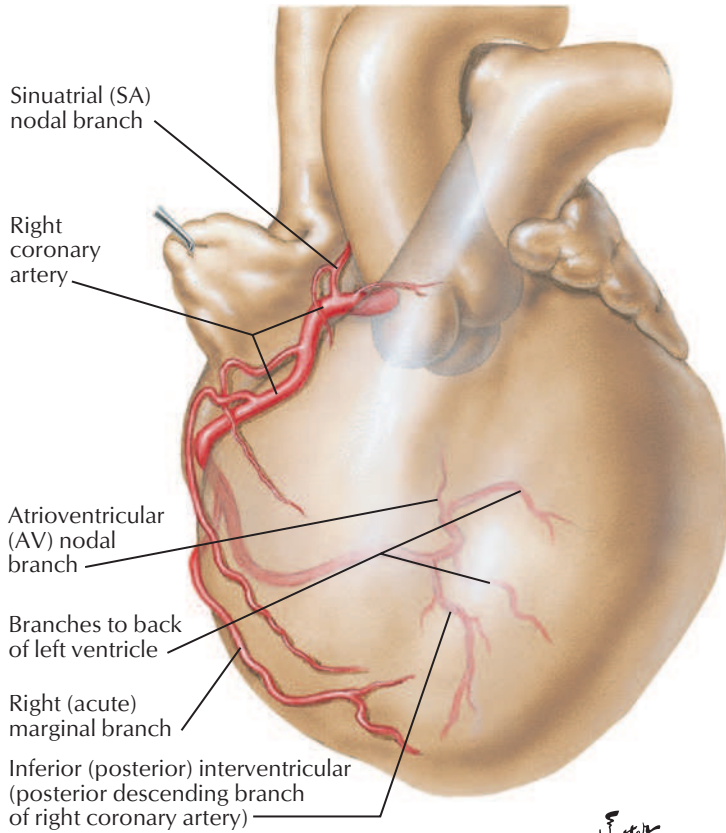


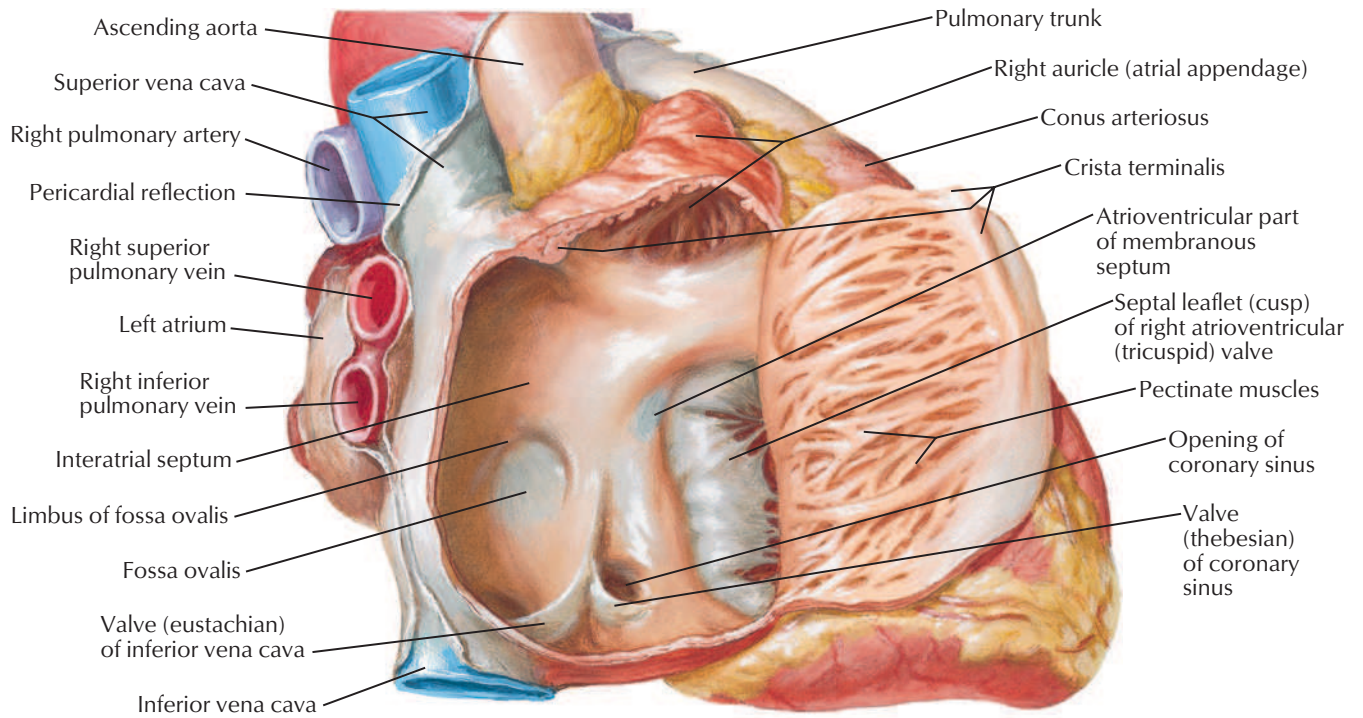
Sternocostal surface



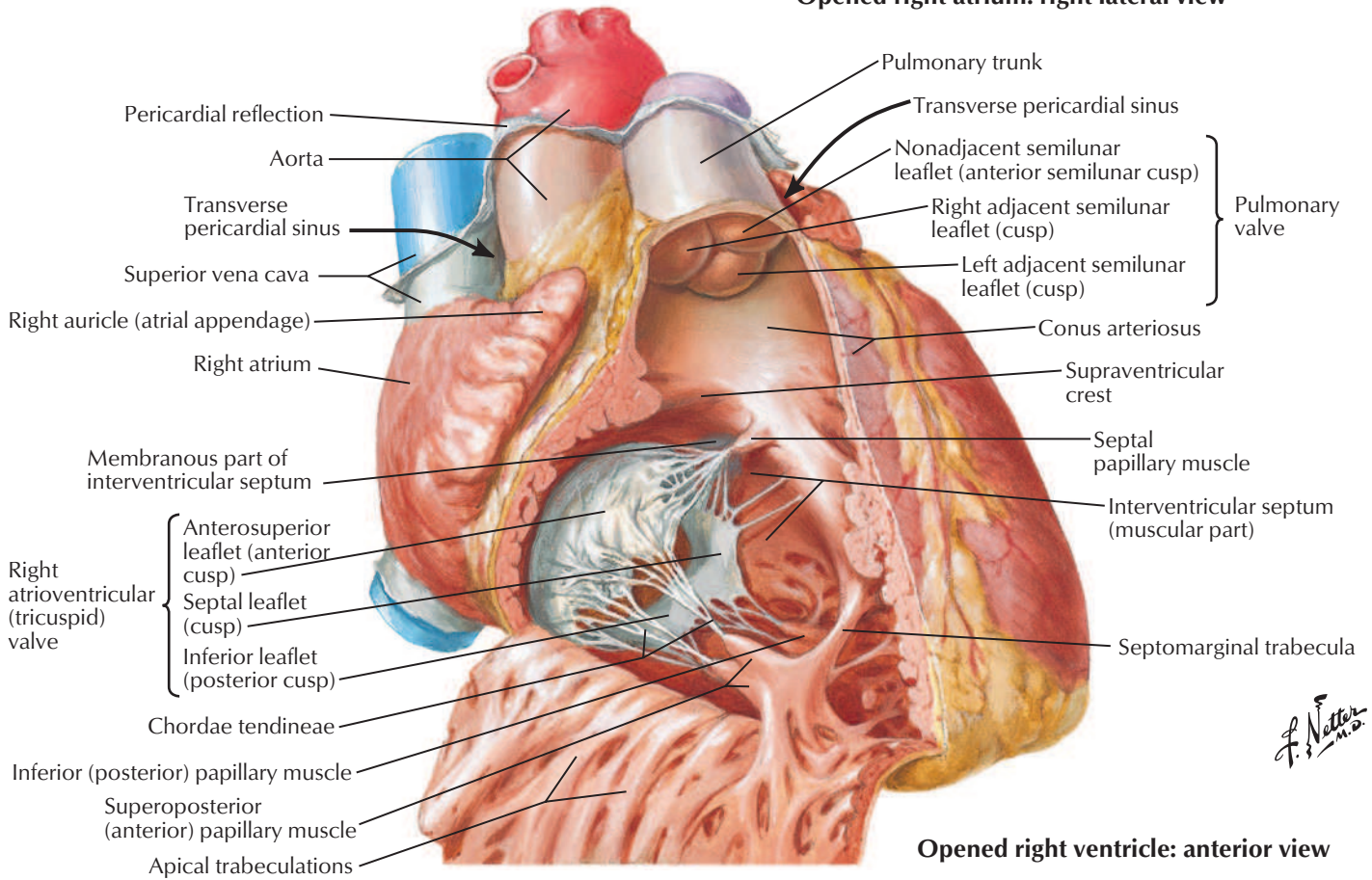
Diaphragmatic surface



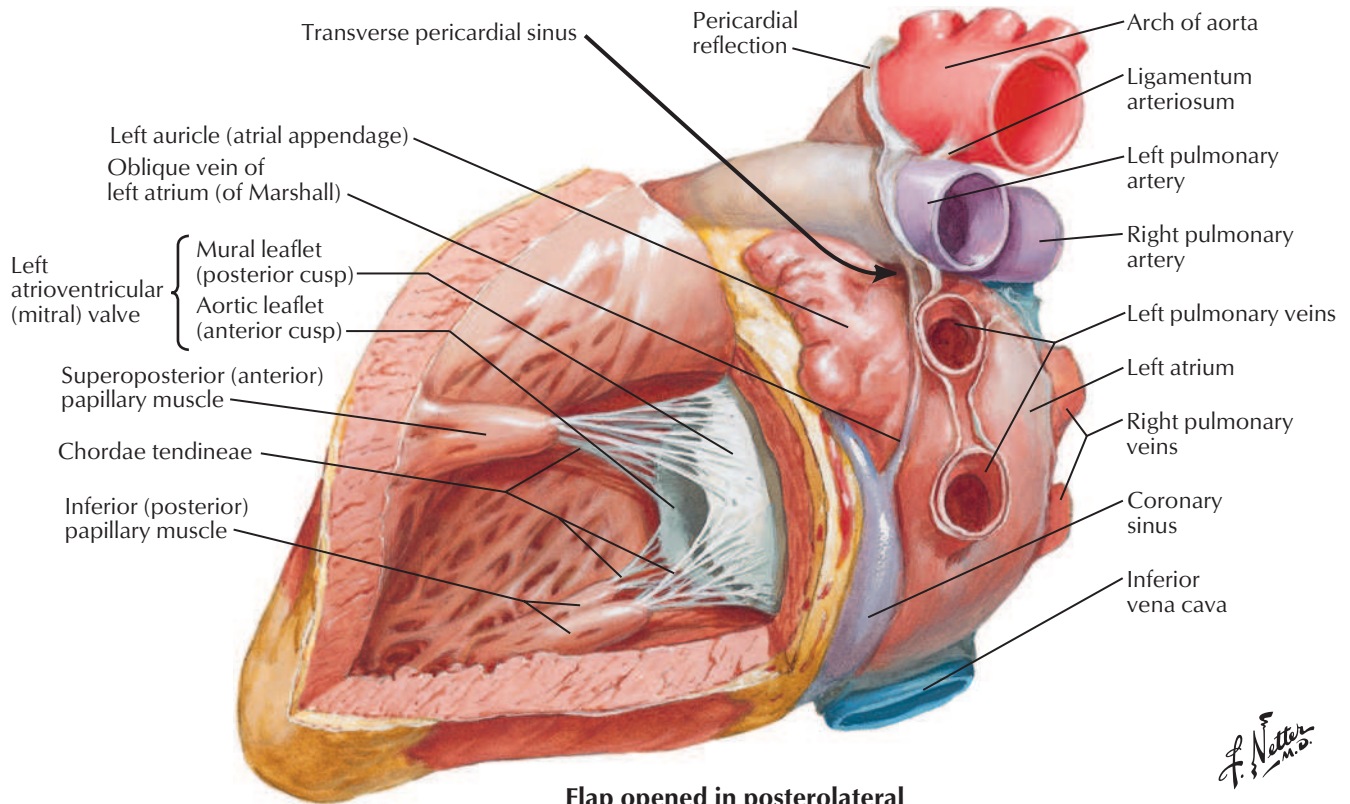




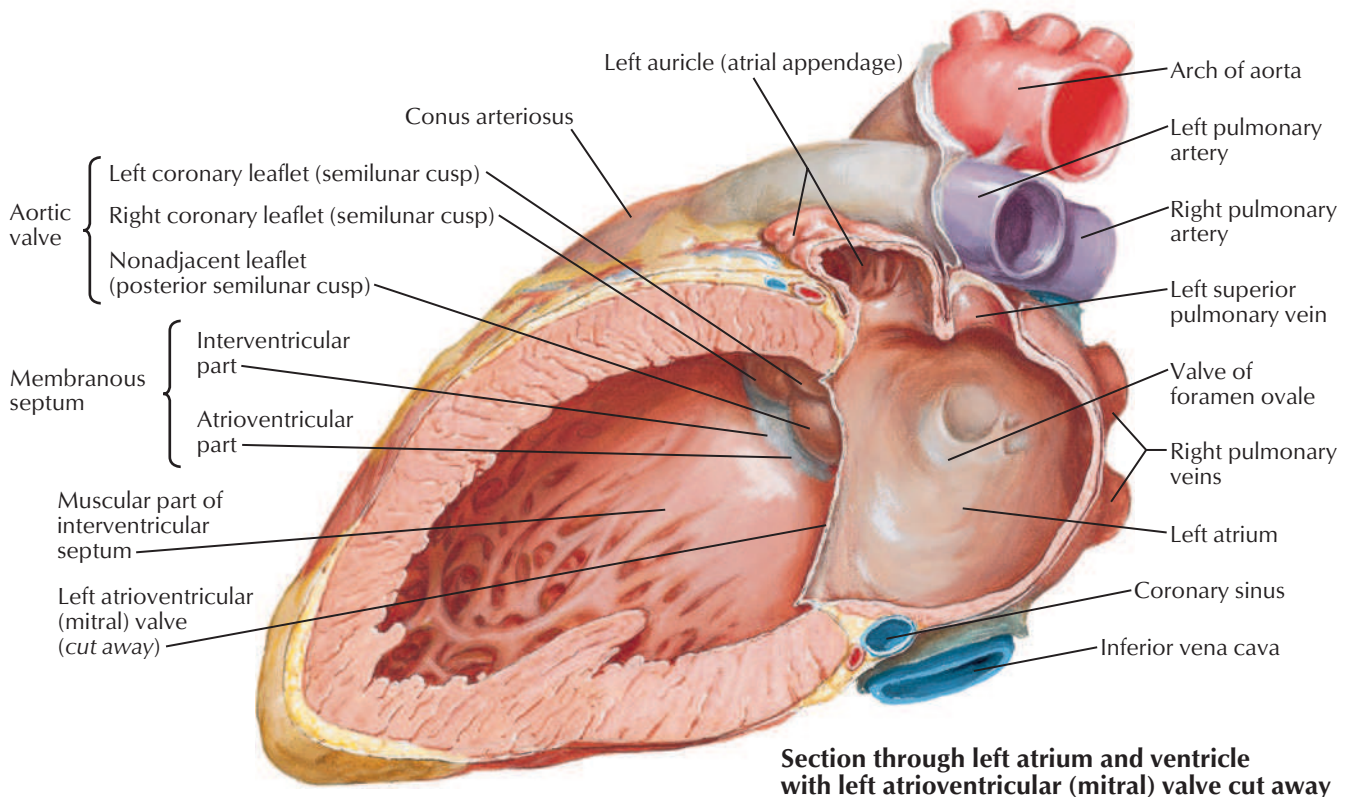
Opened right atrium: right lateral view



Opened right ventricle: anterior view

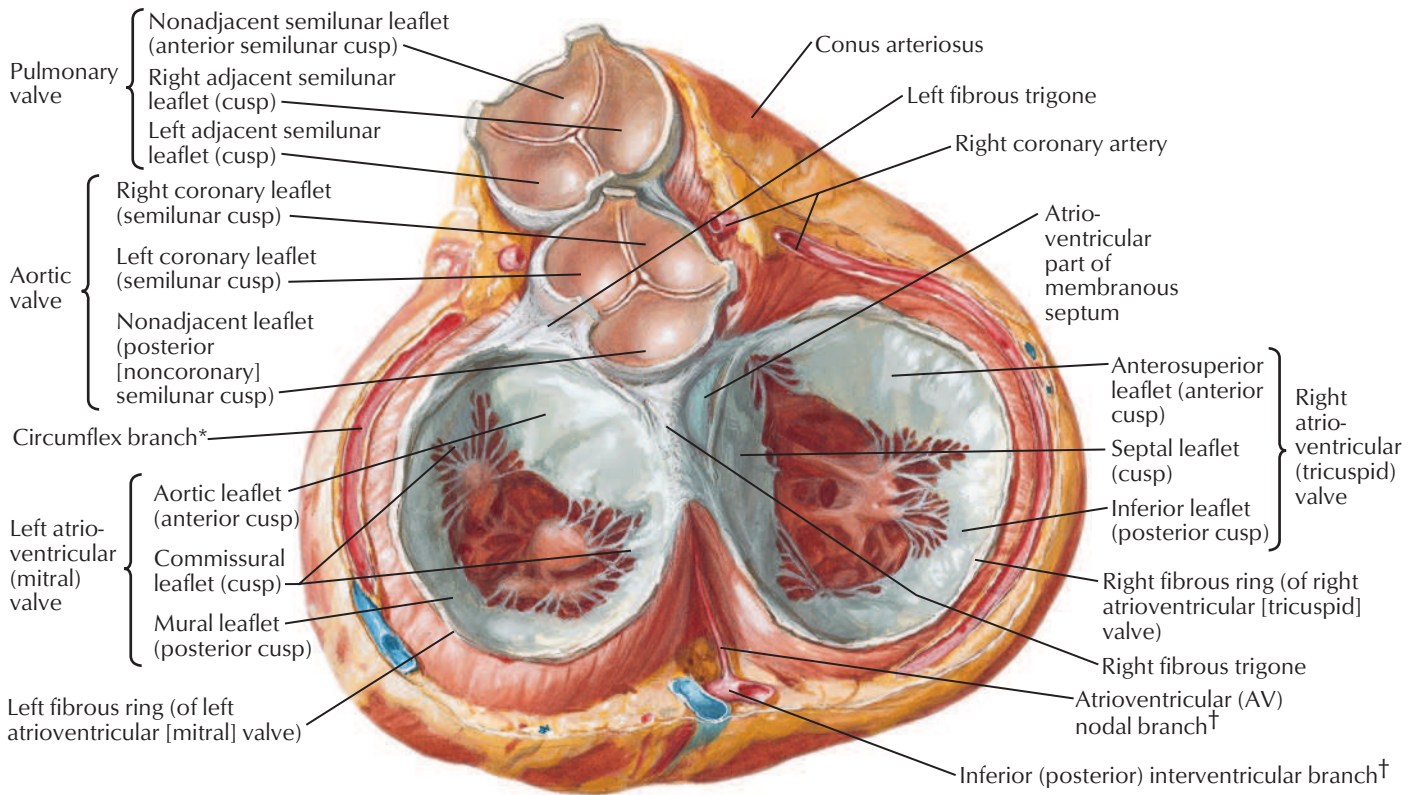


Flap opened in posterolateral wall of left ventricle



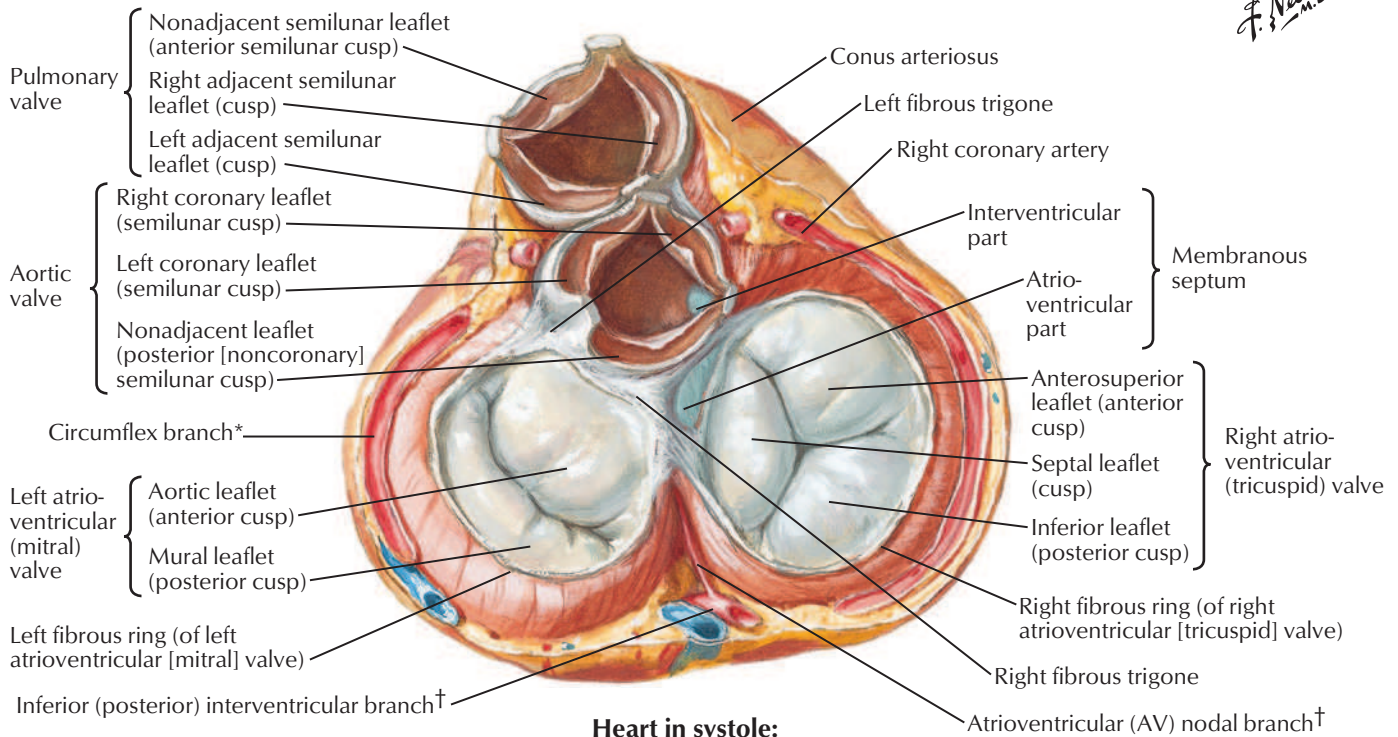
Section through left atrium and ventricle with left atrioventricular (mitral) valve cut away

Valves and Fibrous Skeleton of Heart



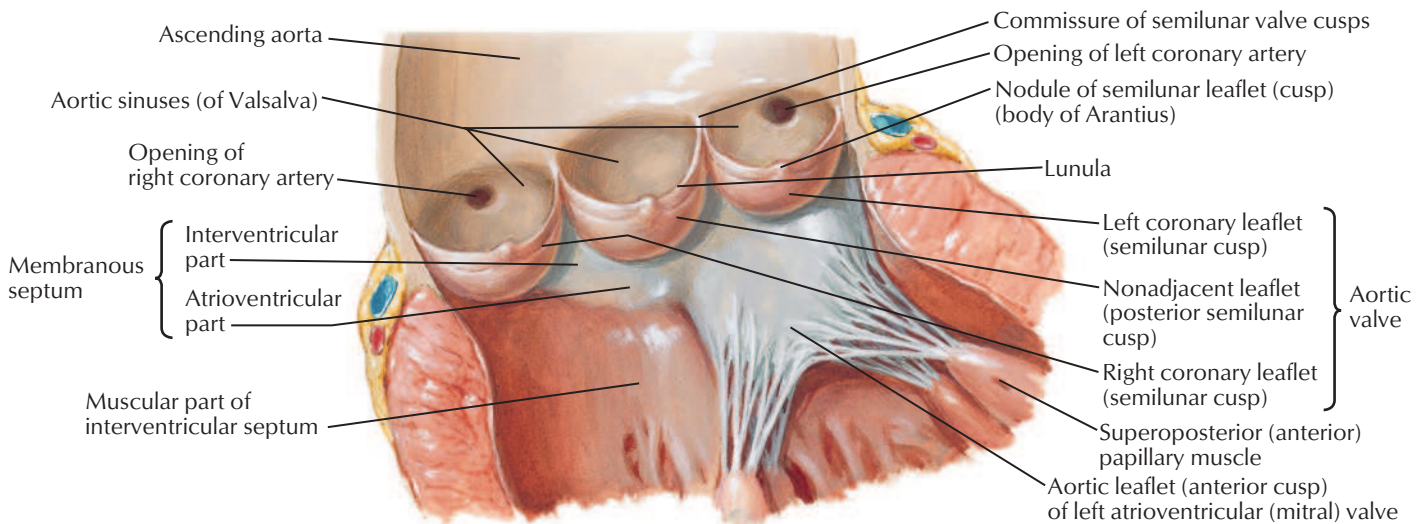
**Heart in diastole:
viewed from base with atria removed**

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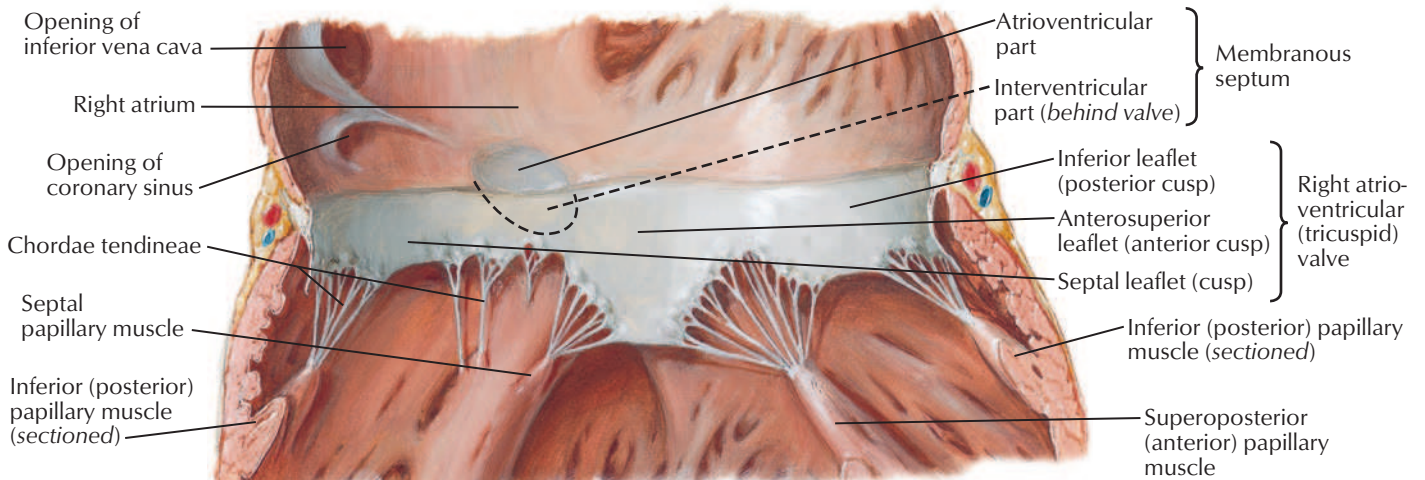


**Heart in systole:
viewed from base with atria removed**

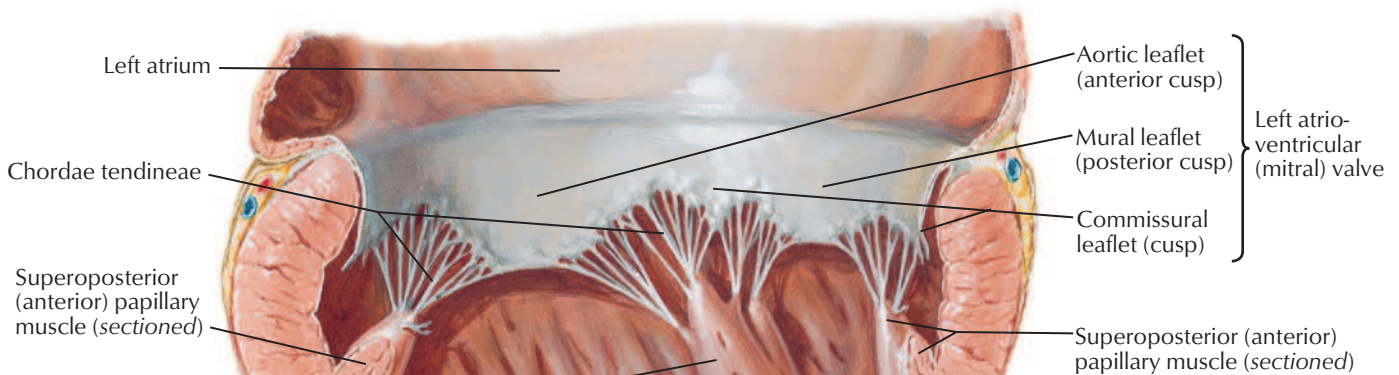
*Of left coronary artery
†Of right coronary artery



Aortic valve



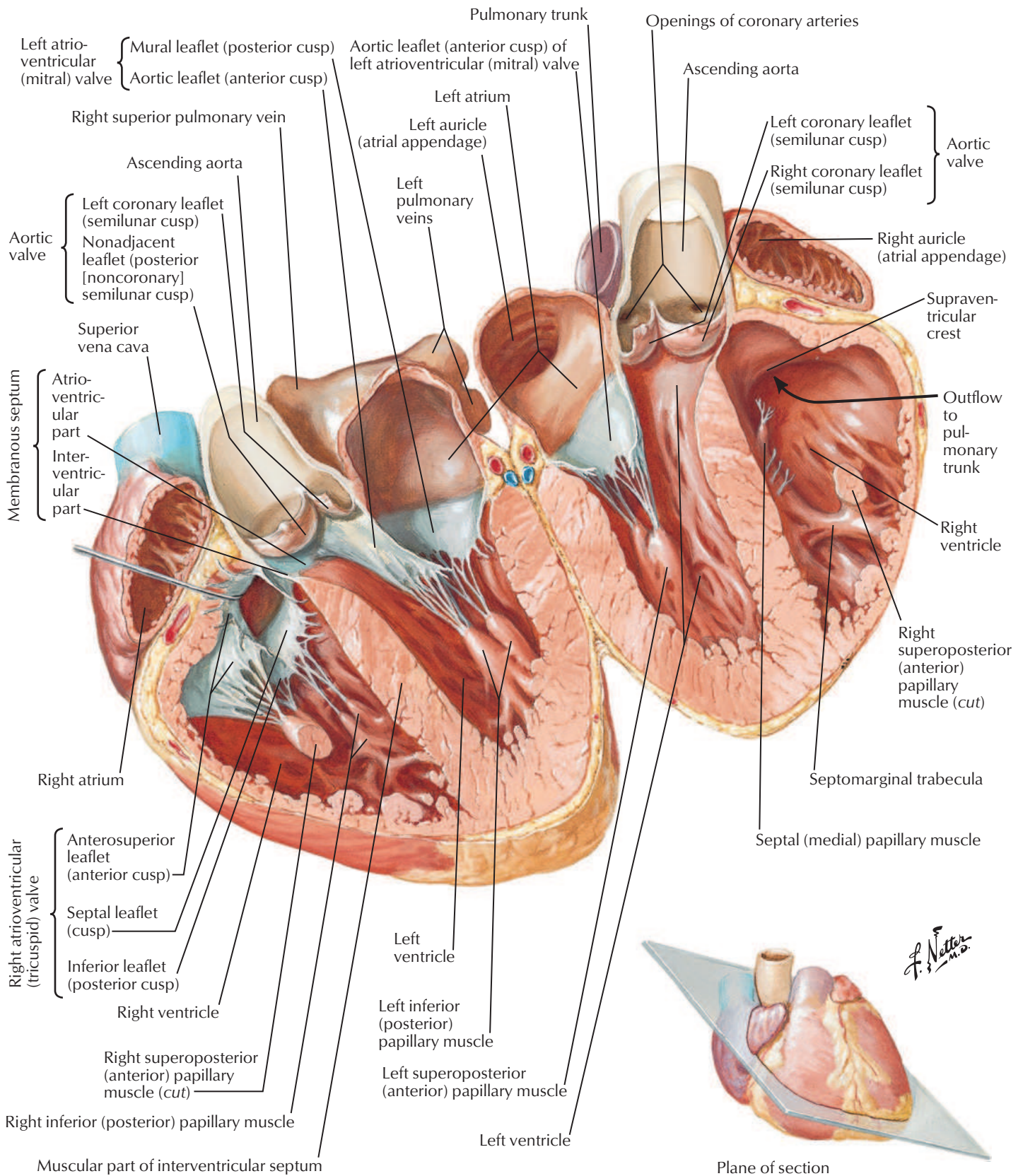
Right atrioventricular (tricuspid) valve



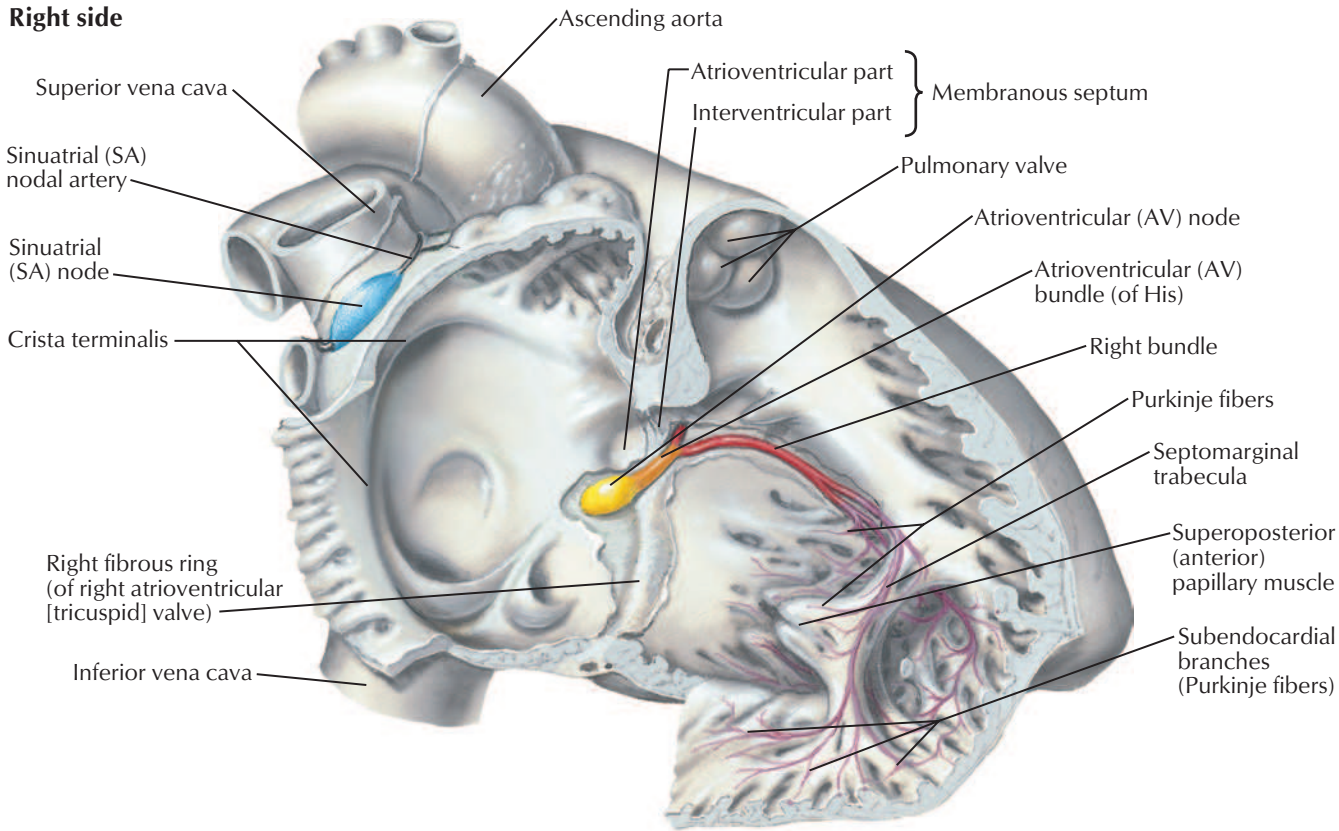
Left atrioventricular (mitral) valve

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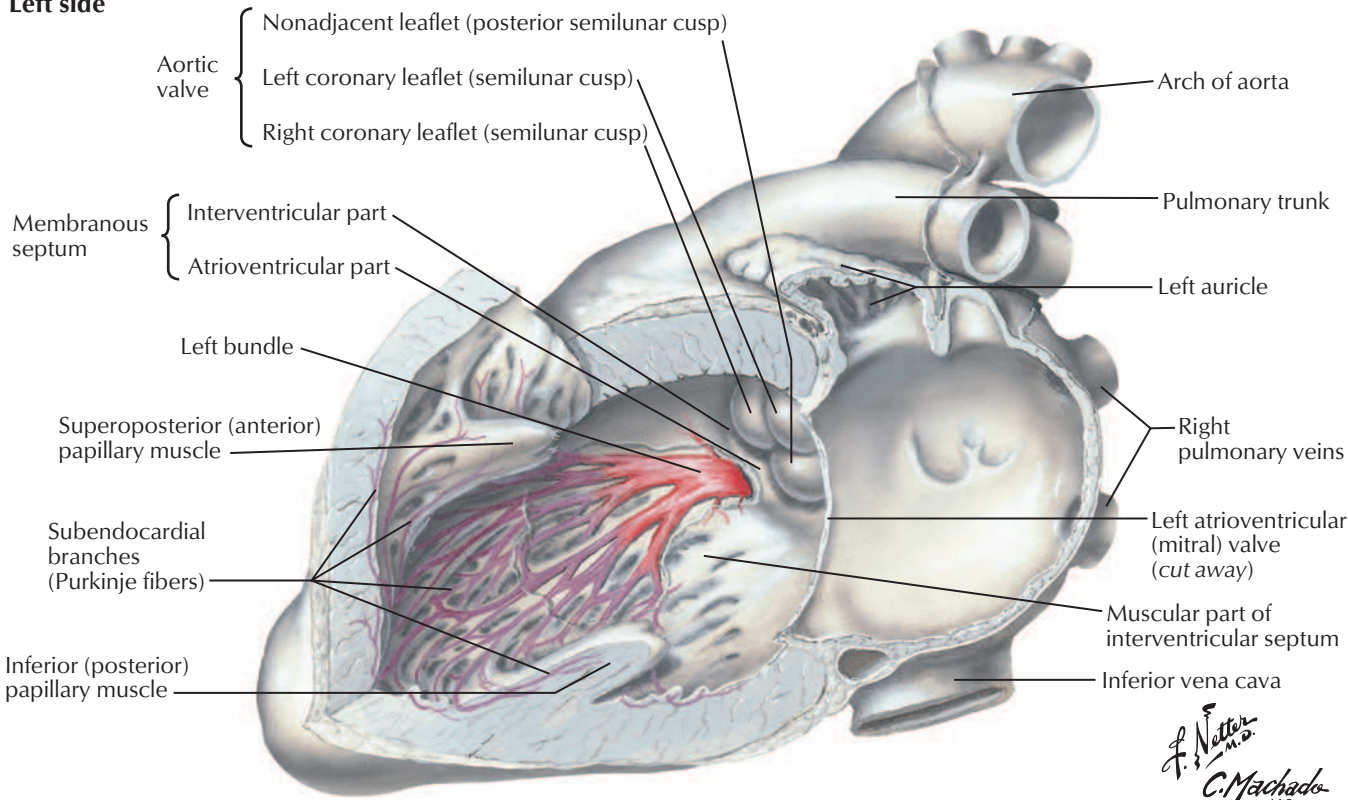
Atria, Ventricles, and Interventricular Septum



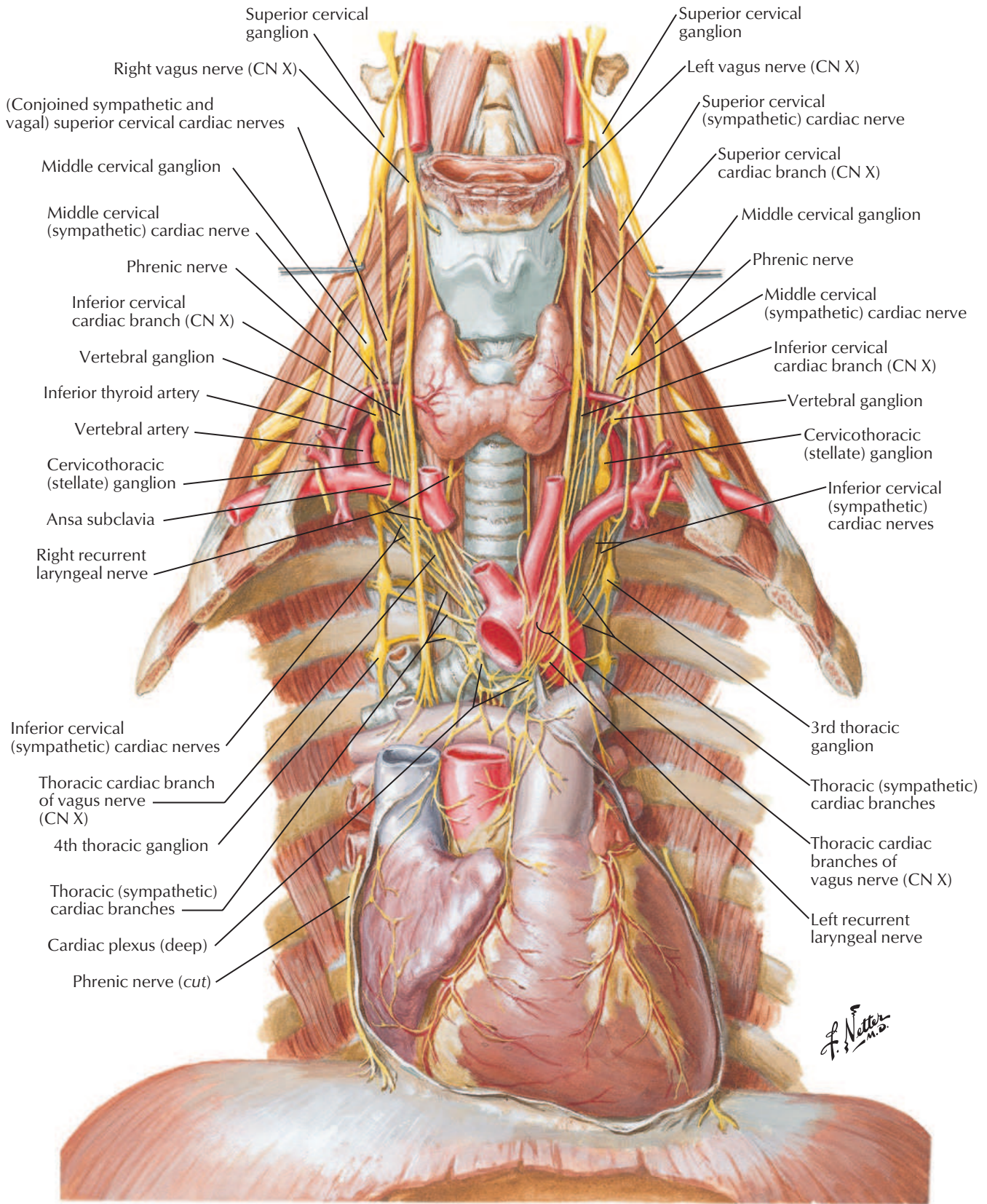
Right side

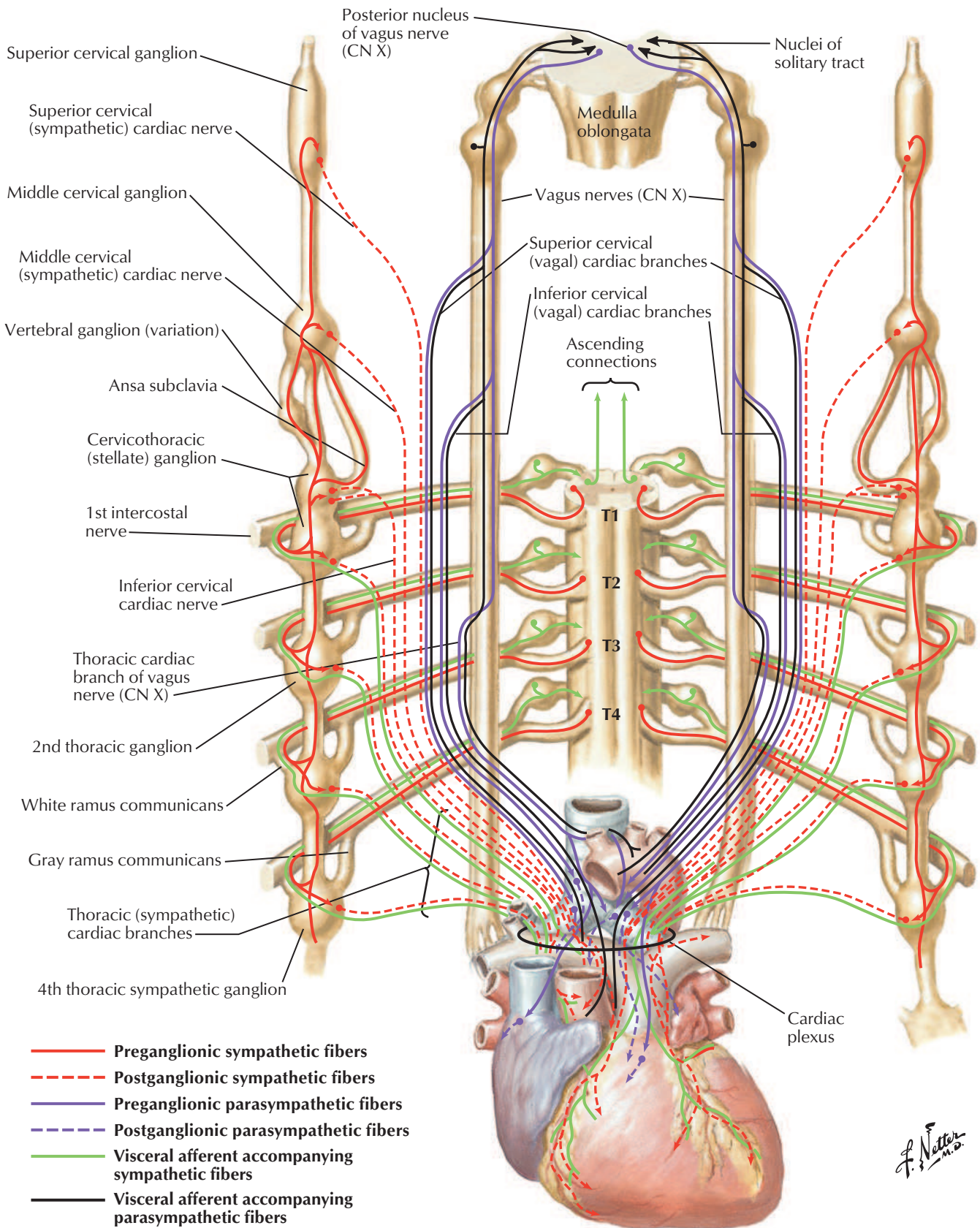


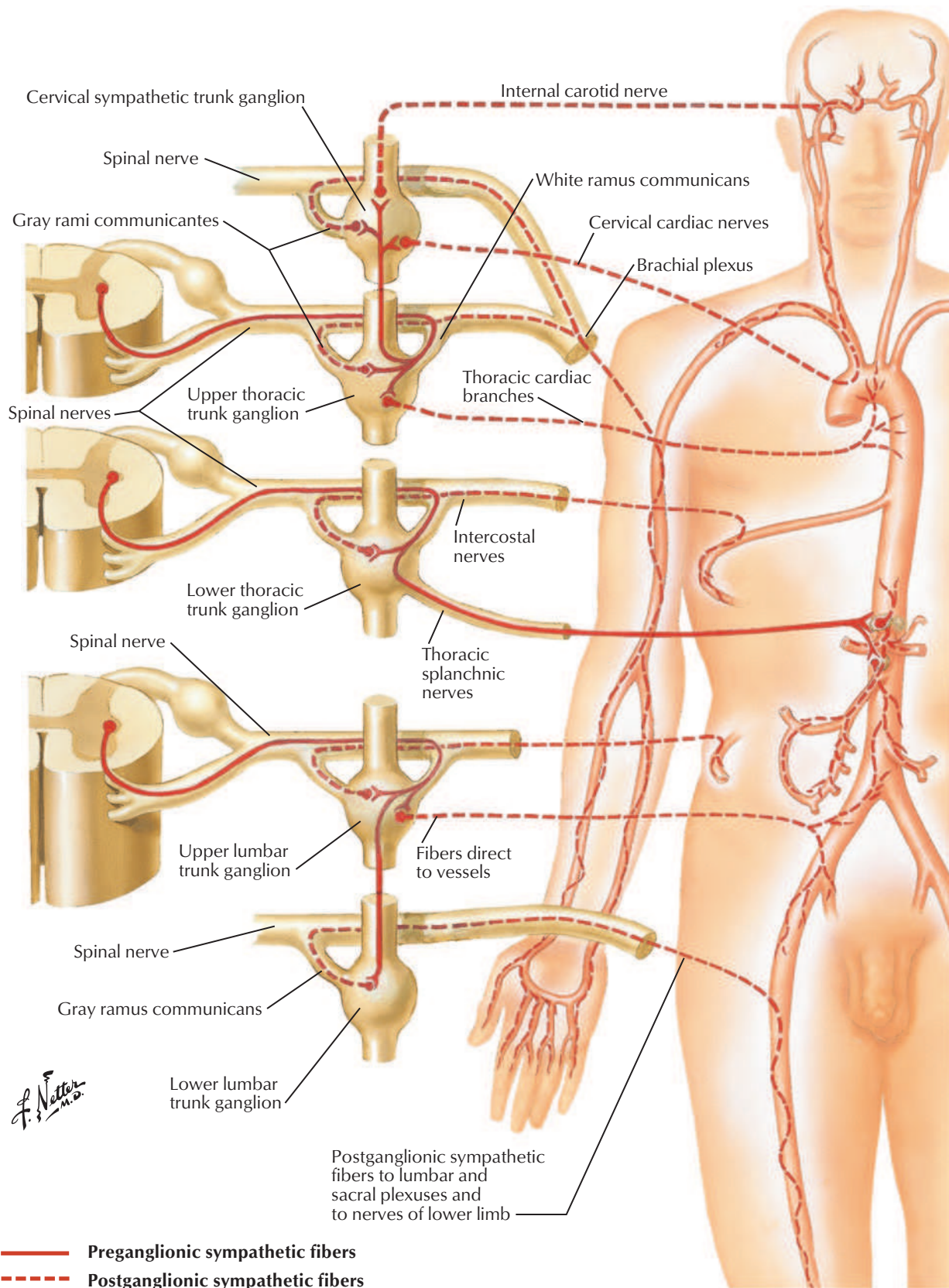
Left side



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C. Machado M.D.

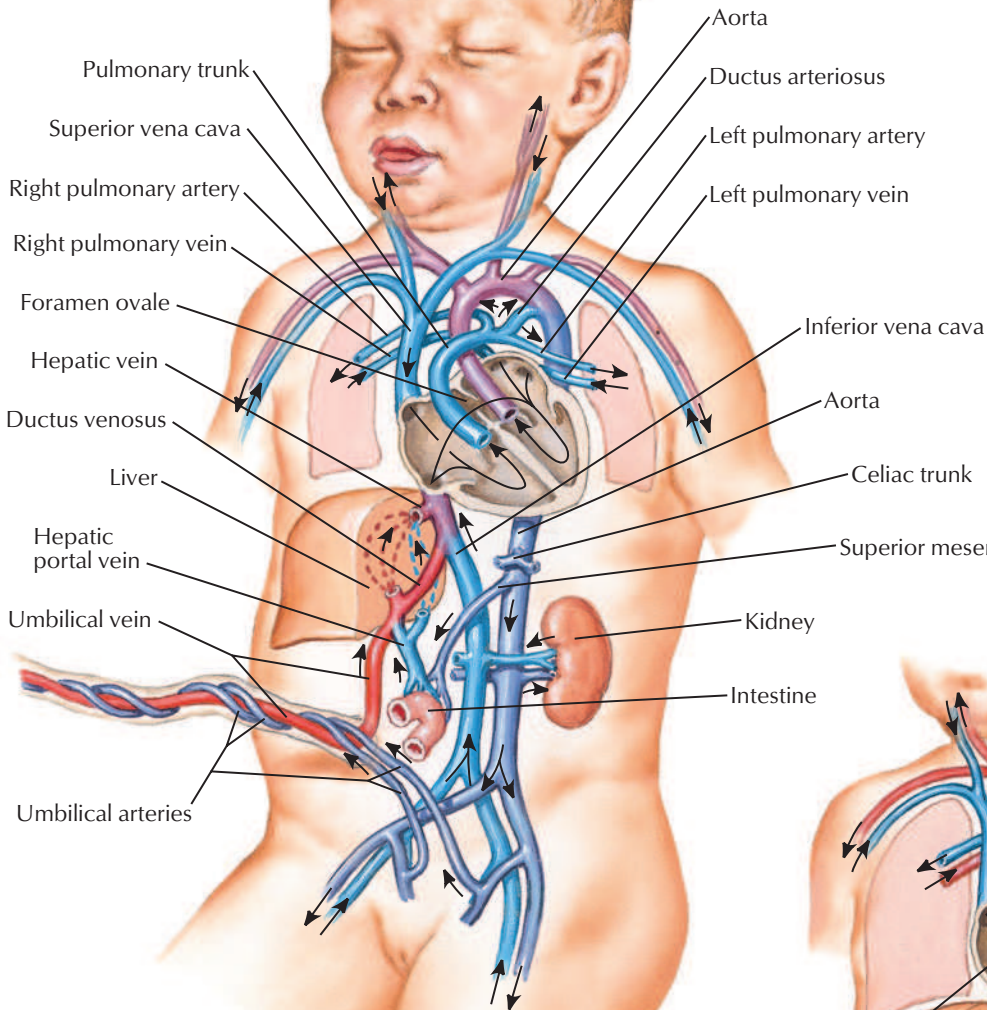






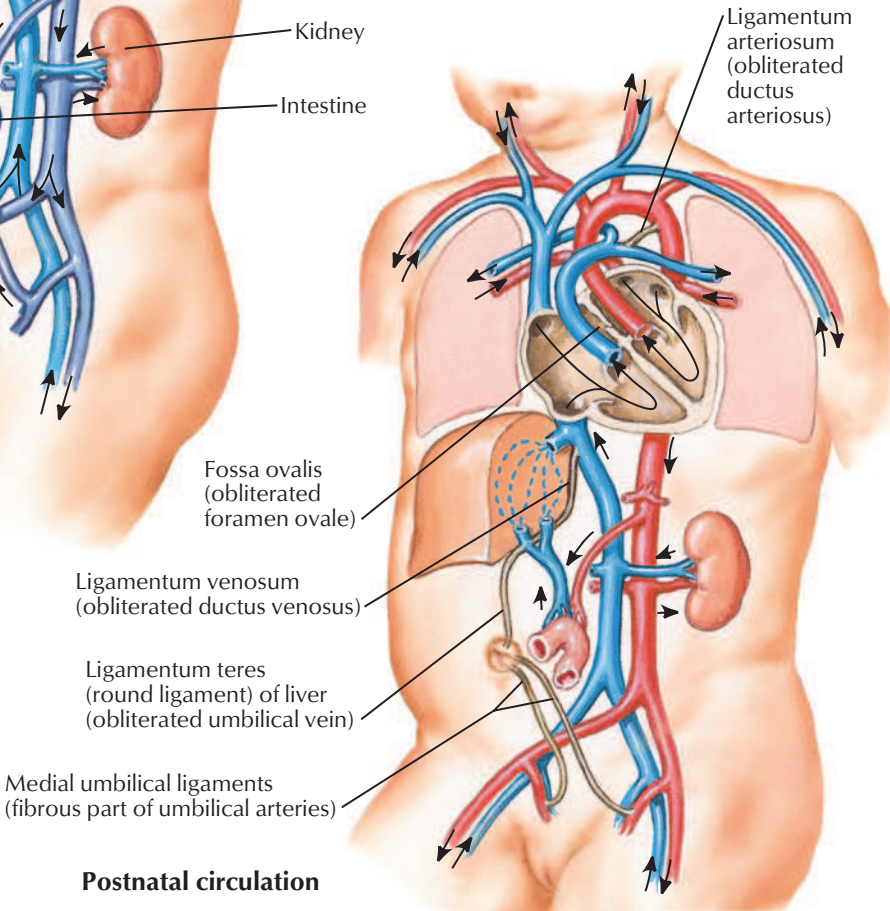
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Prenatal circulation

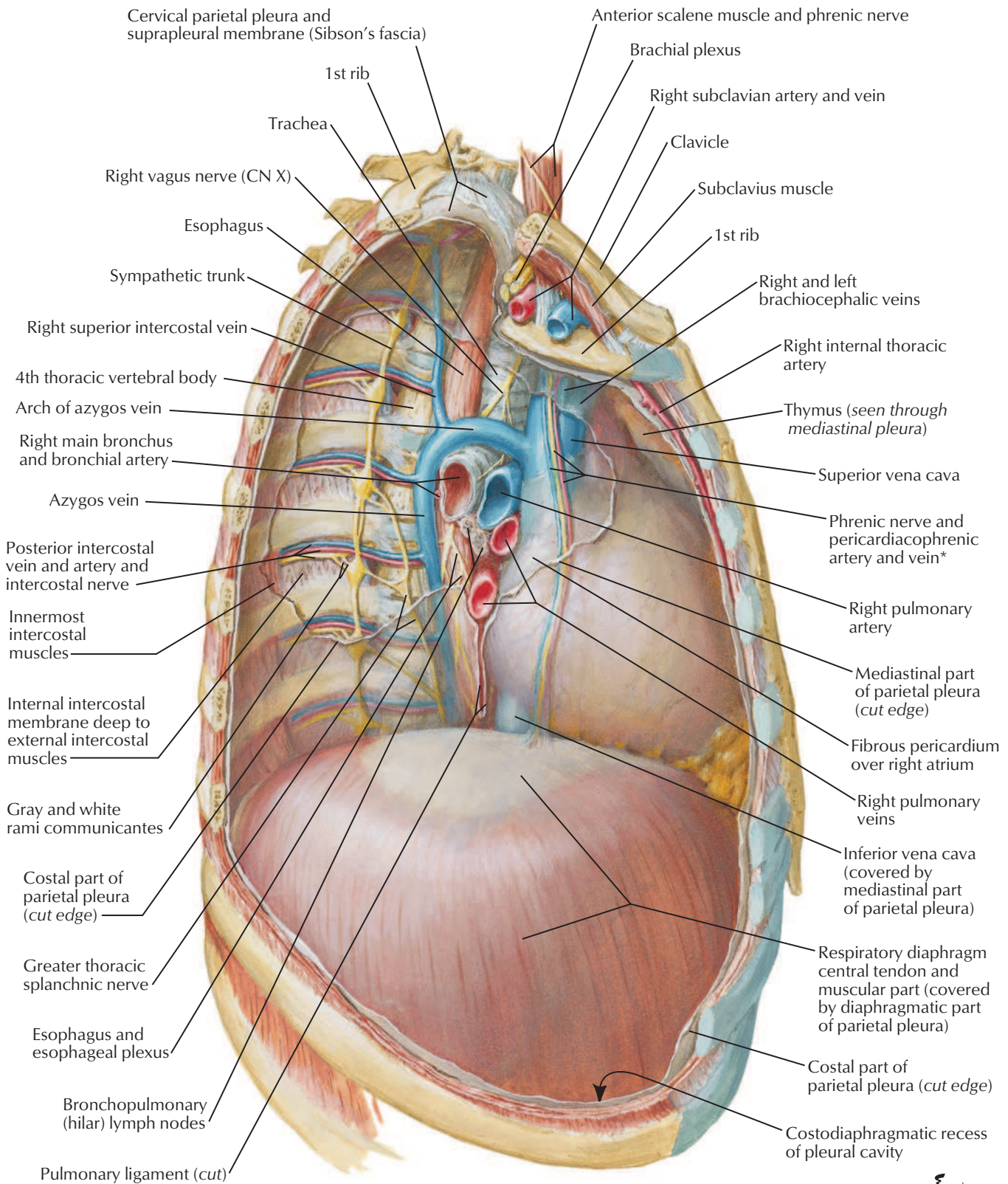


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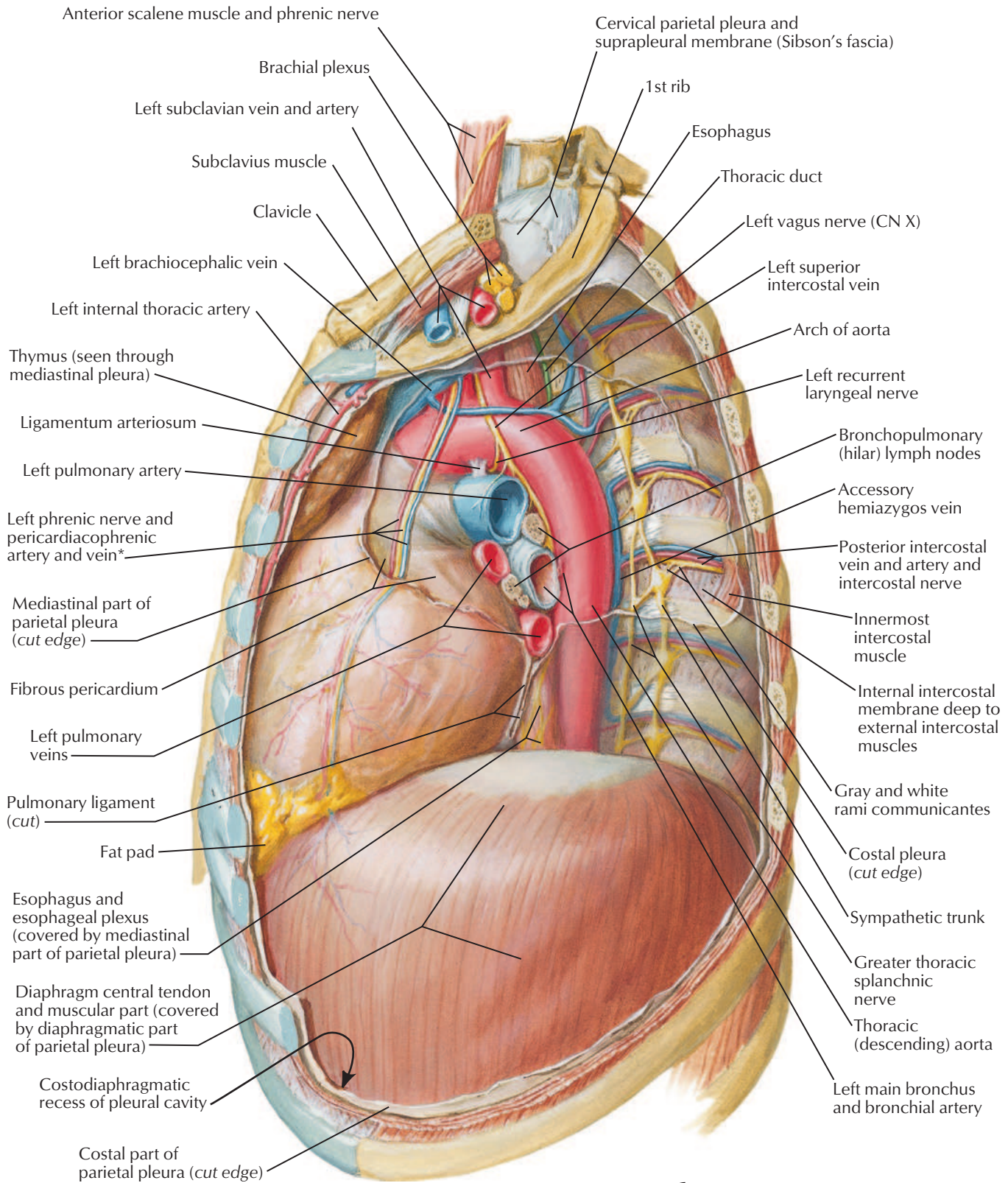
Postnatal circulation



Mediastinum: Right Lateral View

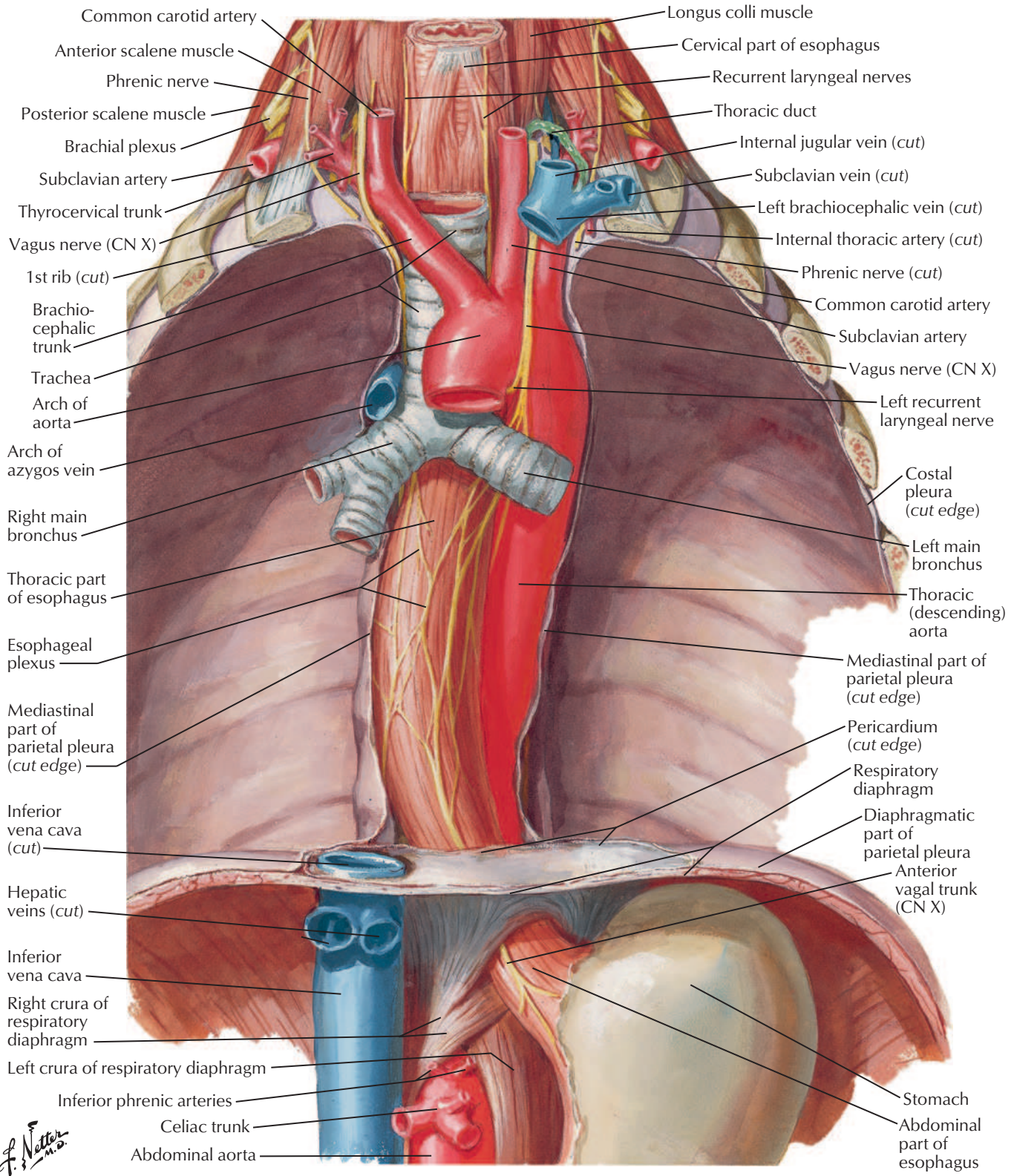


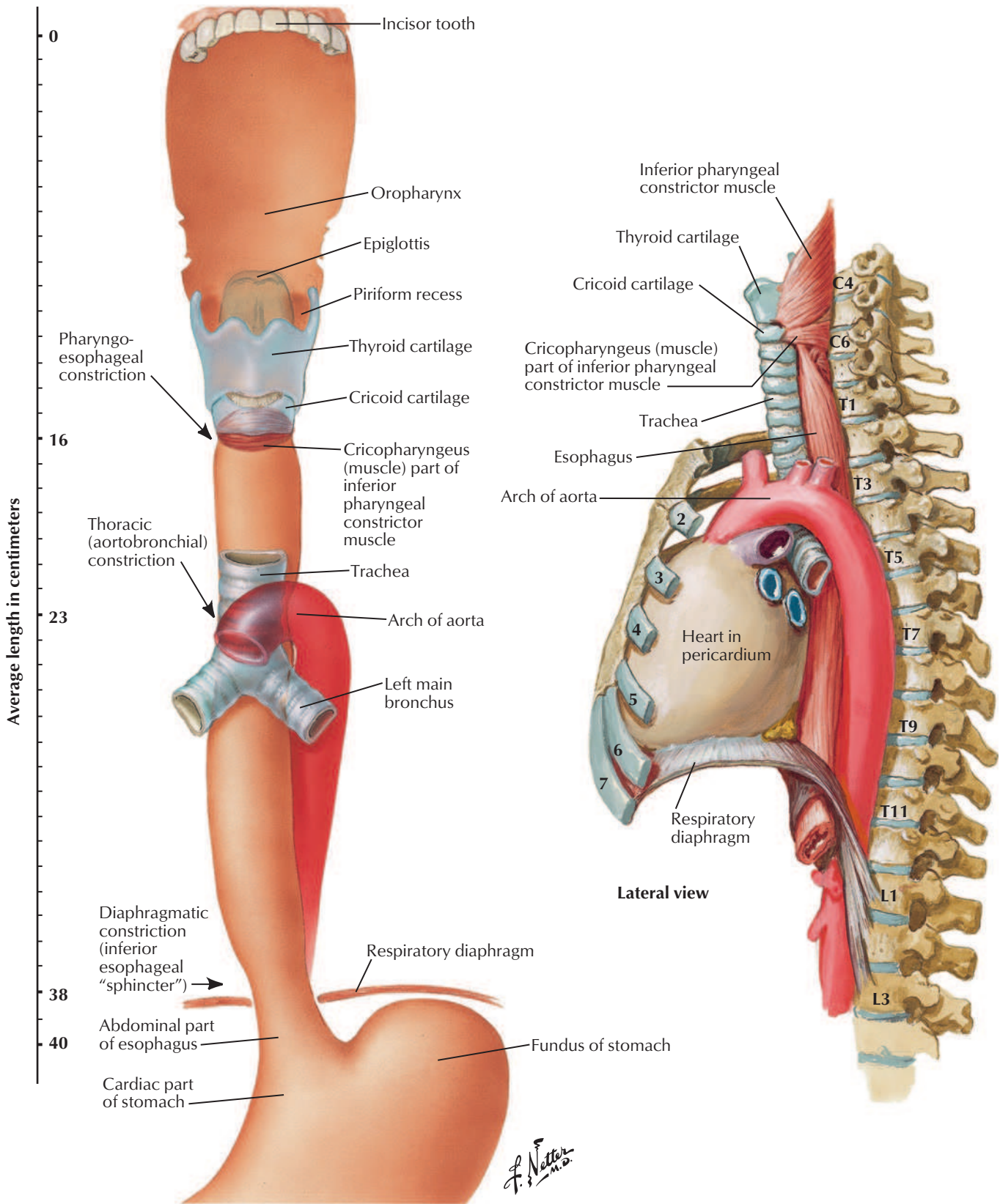
*Nerve and vessels commonly run independently.



*Nerve and vessels commonly run independently.

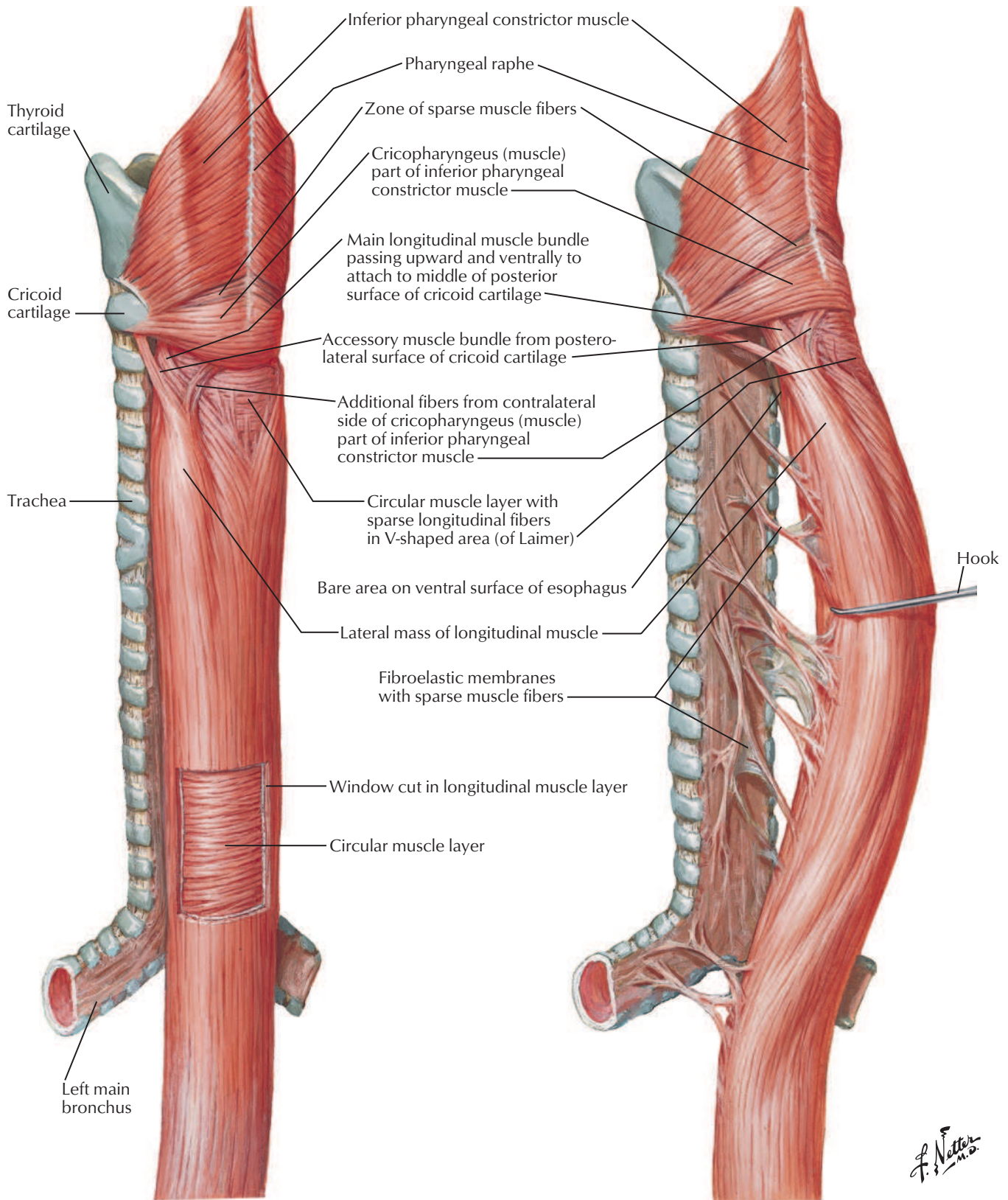
F. Netter M.D.



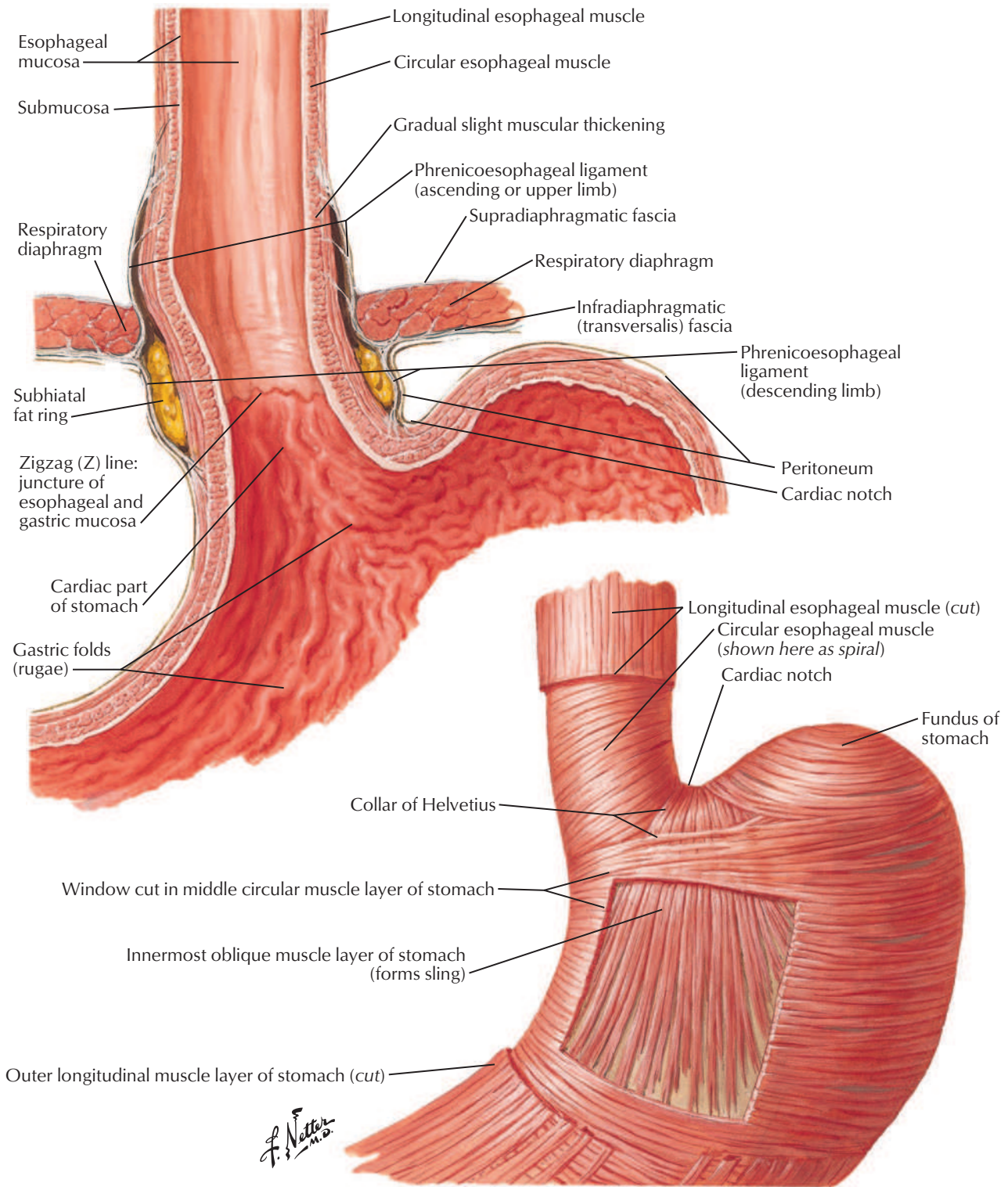


Musculature of Esophagus

See also [Plates 75, 81](#)



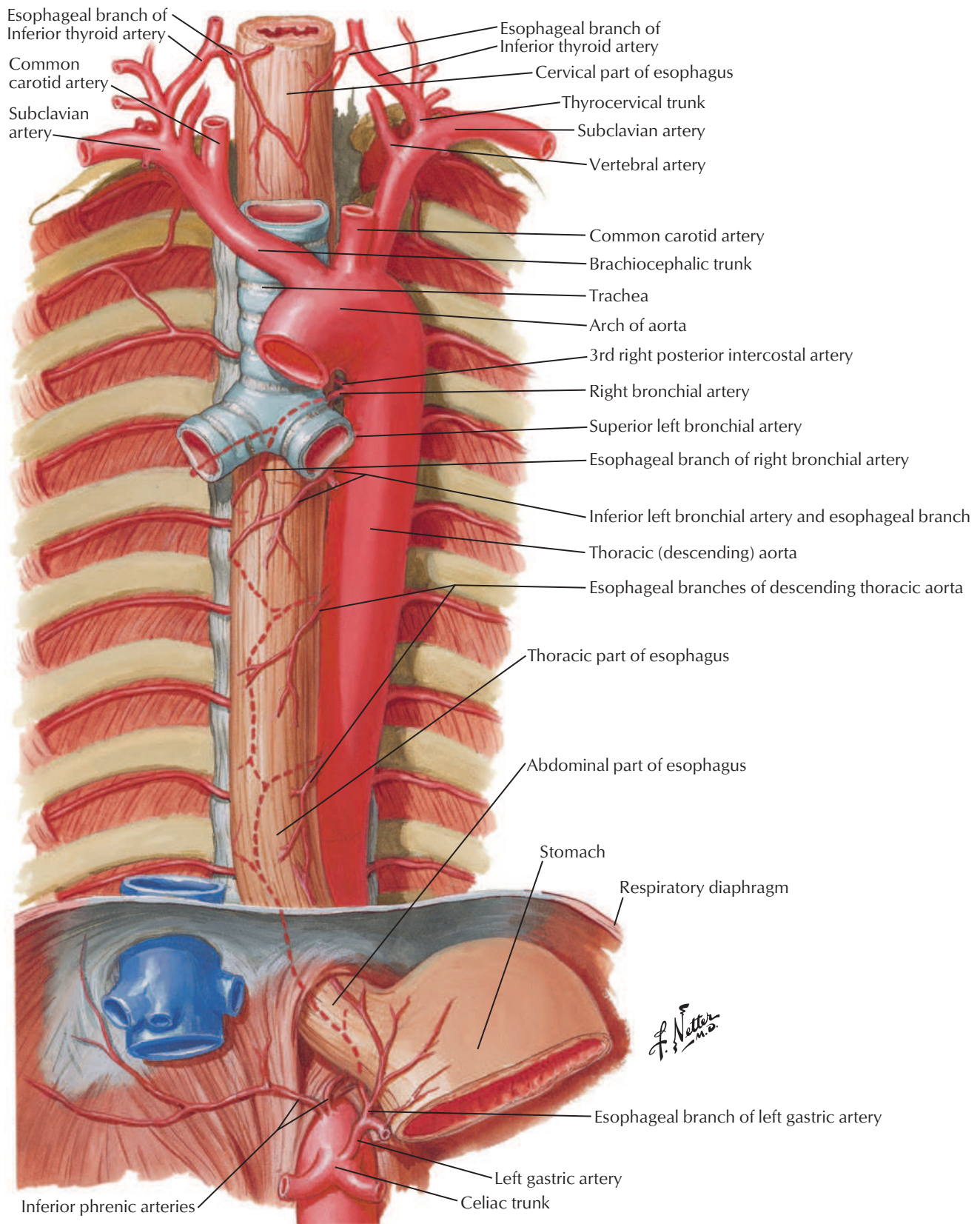
Posterolateral view

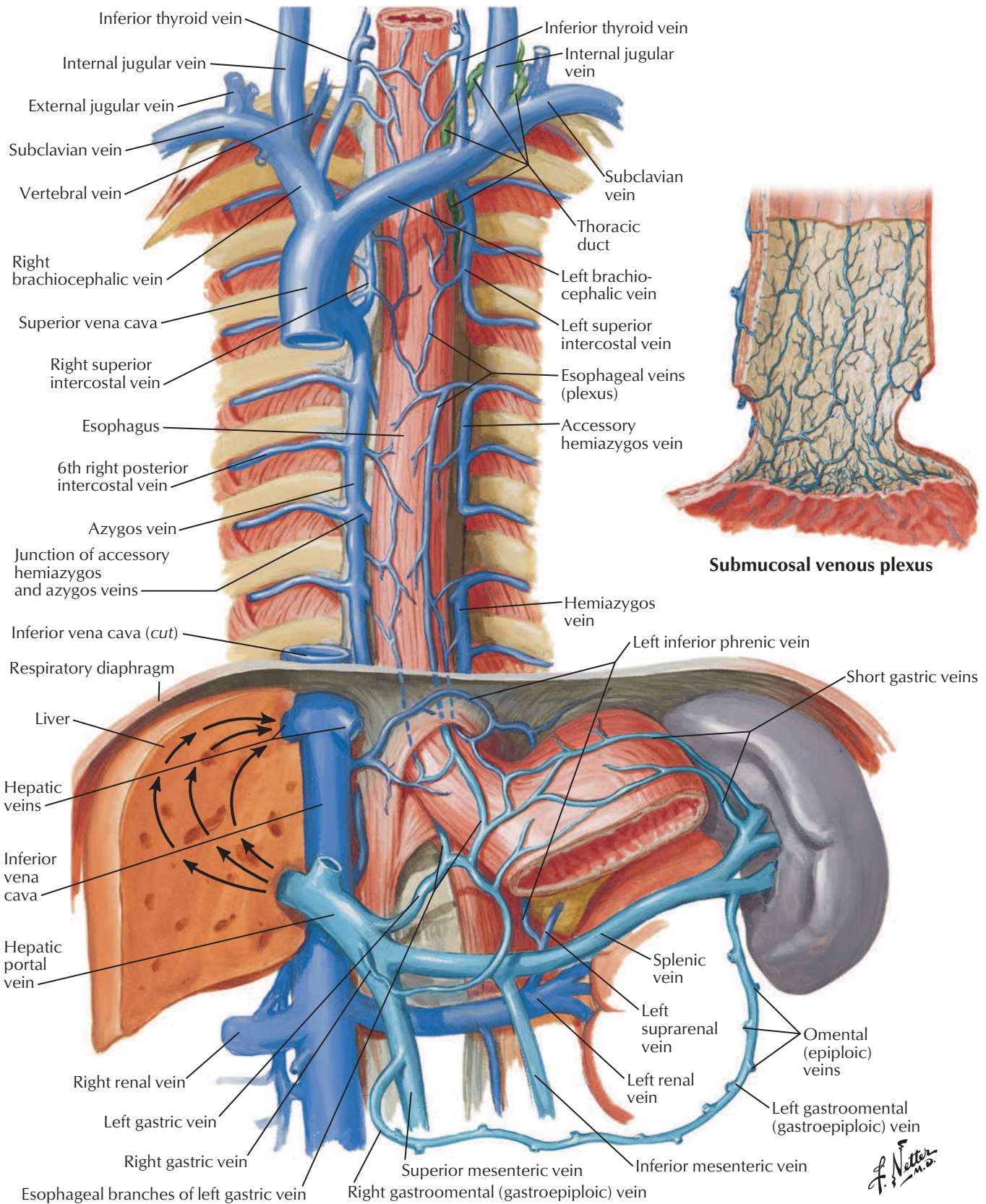


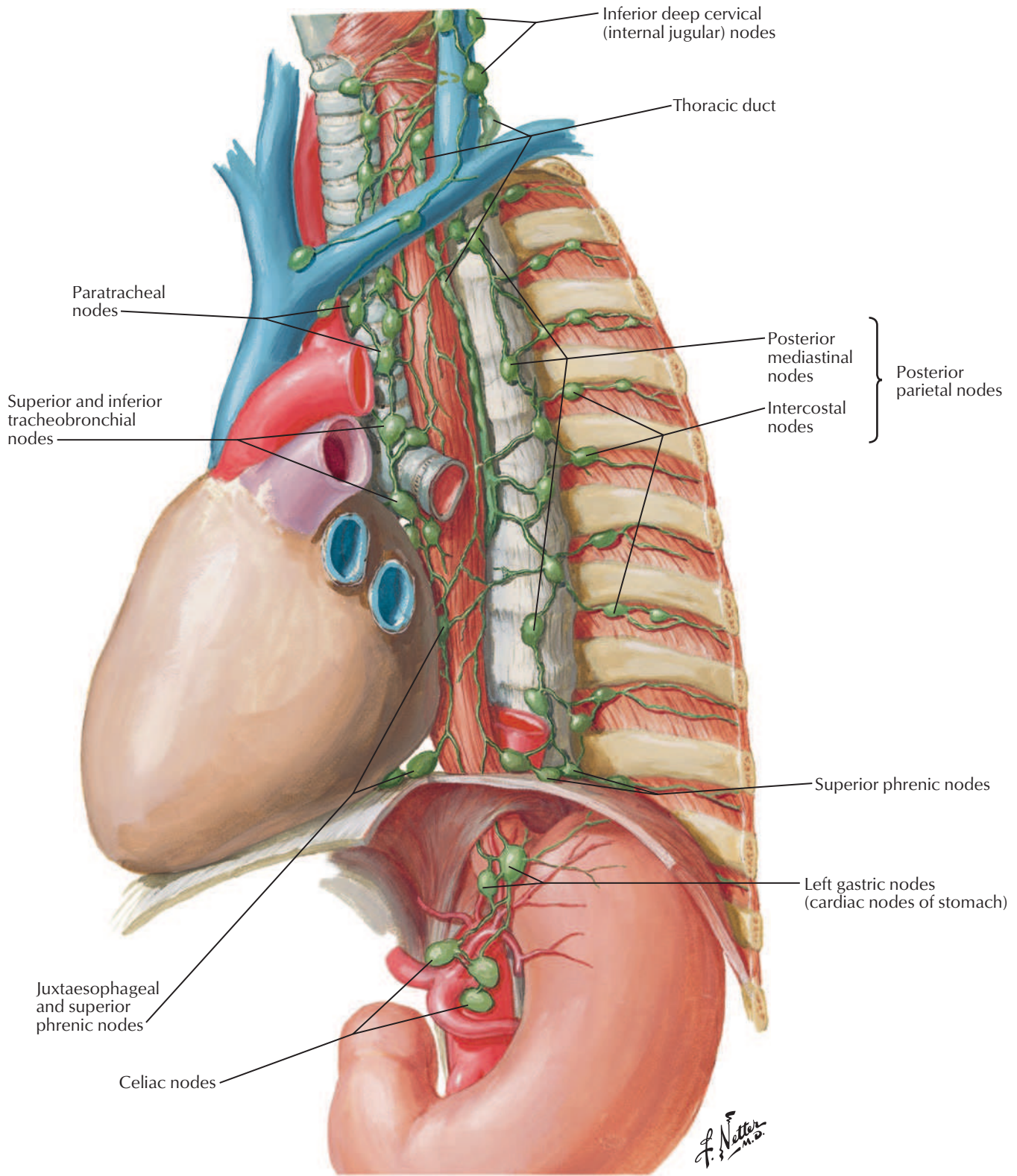
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Arteries of Esophagus

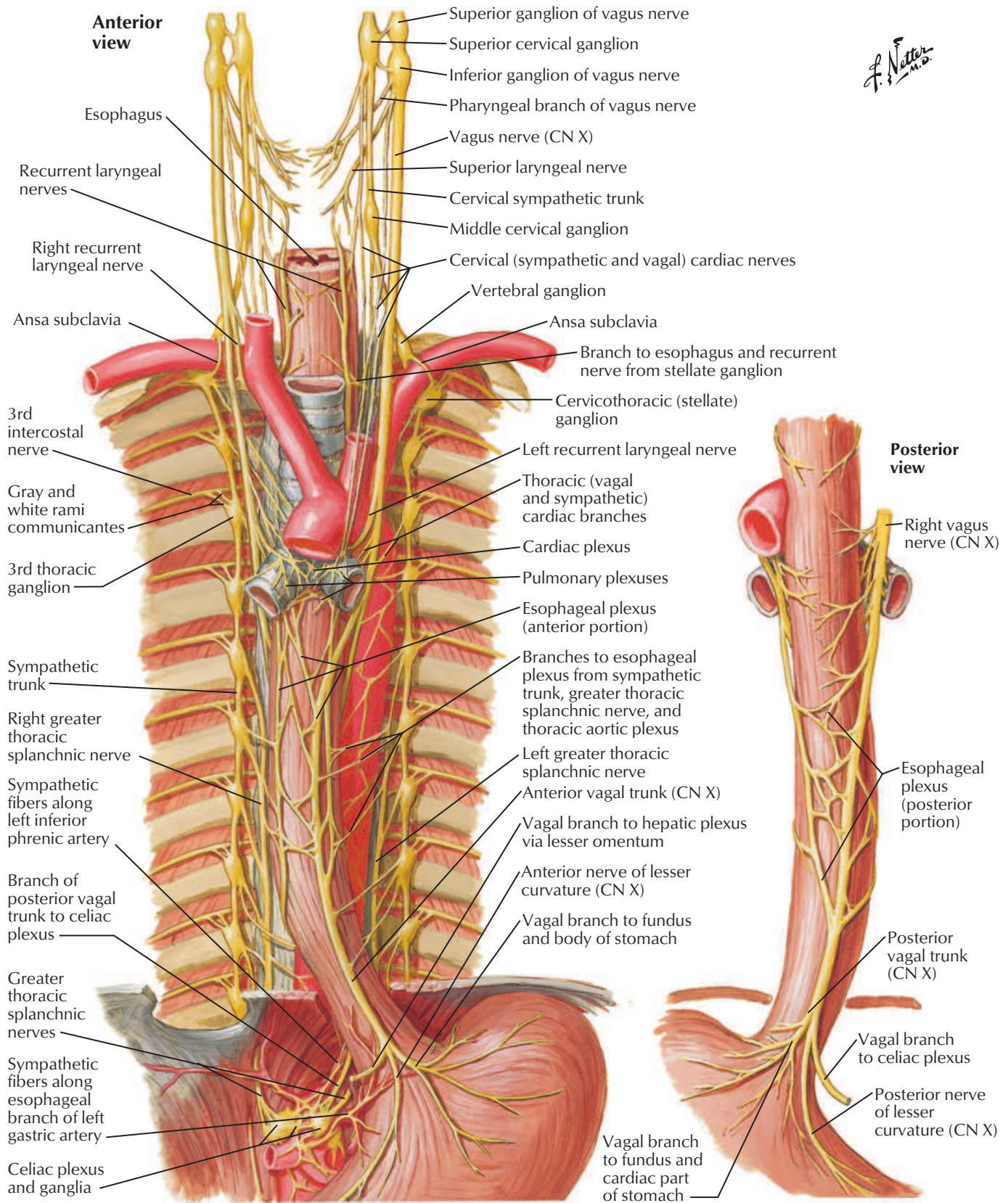
See also [Plates 211, 291](#)



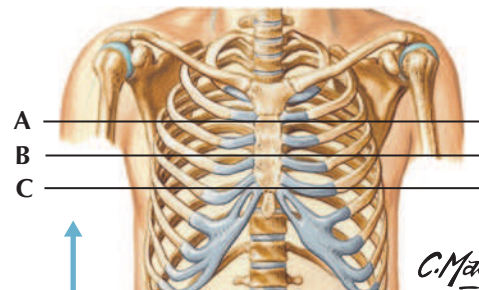
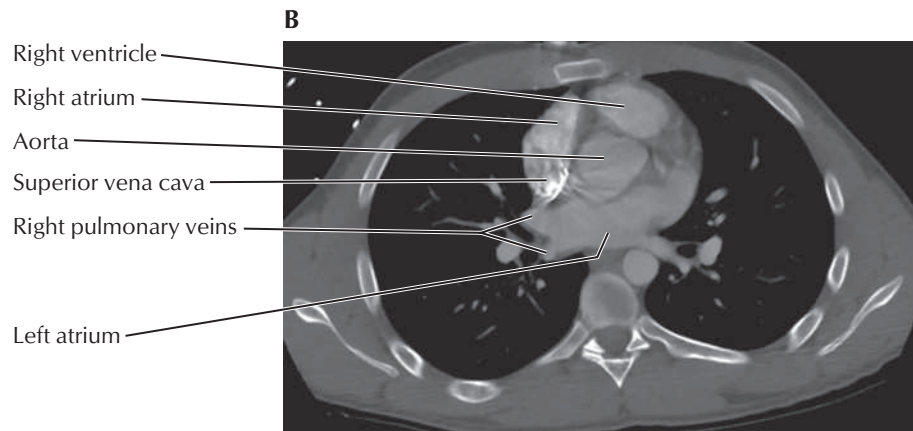
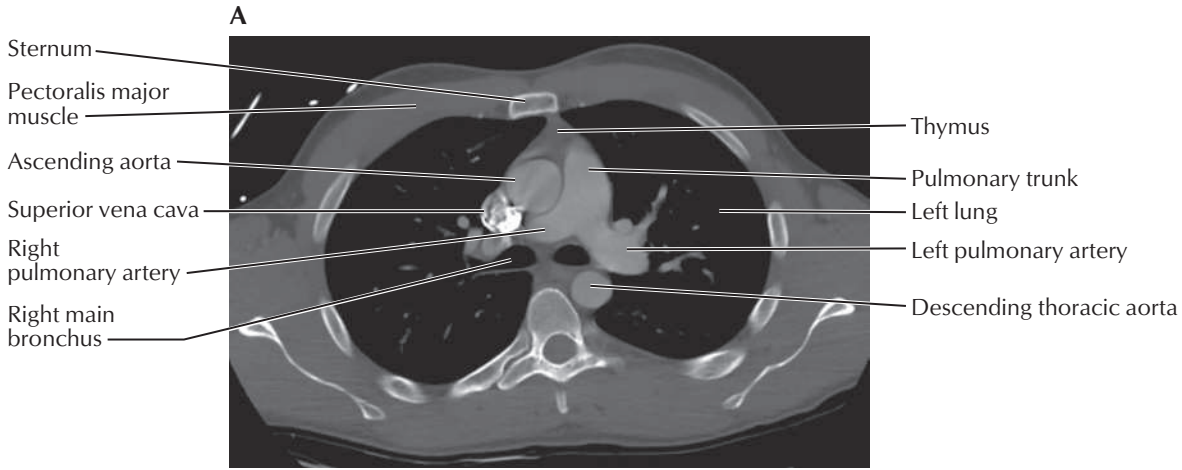


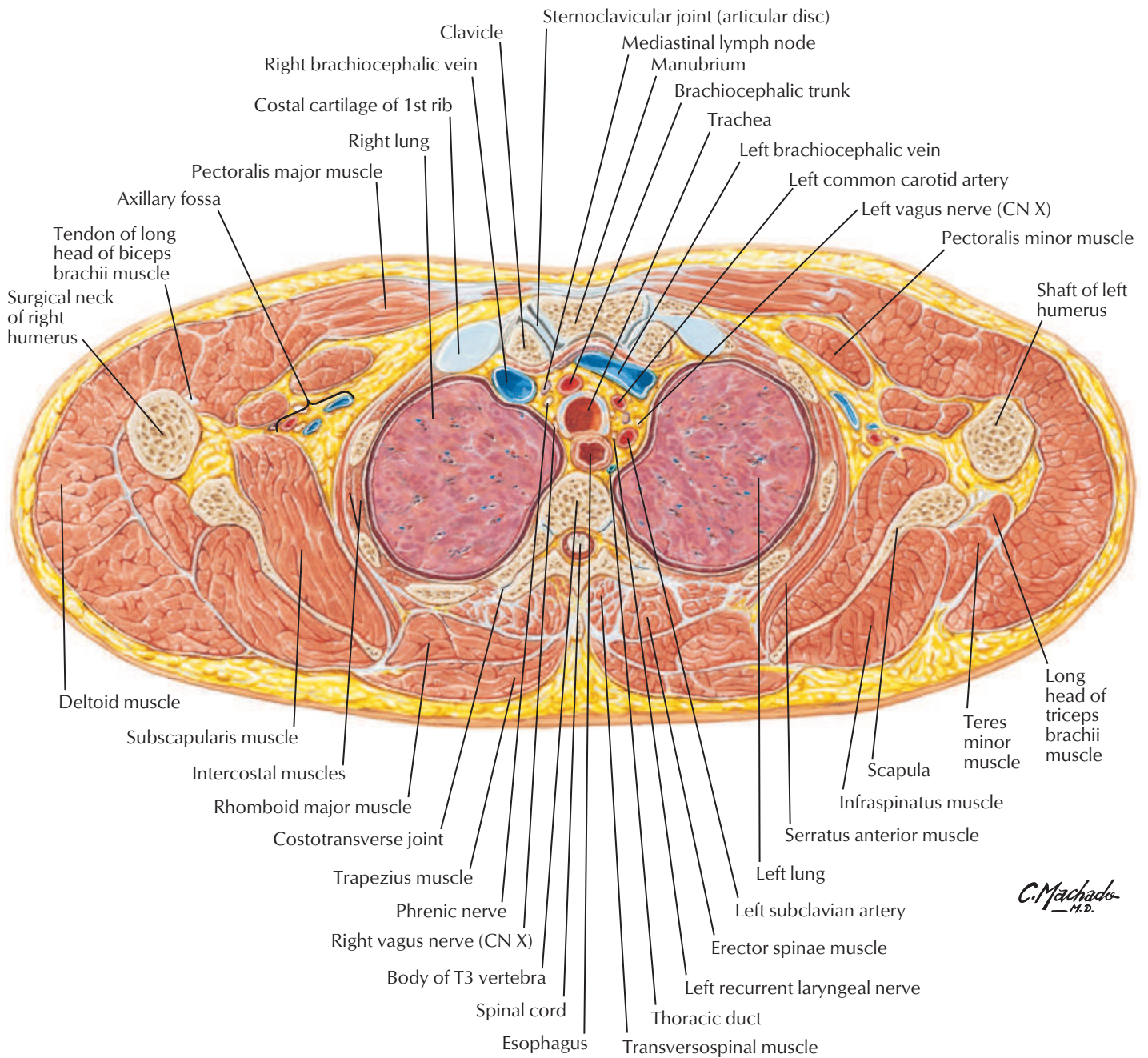
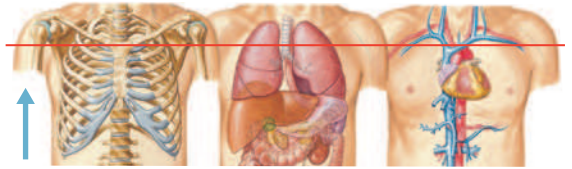


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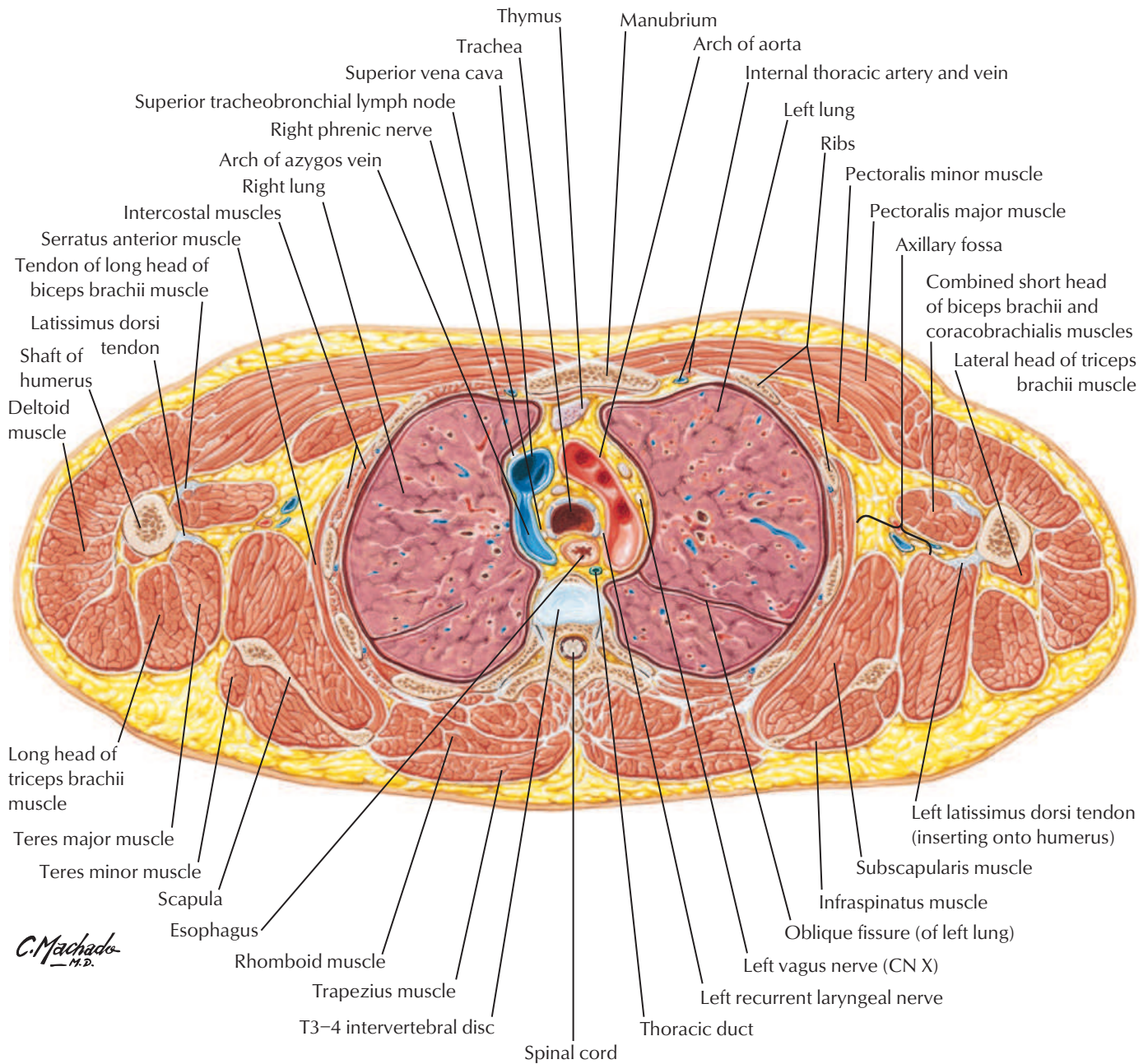
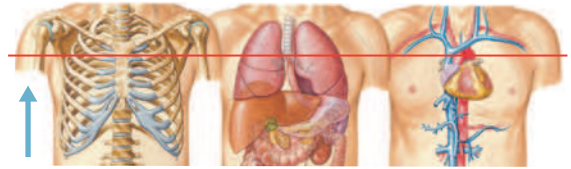


Axial CT images of the thorax from superior (A) to inferior (C)

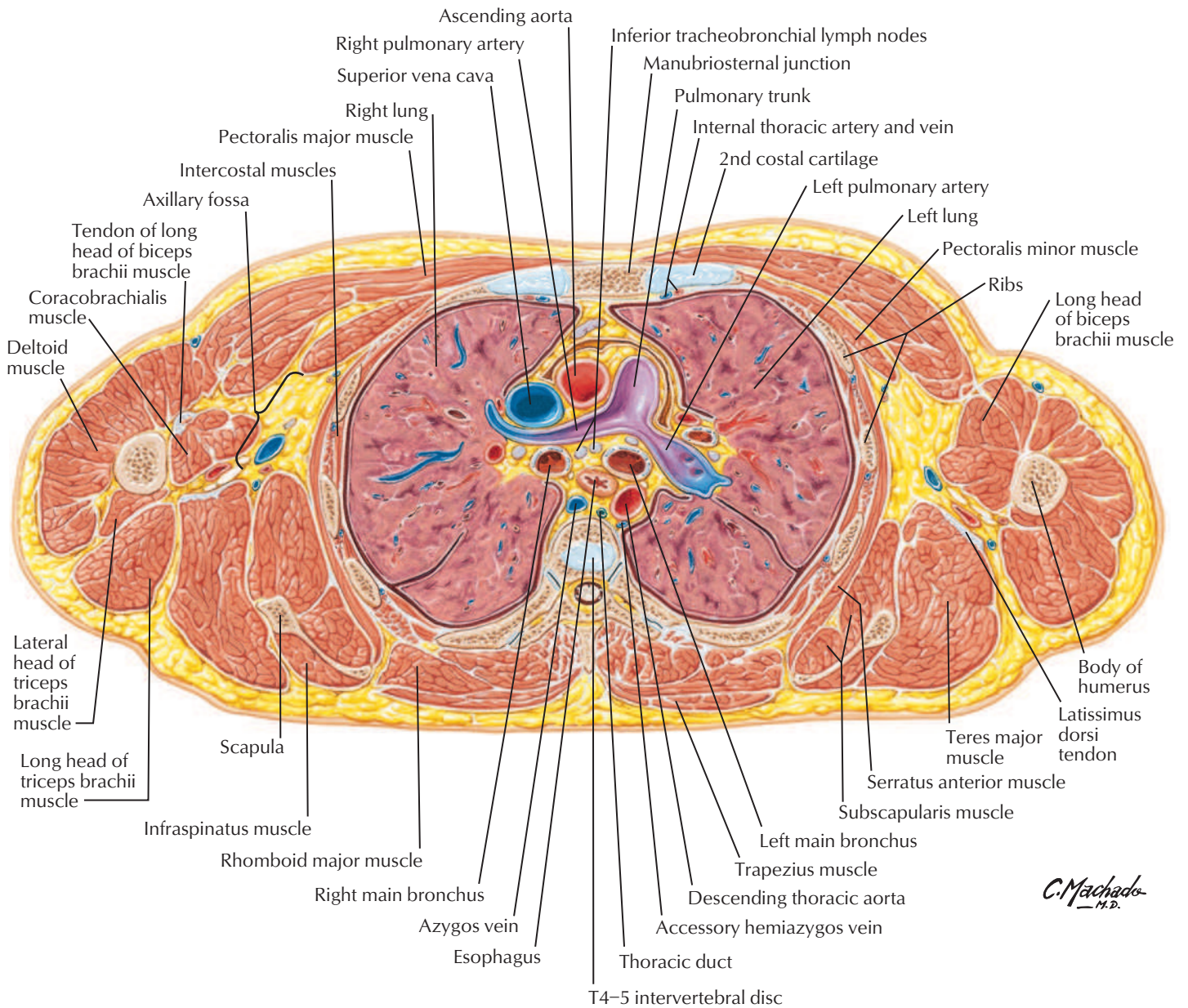
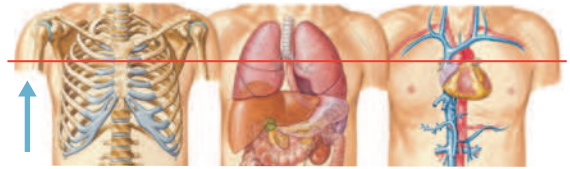




Cross Section of Thorax at T3-4 Disc Level

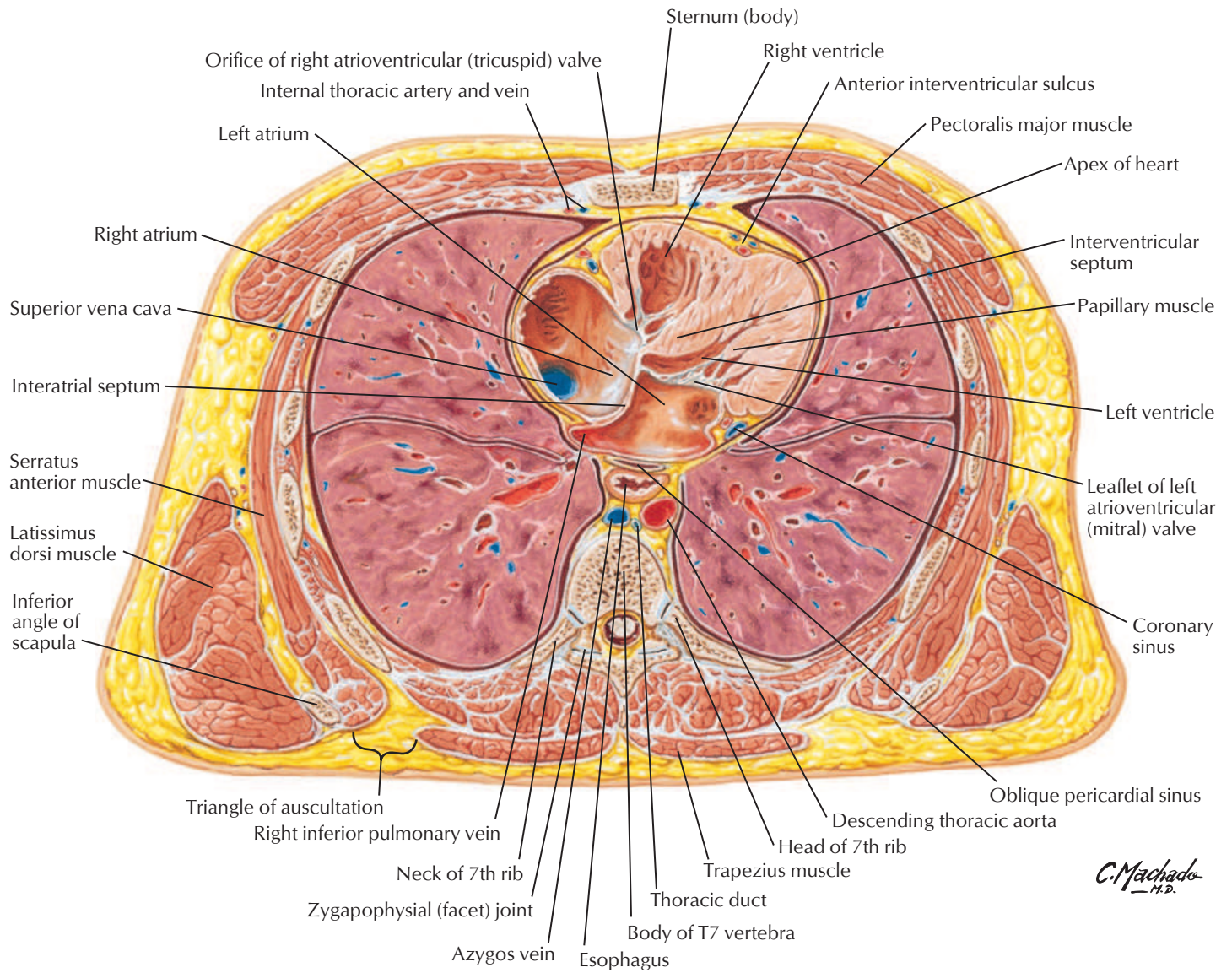
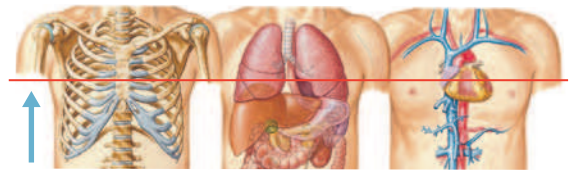


C. Machado M.D.











C. Machado
M.D.

Cross Section of Thorax at T7 Level



C. Machado
—M.D.

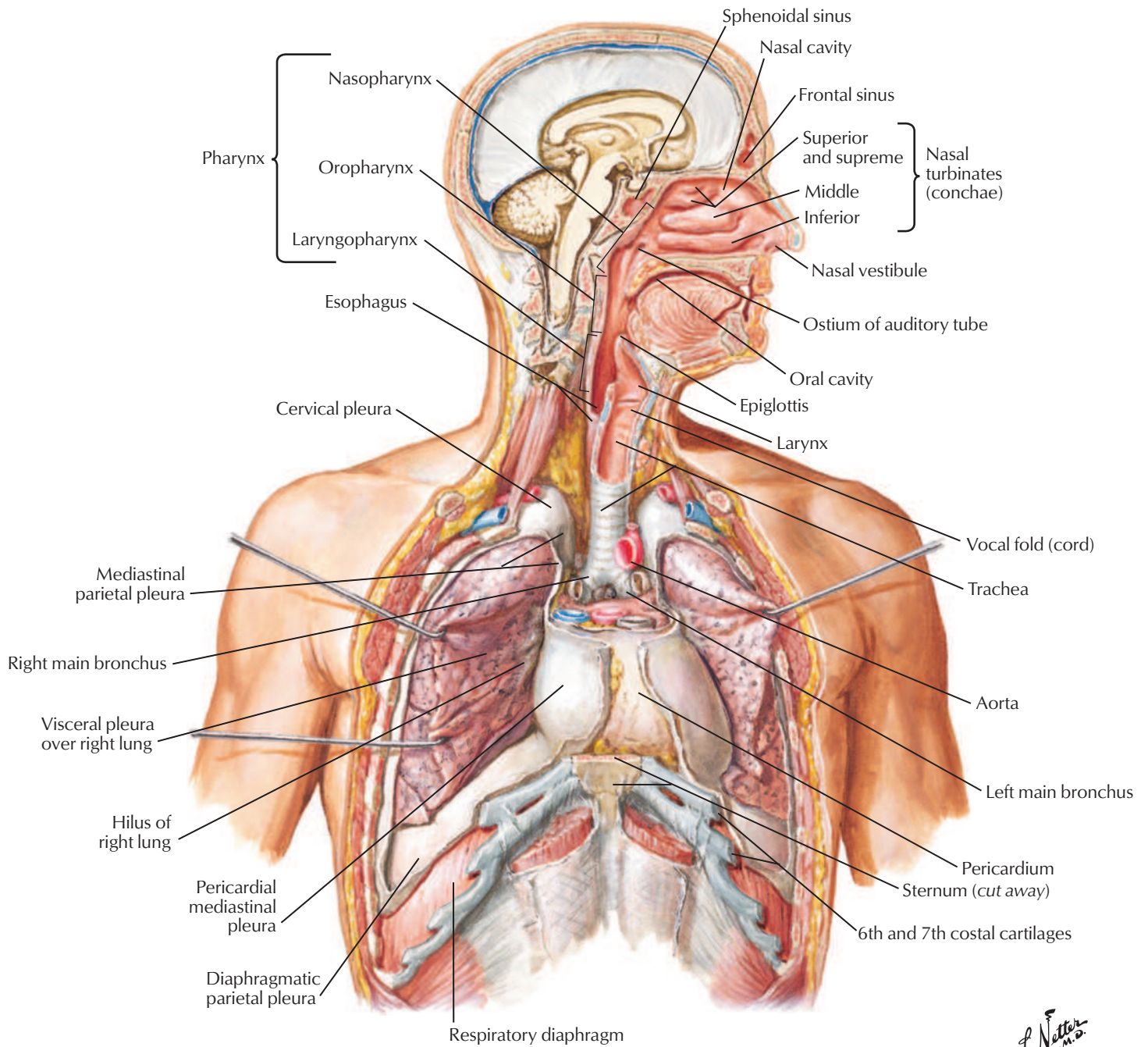
ANATOMICAL STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 INTEGUMENTARY SYSTEM		
Mammary gland	Breast cancer is most common malignancy in women; movement of breast with pectoral muscles indicates invasion of retromammary space	188
 SKELETAL SYSTEM		
Ribs	Rib fractures may breach pleural space and cause pneumothorax; flail chest occurs when multiple rib fractures lead to thoracic cage instability	192
Sternal angle (of Louis)	Surface landmark for counting ribs (2nd pair of ribs articulate here) and intercostal spaces; divides superior from inferior mediastinum	192
Chest wall (ribs and intercostal spaces)	Knowledge of relationships between chest wall and underlying organs is necessary for thoracotomy	194, 202, 204
Left ribs (ribs 9, 10, 11)	If fractured, may cause injury to underlying spleen	202
Superior thoracic aperture	Compression of neurovascular structures traversing superior thoracic aperture may produce thoracic outlet syndrome	198
 MUSCULAR SYSTEM		
Intercostal spaces	Important relationship of intercostal neurovascular bundle to ribs when placing chest drainage tube to relieve pneumothorax or hemothorax	195, 221
Respiratory diaphragm	Widening of esophageal hiatus or congenital defect allows for protrusion of stomach into thorax (hiatal hernia)	201, 239
 RESPIRATORY SYSTEM		
Lines of pleural reflection	Knowledge of location of lung and pleura with respect to chest wall is necessary for chest tube thoracostomy	202, 203
Pleura of lungs	Air or gas (spontaneous or traumatic) can leak into pleural space between visceral and parietal pleura and compress lung	202, 204
Cervical pleura	Extends into neck superior to 1st rib; it may therefore be punctured during neck procedures, producing pneumothorax	202
Tracheal bifurcation	Right main bronchus is shorter, more vertical, and wider; aspirated objects are therefore often in right lung	208
Apex of lung	Pancoast syndrome (bronchiogenic carcinoma) of apex invades sympathetic trunk, resulting in Horner's syndrome (ipsilateral miosis, ptosis, anhidrosis, facial flushing)	202, 234
 NERVOUS SYSTEM		
Long thoracic nerve	May be damaged during chest tube placement or mastectomy, resulting in winged scapula (denervation of serratus anterior muscle)	189, 194
Intercostal nerve	Site of local anesthetic nerve block for procedures such as thoracostomy or to alleviate pain caused by shingles	196, 197
Posterior root (spinal) ganglion	Can house dormant varicella zoster virus, which, when activated, can result in herpes zoster (shingles)	197
Phrenic nerve and respiratory diaphragm	Ipsilateral injury to phrenic nerve may cause ipsilateral paralysis of hemidiaphragm Diaphragmatic irritation may manifest as shoulder pain because of referral to C3-5 spinal levels	199, 201 199, 216
Recurrent laryngeal branch of vagus nerve (CN X)	Pathologic findings in aorticopulmonary window may compress this nerve and produce hoarseness of voice	235, 236

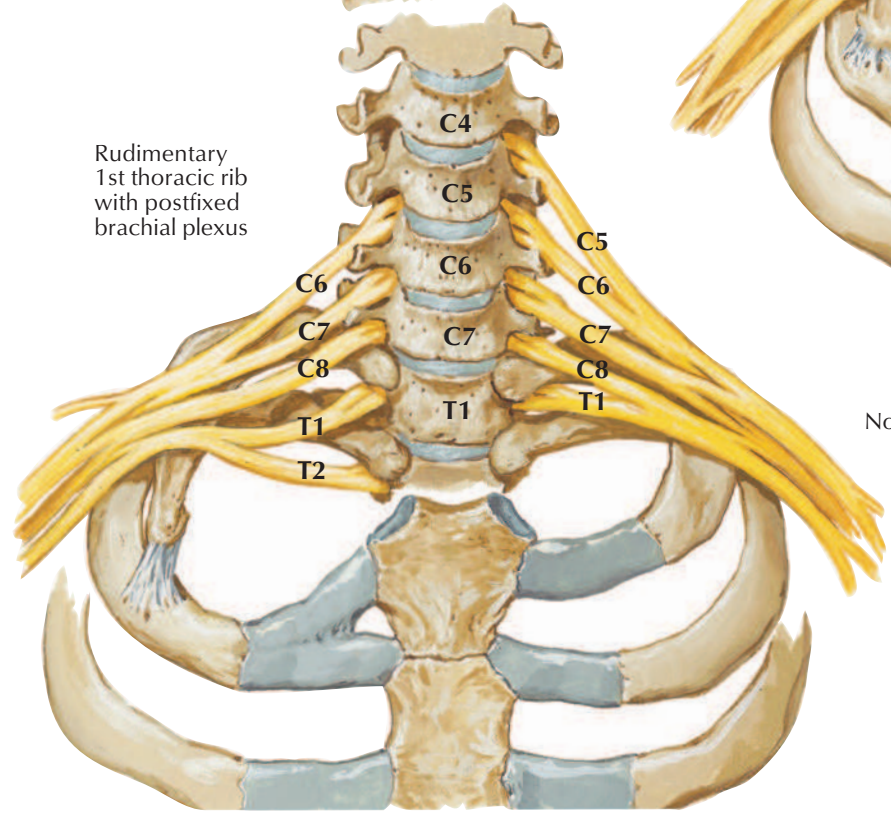
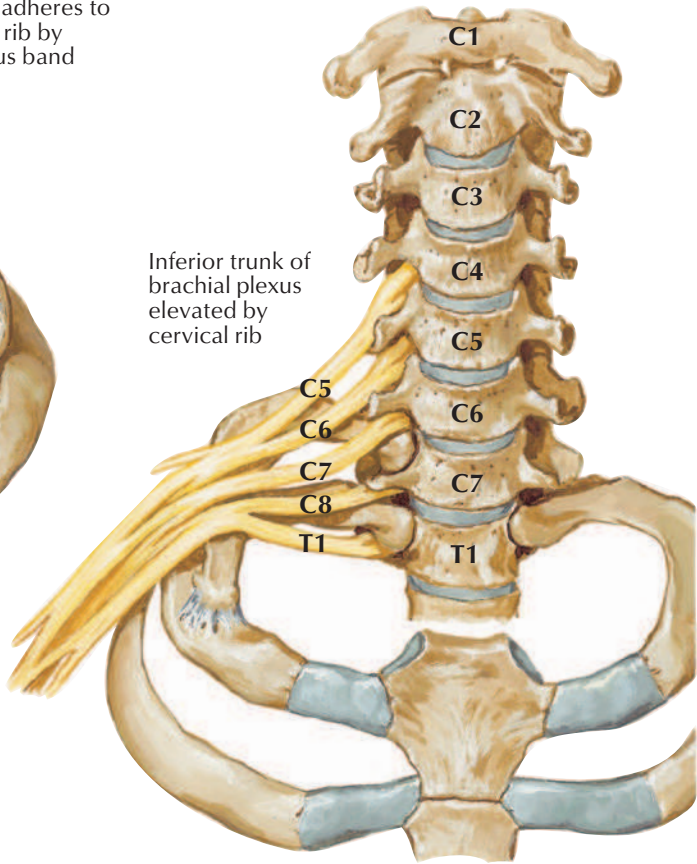
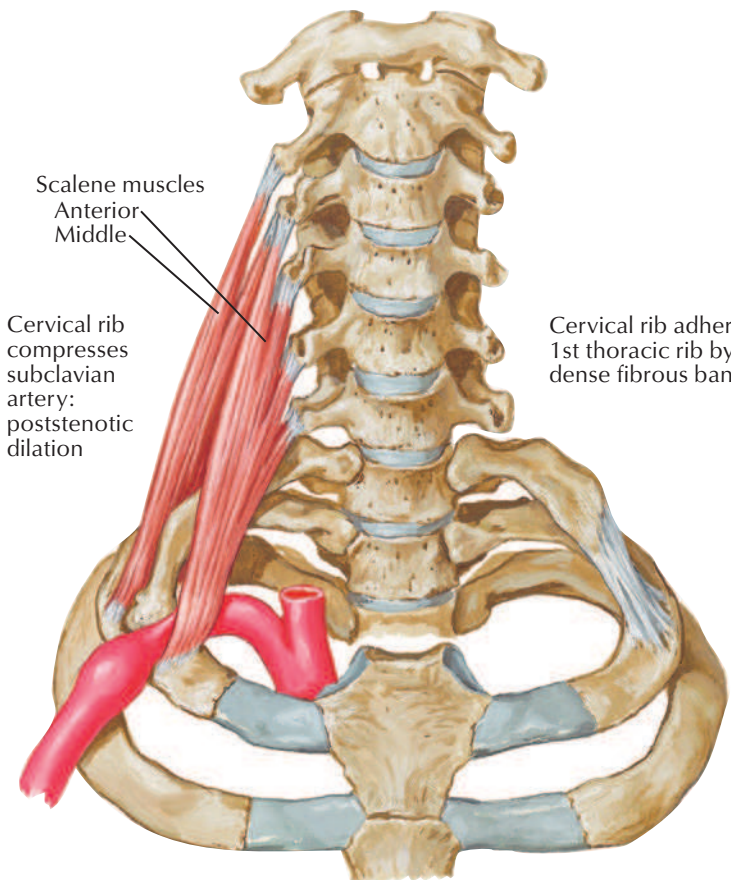
ANATOMICAL STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 NERVOUS SYSTEM—Continued		
Visceral pain afferents from heart	Pain of myocardial ischemia referred to upper thoracic dermatomes; may be perceived as somatic pain in chest and medial upper limb	231
 CARDIOVASCULAR SYSTEM		
Internal thoracic artery	Commonly used for coronary artery bypass grafts	196, 197
Pulmonary arteries	Thromboemboli may obstruct pulmonary vasculature, leading to infarction	205, 210
Pericardium	Pericardial effusion (accumulation of fluid or blood) may compromise heart function (cardiac tamponade)	215, 219
Coronary arteries	Atherosclerotic blockage may cause myocardial ischemia and/or infarct; anterior interventricular (left anterior descending) artery most commonly diseased	222
Interventricular septum of heart	Ventricular septal defect is most common congenital cardiac defect; most often involves membranous part of septum	225, 228
Heart valves	Congenital variations of valve anatomy or valvular disease (e.g., rheumatic heart disease) can cause valvular stenosis	226
Sinatrial node	Aging, previous heart surgery, and some medications can cause cardiac arrhythmias	229
Ligamentum arteriosum	Abnormal closure of ductus arteriosus can produce aortic coarctation; lack of closure produces patent ductus arteriosus; if not closed, may cause exertional dyspnea, pulmonary vascular disease, or heart failure	233
Thoracic aorta	Congenital coarctation of aorta can compromise systemic blood flow; collateral vascular connections can alleviate this condition	240
Azygos venous system	Drains posterior thorax and provides important collateral channel between inferior vena cava and superior vena cava	241
 LYMPHATIC SYSTEM		
Mammary gland lymphatics	Metastatic spread of cancer cells to axilla and chest via lymphatics draining breast	191
Axillary lymph nodes	Primary nodes that receive lymphatic drainage from upper limb, thoracic wall, and breast; commonly enlarged in patients with breast cancer	190, 191

*Selections were based largely on clinical data as well as commonly covered clinical correlations in gross anatomy courses.

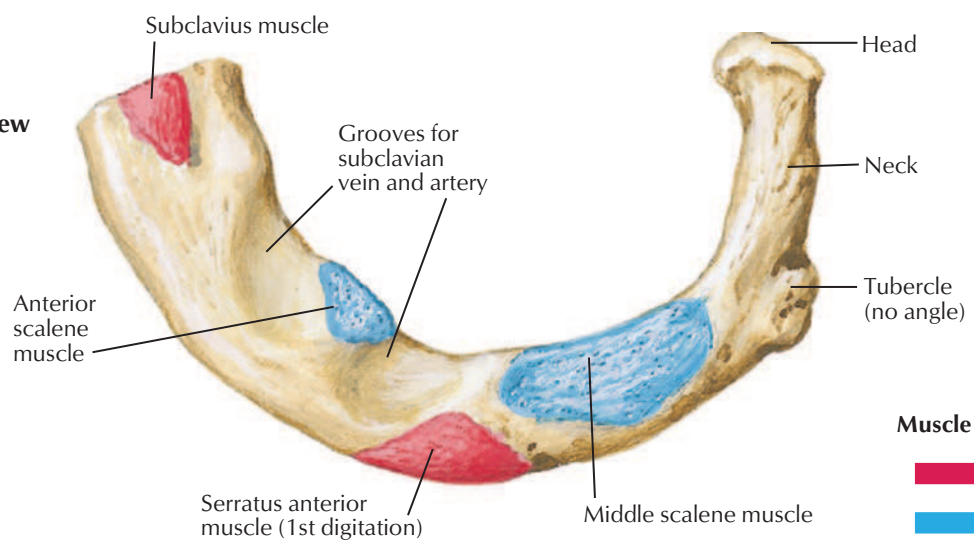
MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Respiratory diaphragm	Posterior abdominal wall	Xiphoid process, lower six costal cartilages, L1–L3 vertebrae	Converge into central tendon	Phrenic nerve	Pericardiophrenic, musculophrenic, superior and inferior phrenic arteries	Draws central tendon down and forward during inspiration
External intercostal	Thoracic wall	Lower border of ribs	Upper border of rib below rib of origin	Intercostal nerves	Posterior intercostal arteries, collateral branches of posterior intercostal arteries, costocervical trunk, anterior intercostal branches of internal thoracic artery, musculophrenic artery	Supports intercostal spaces in inspiration and expiration, elevates ribs in inspiration
Innermost intercostal	Thoracic wall	Lower border of ribs	Upper border of rib below rib of origin	Intercostal nerves	Muscular branches of anterior intercostal arteries, muscular branches of posterior intercostal arteries, intercostal branches of internal thoracic and musculophrenic arteries, costocervical trunk branches	Elevates ribs
Internal intercostal	Thoracic wall	Lower border of ribs	Costal cartilage and edge of costal groove of rib above rib of origin	Intercostal nerves	Muscular branches of anterior intercostal arteries, muscular branches of posterior intercostal arteries, intercostal branches of internal thoracic and musculophrenic arteries, costocervical trunk branches	Prevents pushing out or drawing in of intercostal spaces in inspiration and expiration, lowers ribs in forced expiration
Levator costarum	Thoracic wall	Transverse processes of C7 and T1–T11	Subjacent ribs between tubercle and angle	Posterior ramus of lower thoracic nerves	Posterior intercostal arteries	Elevates ribs
Pectoralis major	Pectoral/axillary regions	Sternal half of clavicle, sternum to 7th rib, cartilages of true ribs, aponeurosis of external abdominal oblique muscle	Lateral lip of intertubercular sulcus of humerus	Medial and lateral pectoral nerves	Pectoral branch of thoracoacromial artery, perforating branches of internal thoracic artery	Flexes, adducts, and medially rotates arm
Pectoralis minor	Pectoral/axillary regions	Outer surface of upper margin of ribs 3–5	Coracoid process of scapula	Medial pectoral nerve	Pectoral branch of thoracoacromial artery, and superior and lateral thoracic arteries	Lowers lateral angle of scapula and protracts scapula
Serratus anterior	Shoulder	Lateral surfaces of upper 8–9 ribs	Costal surface of medial border of scapula	Long thoracic nerve	Lateral thoracic artery	Protracts and rotates scapula and holds it against thoracic wall
Serratus posterior inferior	Intermediate back	Spinous processes of T11–L2	Inferior aspect of ribs 9–12	Anterior rami of lower thoracic nerves	Posterior intercostal arteries	Depresses ribs
Serratus posterior superior	Intermediate back	Nuchal ligament, spinous processes of C7–T3	Superior aspect of ribs 2–5	Anterior rami of upper thoracic nerves	Posterior intercostal arteries	Elevates ribs
Subcostal	Thoracic wall	Internal surface of lower ribs near their angles	Superior borders of 2nd or 3rd rib below	Intercostal nerves 2nd–5th	Posterior intercostal artery, musculophrenic artery	Depresses ribs
Transversus thoracis	Thoracic wall	Internal surfaces of costal cartilages 2–6	Posterior surface of lower sternum	Intercostal nerves	Anterior intercostal arteries, internal thoracic artery	Depresses ribs and costal cartilages

Variations in spinal nerve contributions to the innervation of muscles, their arterial supply, their attachments, and their actions are common themes in human anatomy. Therefore, expect differences between texts and realize that anatomical variation is normal.

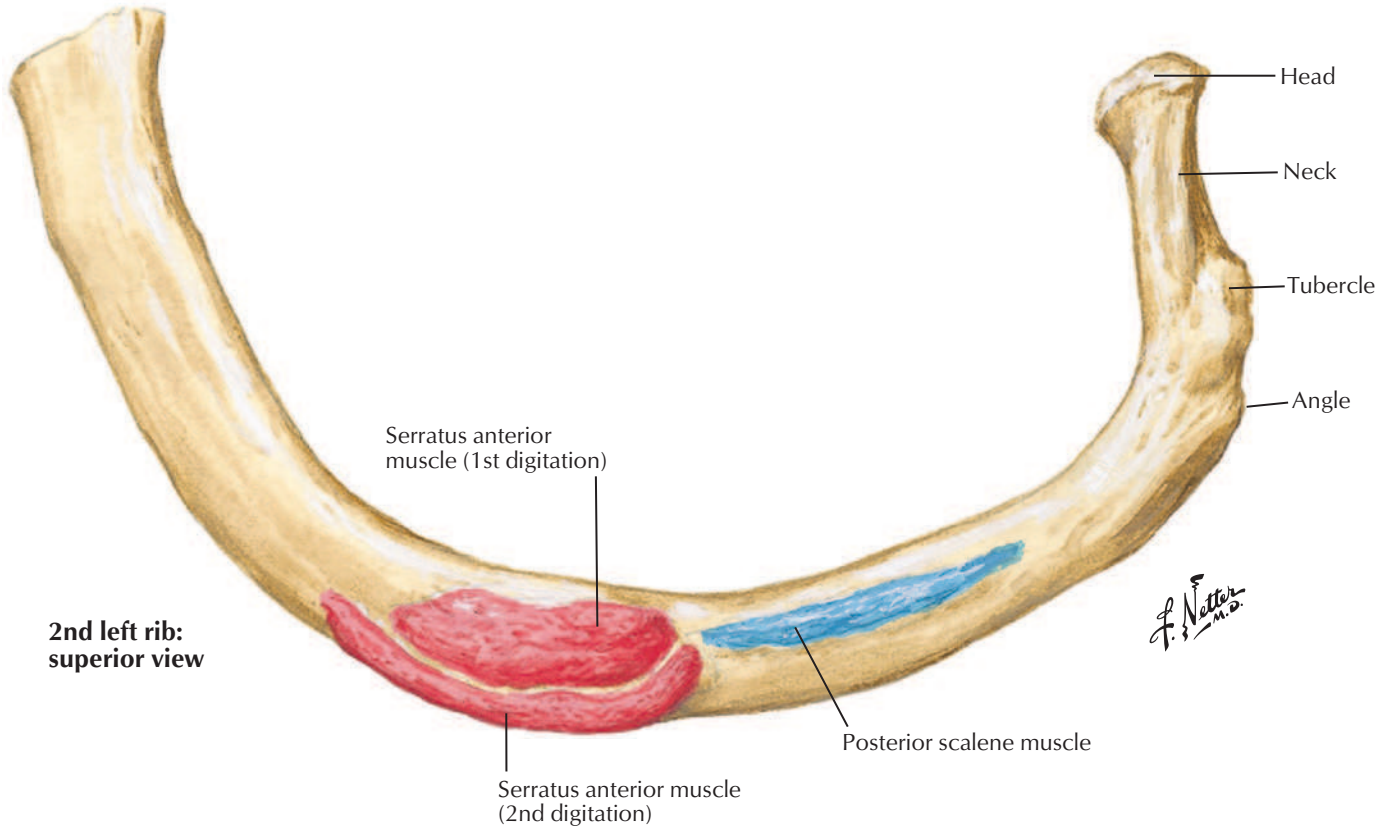




1st left rib: superior view



2nd left rib: superior view



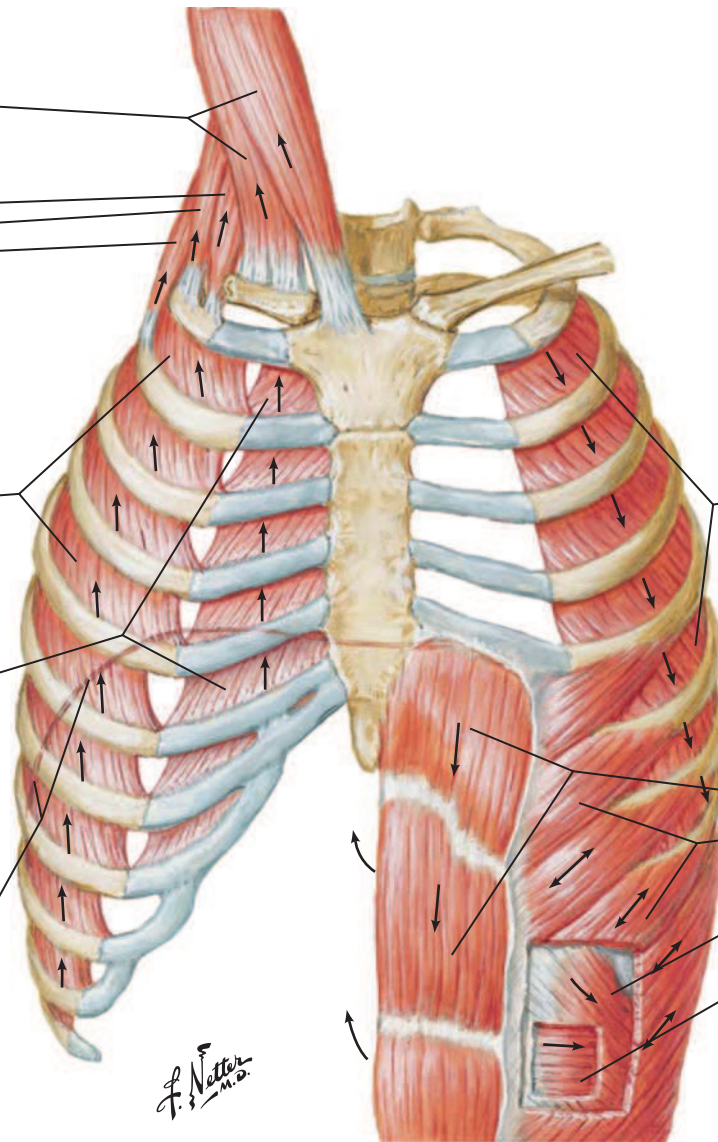
Muscles of inspiration

Accessory

- Sternocleidomastoid (elevates sternum)
- Scalene muscles
 - Anterior
 - Middle
 - Posterior (elevate and fix upper ribs)

Principal

- External intercostals, most superficial (elevate ribs, thus increasing width of thoracic cavity and aiding deep inspiration)
- Intercostal parts of internal intercostals are deep to external intercostals (also elevate ribs and aid external intercostals with deep inspiration)
- Respiratory diaphragm (dome descends, thus increasing vertical dimension of thoracic cavity; also elevates lower ribs)



Muscles of expiration

Quiet breathing

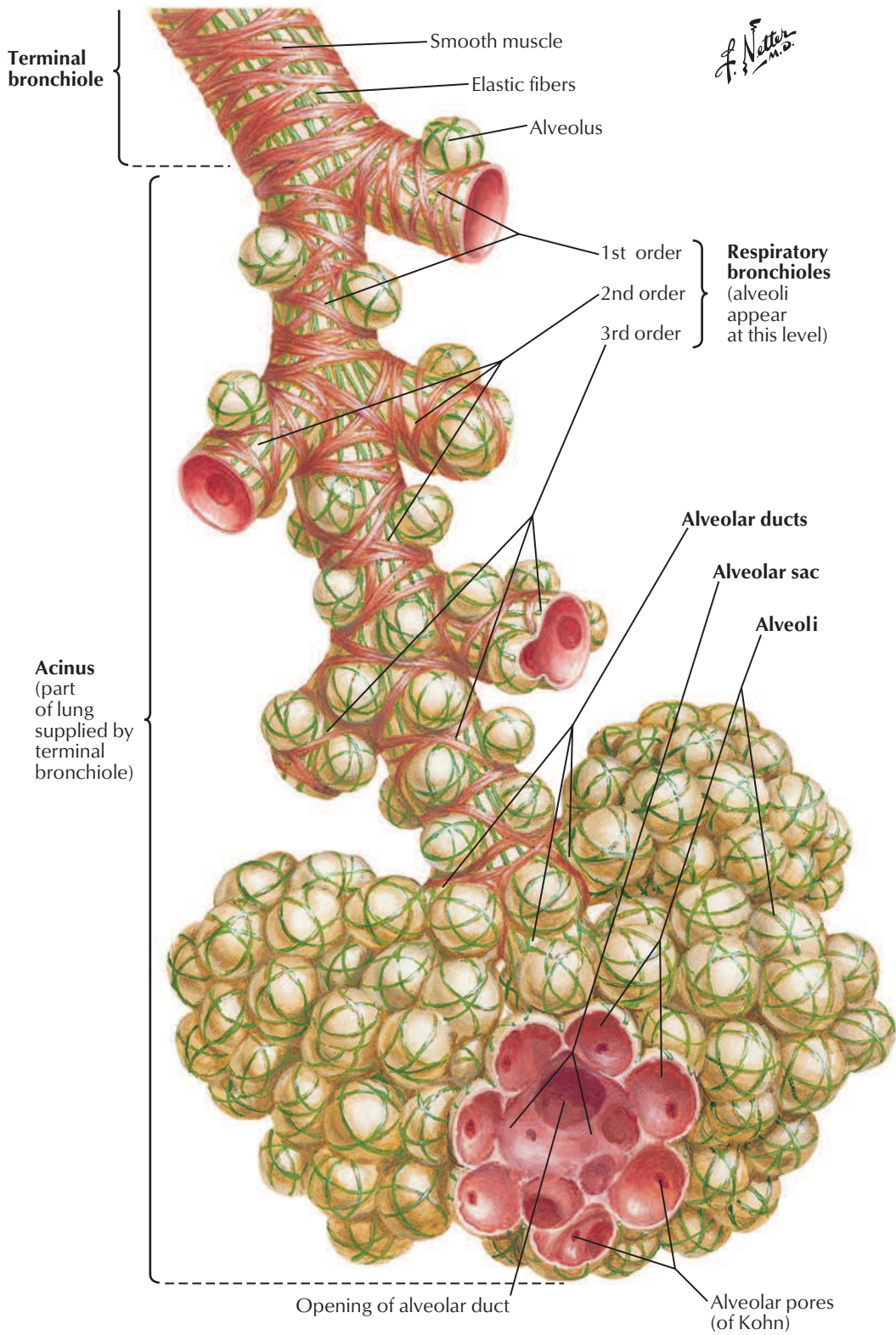
Expiration results from passive recoil of lungs and rib cage

Active breathing

Internal intercostal muscles, except interchondral part (aid forced expiration)

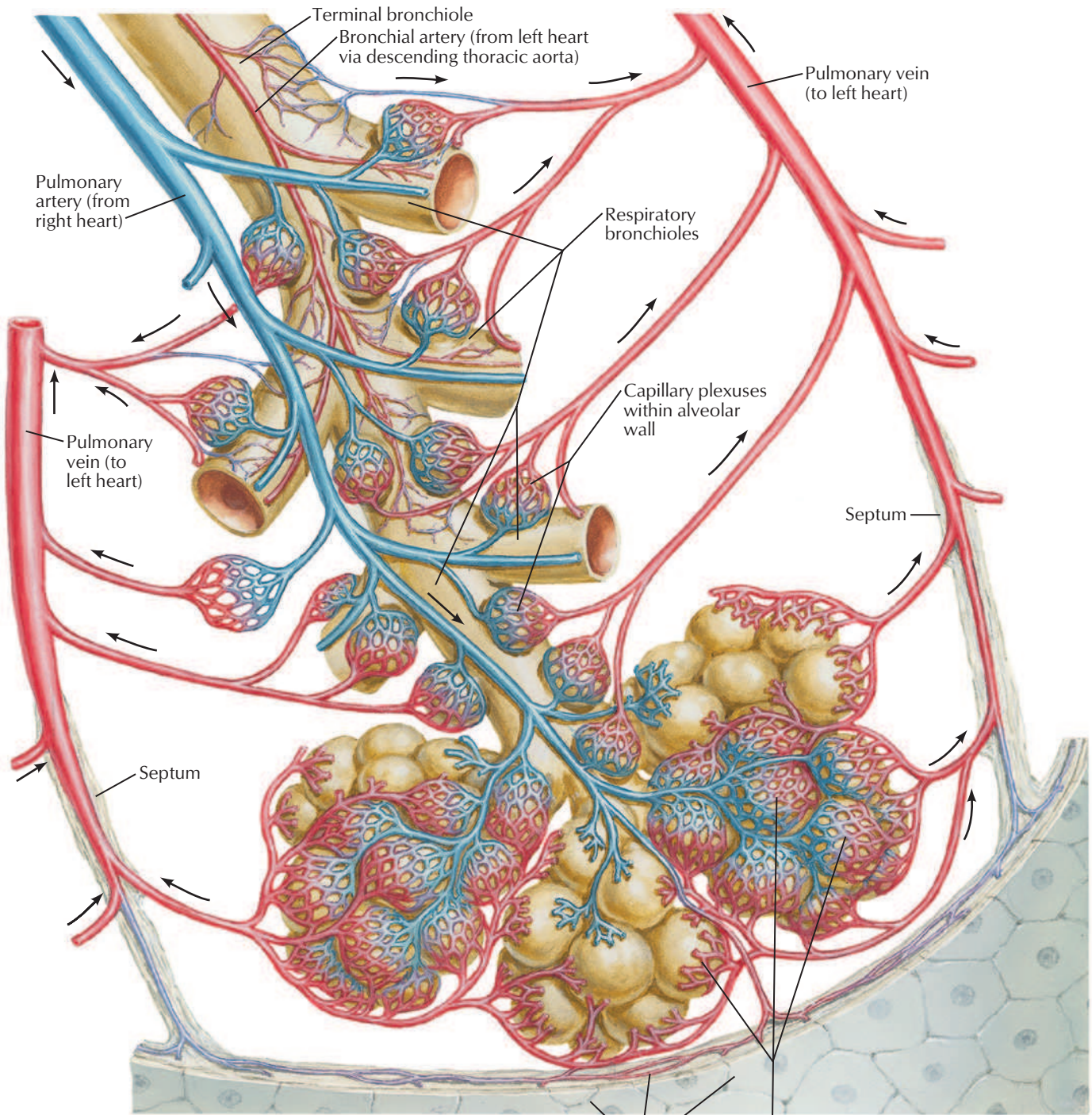
Abdominals (depress lower ribs, compress abdominal contents, thus pushing up respiratory diaphragm, aiding forced expiration)

- Rectus abdominis
- External abdominal oblique muscle
- Internal abdominal oblique muscle
- Transversus abdominis muscle



Structure of intrapulmonary airways

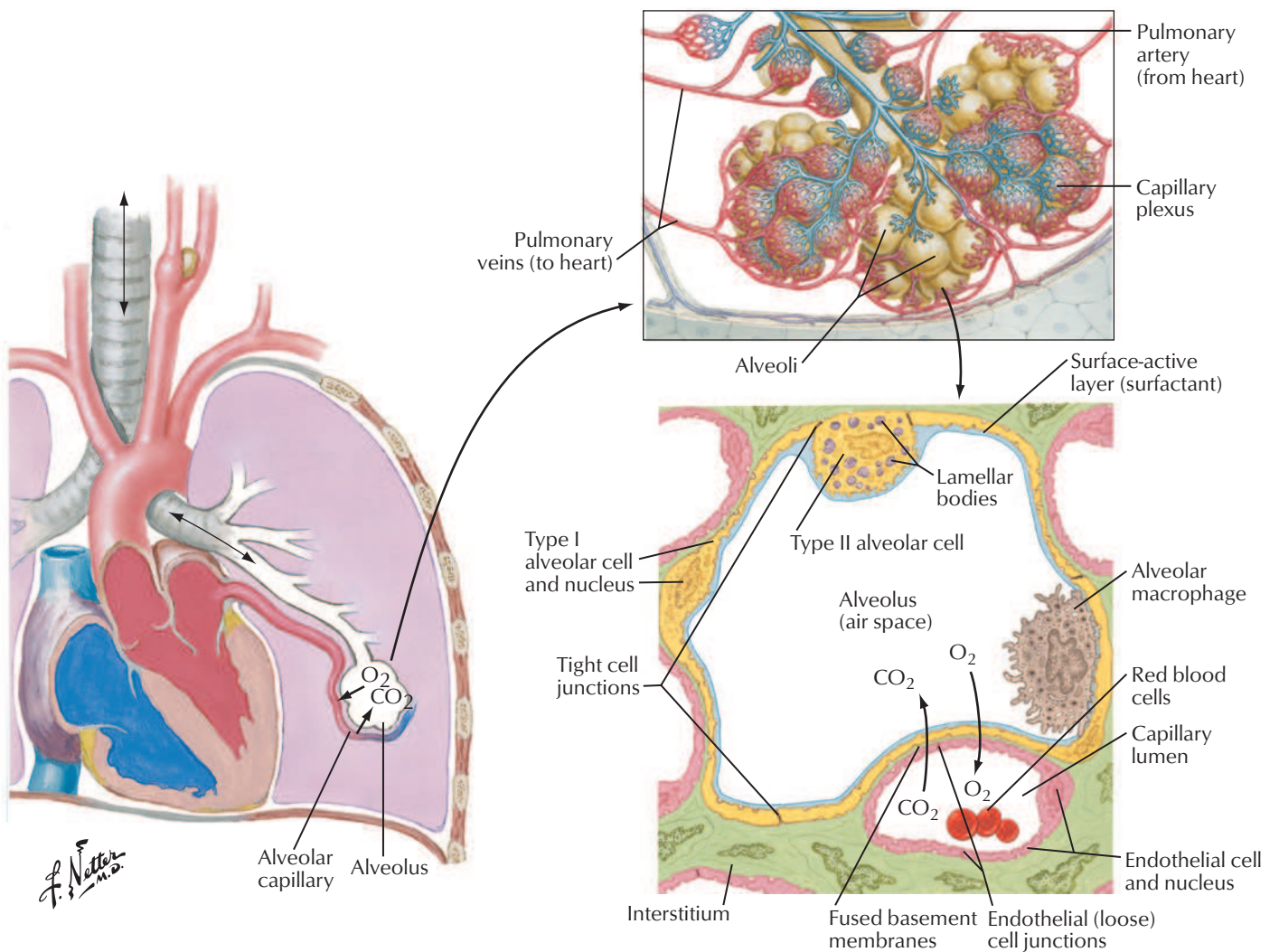
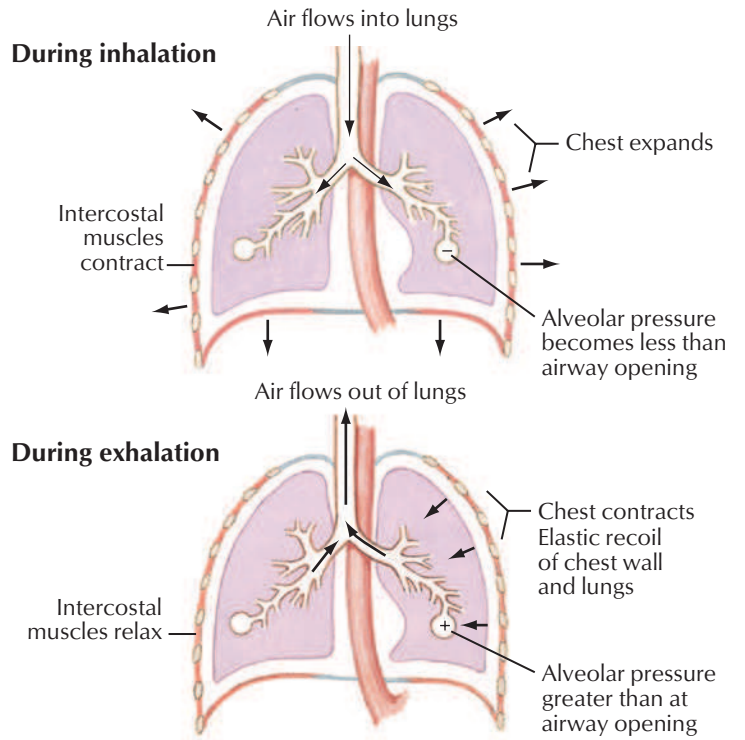
Intrapulmonary Blood Circulation: Schema

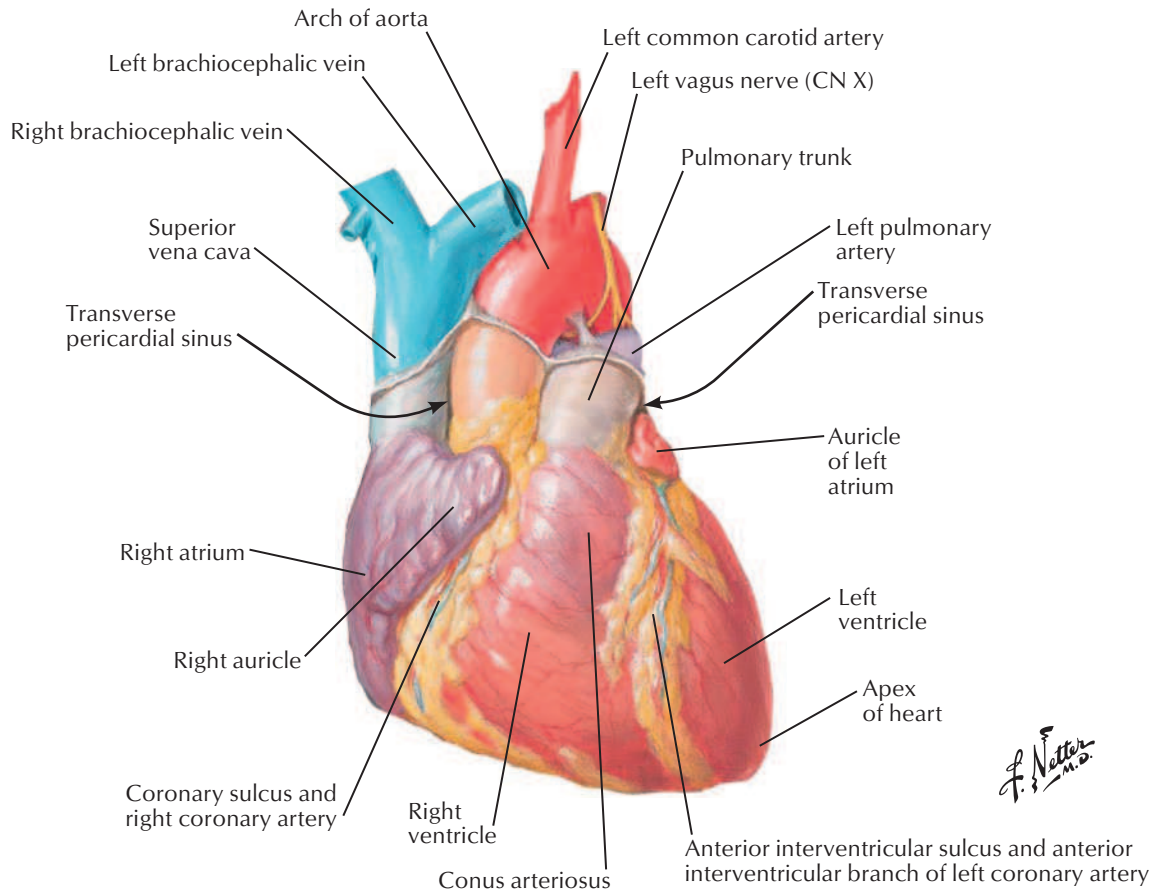


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Pulmonary arteries and their branches distribute segmentally with the bronchi. Pulmonary veins and their tributaries drain intersegmentally.

Visceral pleura and subpleural capillaries
Capillary bed within alveolar wall (cut away in places)

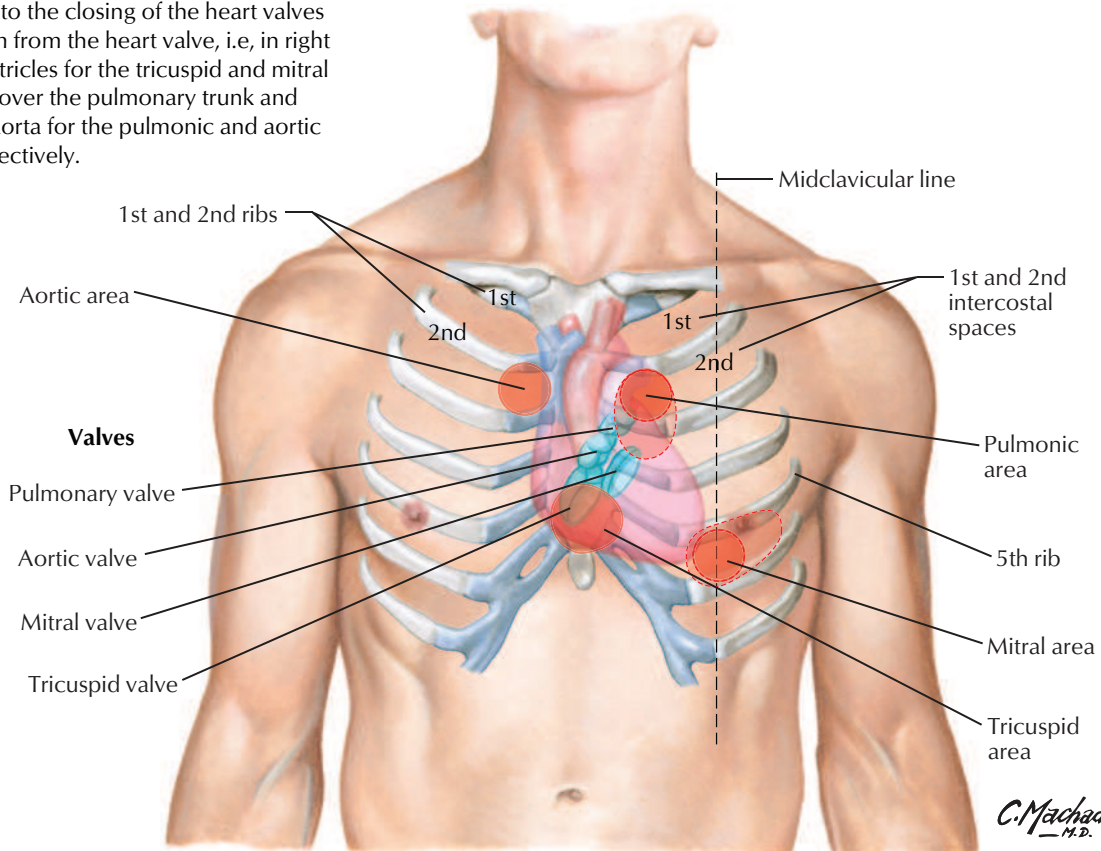




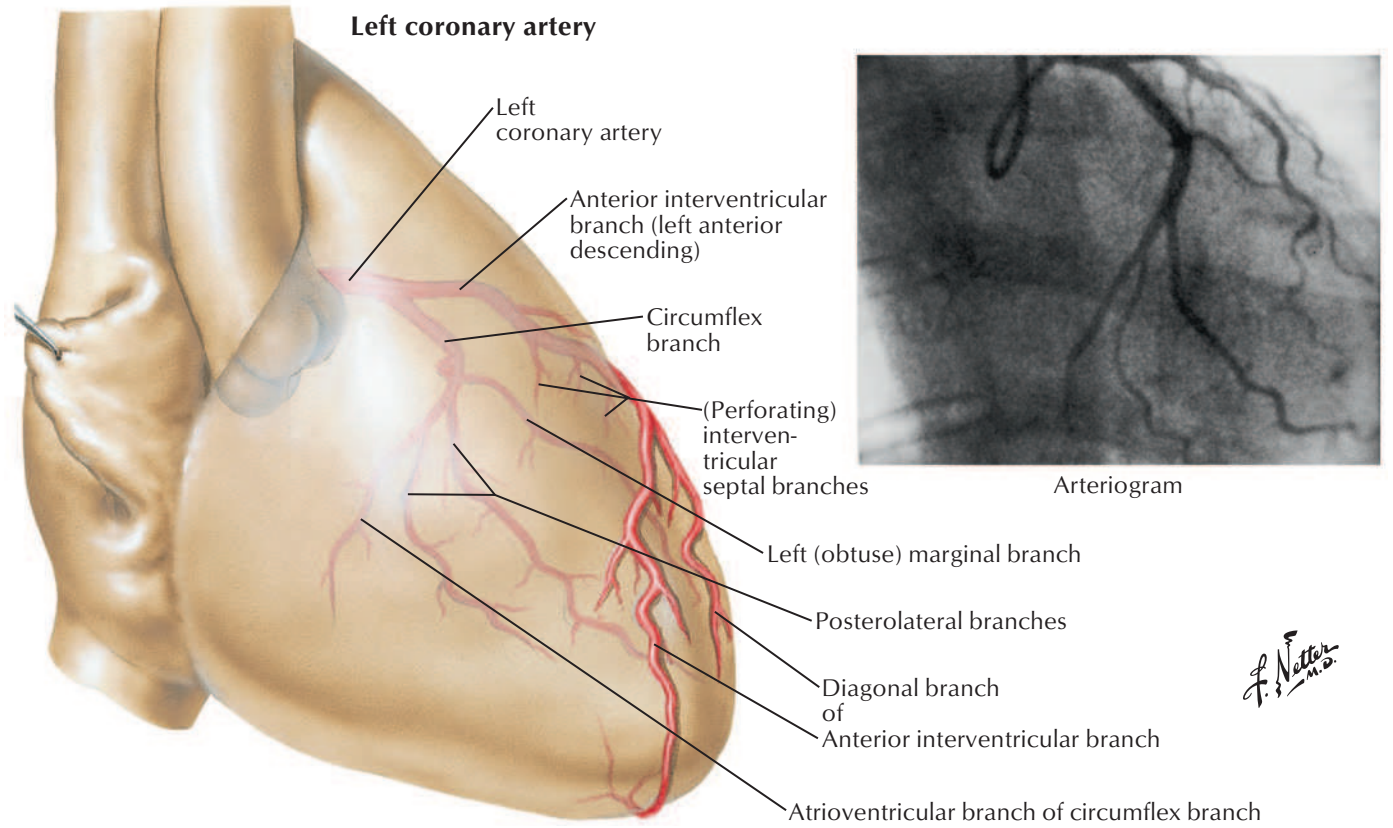
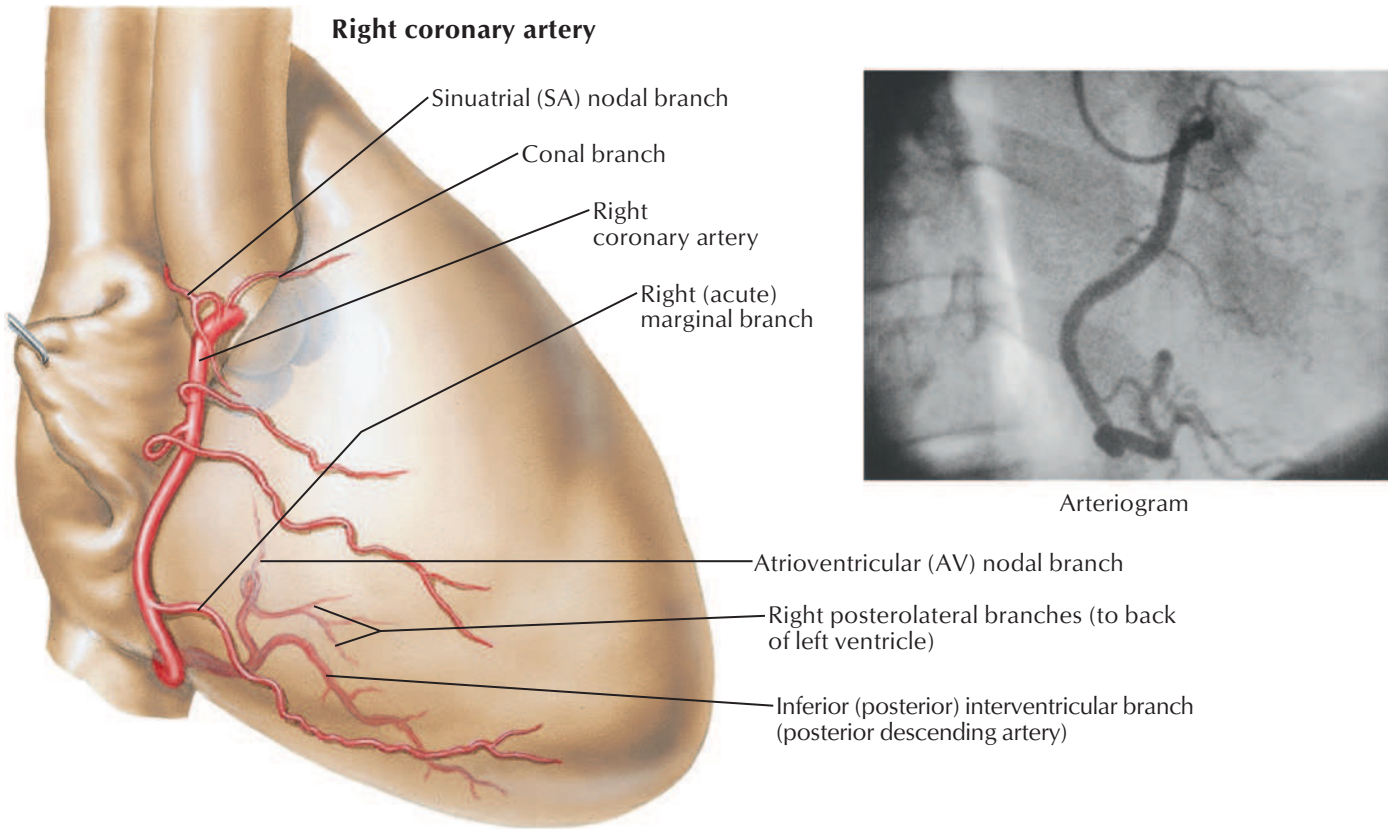
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Precordial areas of auscultation:

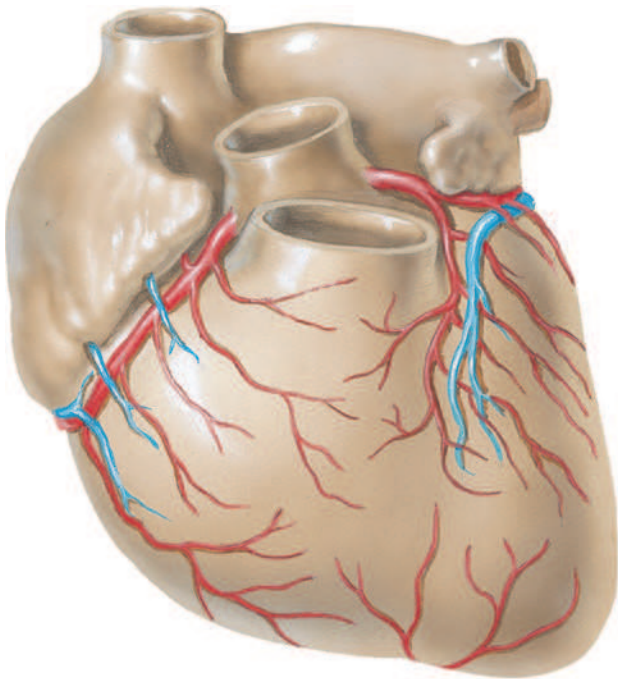
One listens to the closing of the heart valves downstream from the heart valve, i.e, in right and left ventricles for the tricuspid and mitral valves, and over the pulmonary trunk and ascending aorta for the pulmonic and aortic valves, respectively.



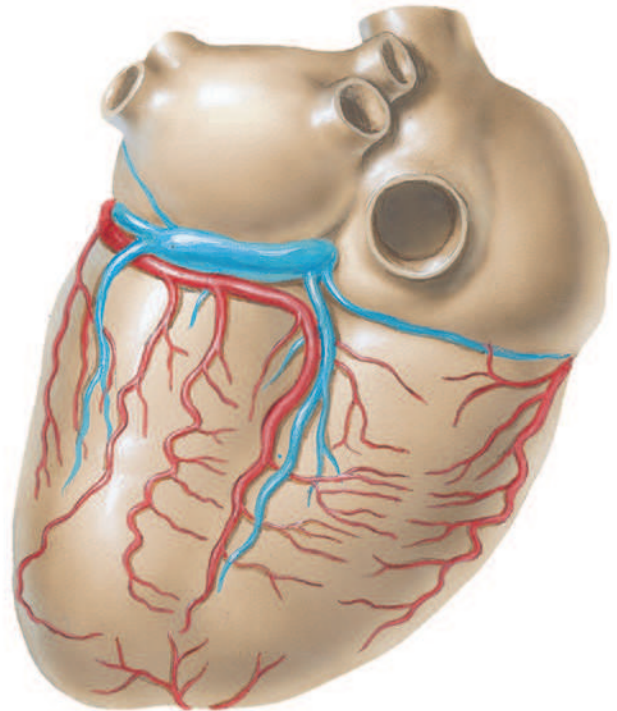
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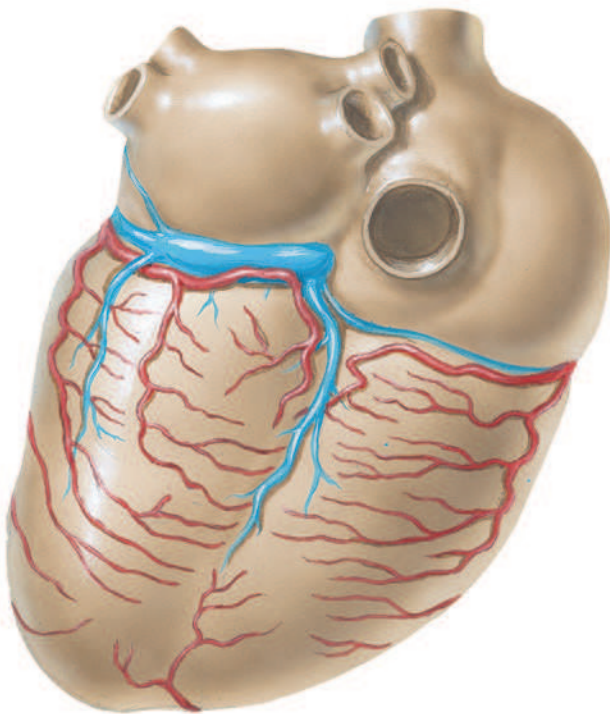
F. Netter M.D.



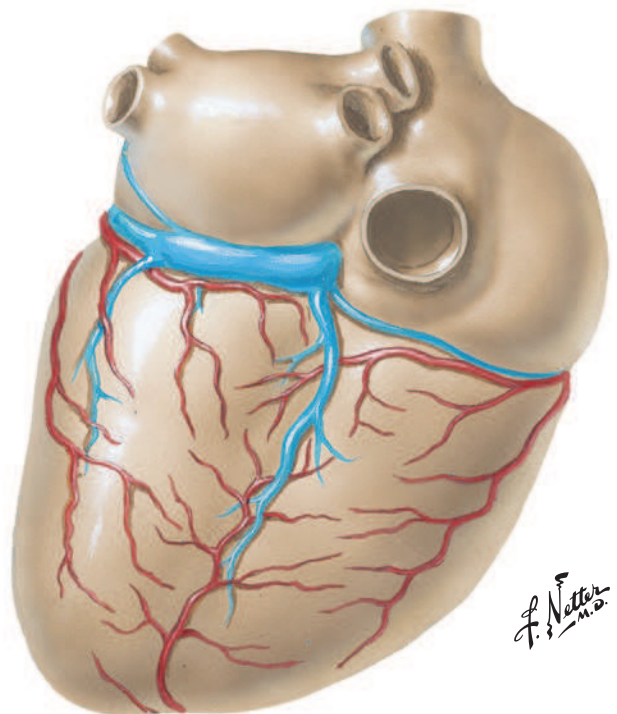
Anterior interventricular (left anterior descending) branch of left coronary artery is very short. Apical part of anterior (sternocostal) surface is supplied by branches from inferior interventricular (posterior descending) branch of right coronary artery curving around apex.



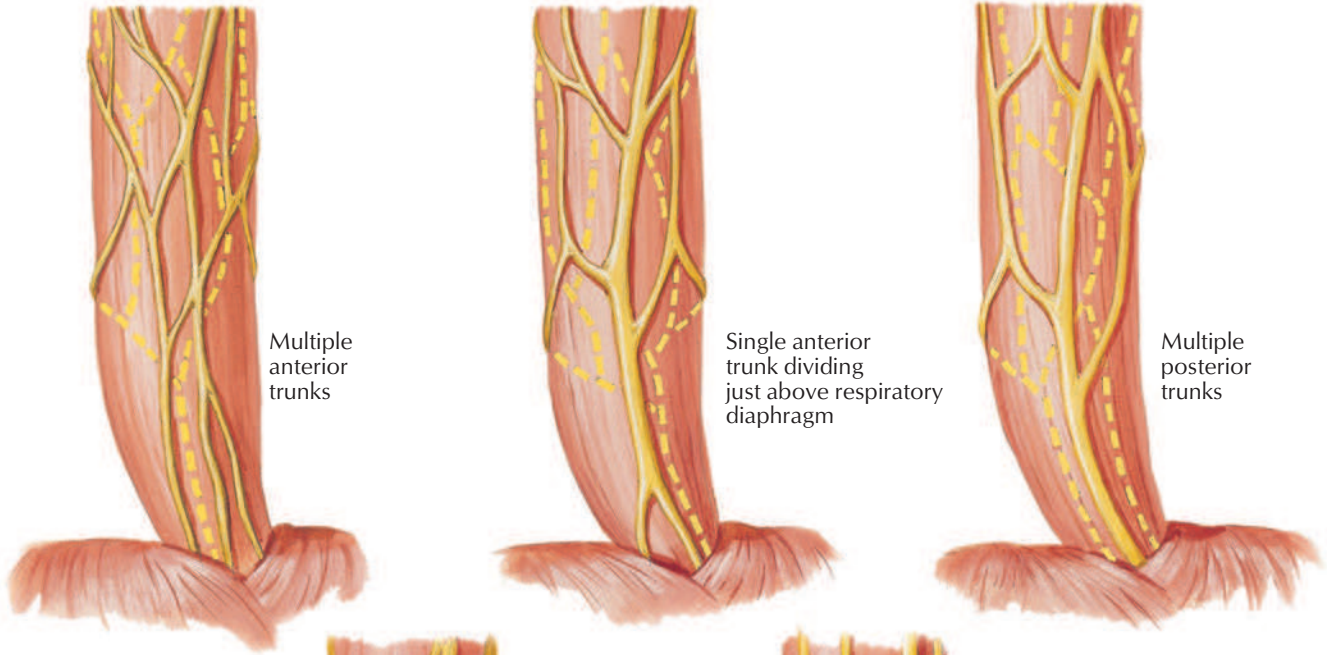
Inferior interventricular (posterior descending) branch is derived from circumflex branch of left coronary artery instead of from right coronary artery.



Inferior interventricular (posterior descending) branch is absent. Area is supplied chiefly by small branches from circumflex branch of left coronary artery and from right coronary artery.



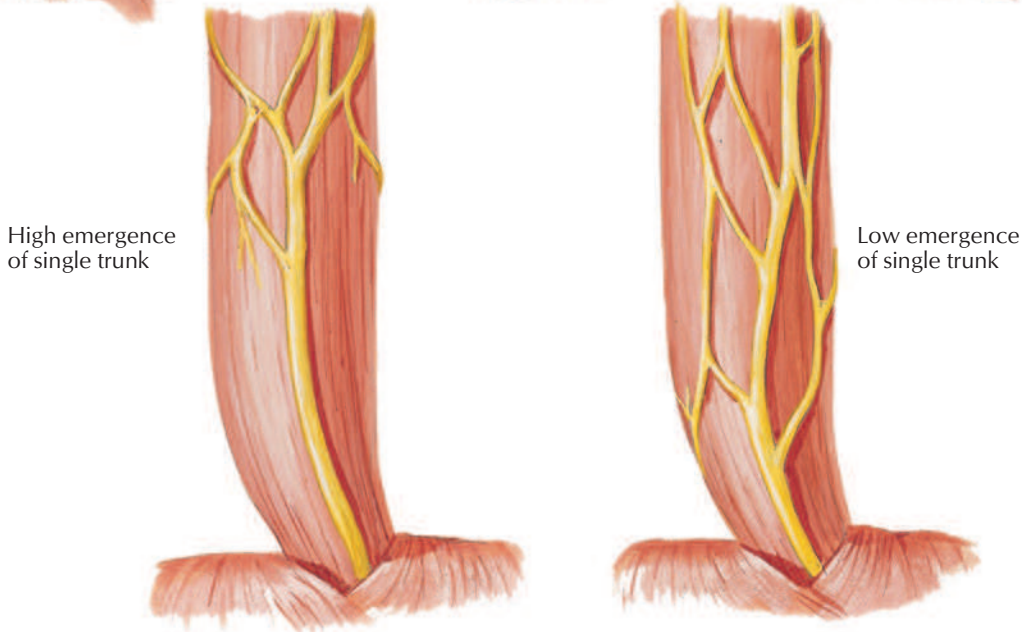
Inferior interventricular (posterior descending) branch is absent. Area is supplied chiefly by elongated anterior interventricular branch curving around apex.



Multiple anterior trunks

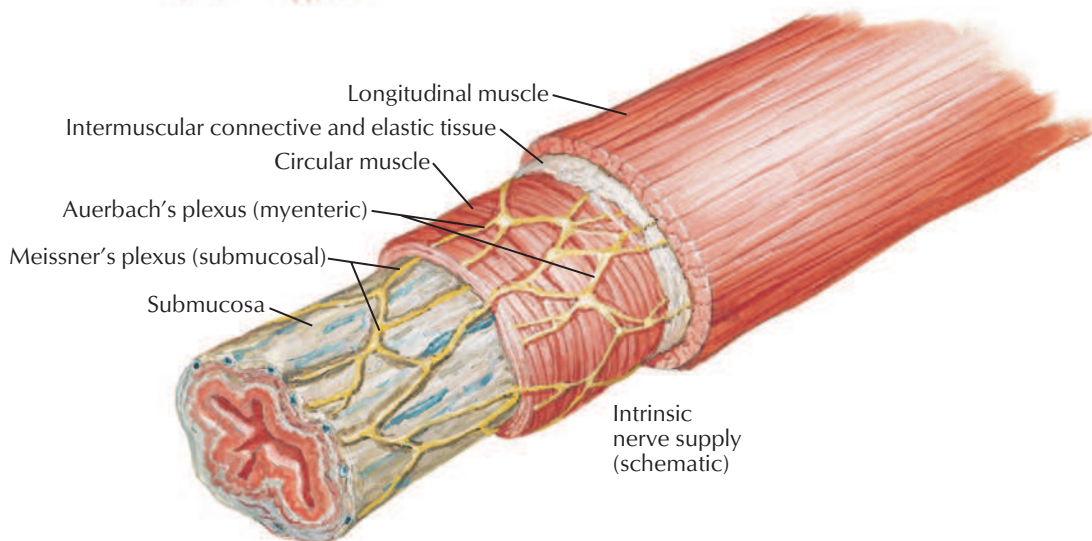
Single anterior trunk dividing just above respiratory diaphragm

Multiple posterior trunks



High emergence of single trunk

Low emergence of single trunk



Longitudinal muscle

Intermuscular connective and elastic tissue

Circular muscle

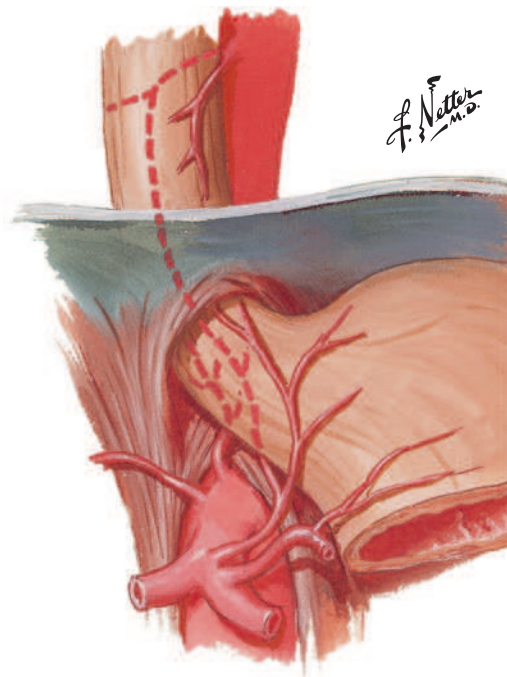
Auerbach's plexus (myenteric)

Meissner's plexus (submucosal)

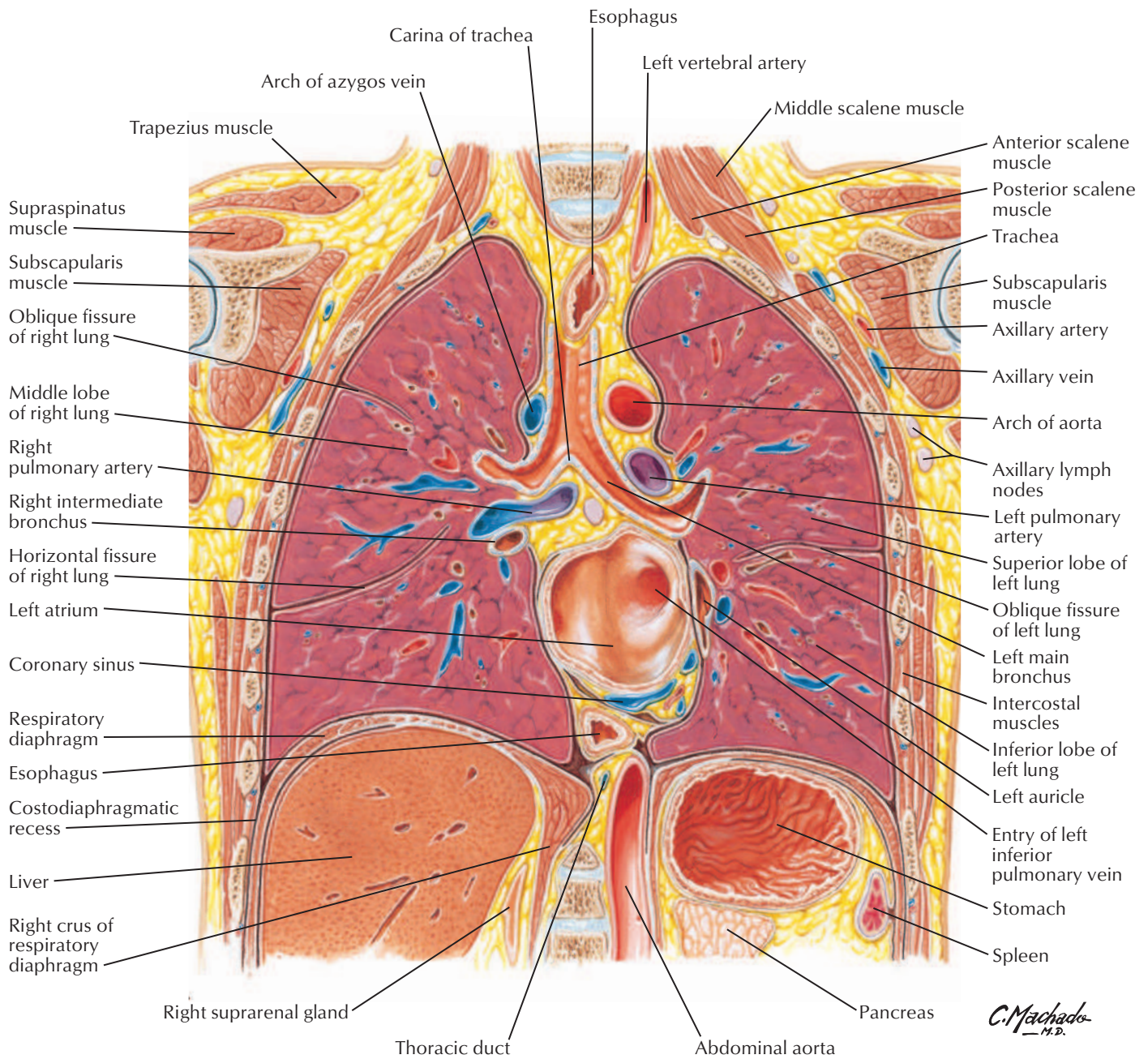
Submucosa

Intrinsic nerve supply (schematic)

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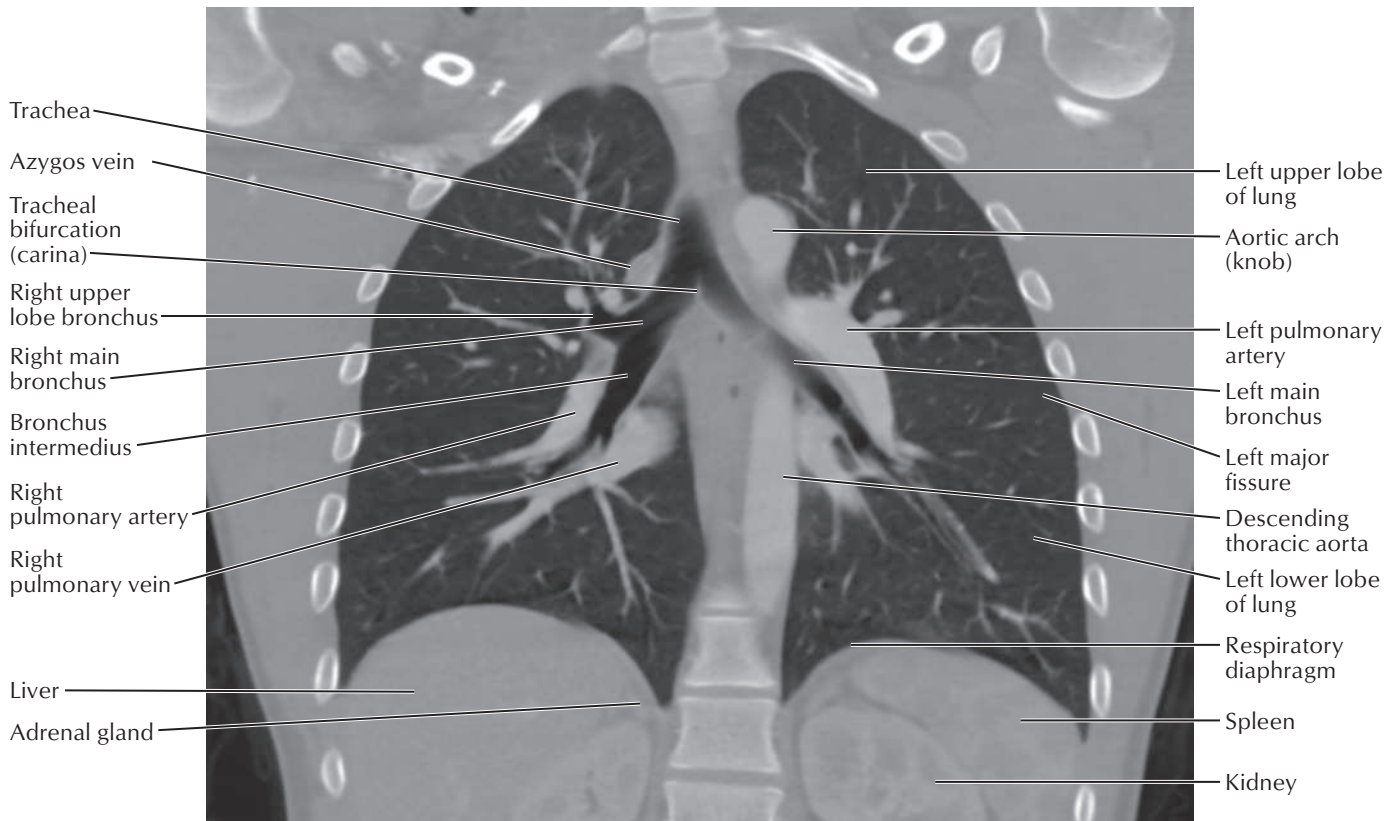


Common variations: Esophageal branches may originate from left inferior phrenic artery and/or directly from celiac trunk. Branches to abdominal esophagus may also come from splenic or short gastric arteries.

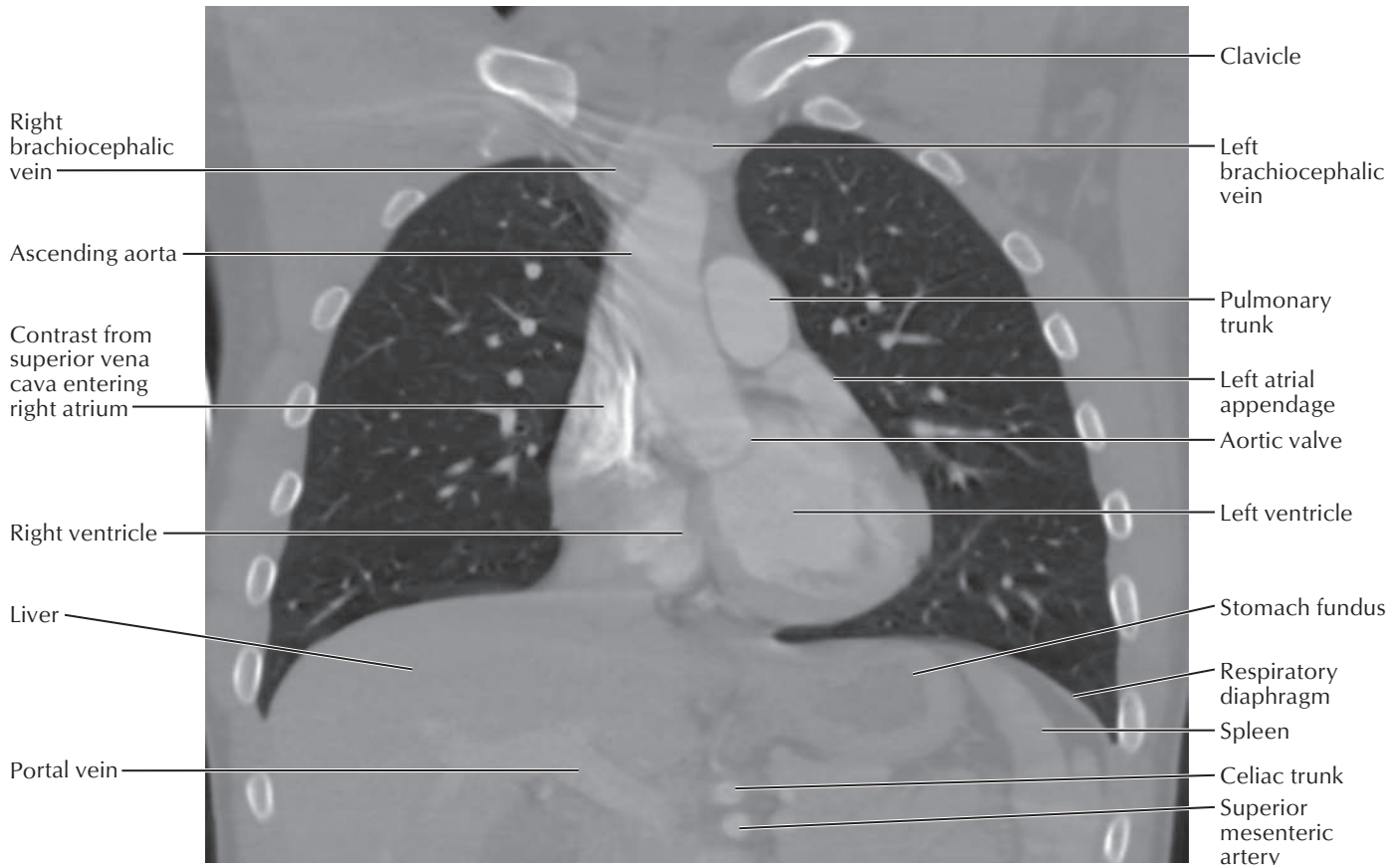


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Contrast windowed to accentuate lungs and bones



Contrast windowed to accentuate lungs and bones



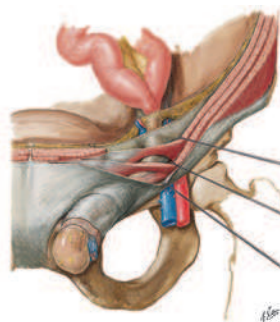
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Surface Anatomy	249	Lymphatics	325
Body Wall	250-269	Regional Scans	326-327
Peritoneal Cavity	270-275	Cross-Sectional Anatomy	328-332
Viscera (Gut)	276-283	Structures with High Clinical Significance	Tables 5.1-5.2
Viscera (Accessory Organs)	284-289	Muscle Table	Table 5.3
Visceral Vasculature	290-299	Electronic Bonus Plates	BP58-BP87
Innervation	300-310		
Kidneys and Suprarenal Glands	311-324		

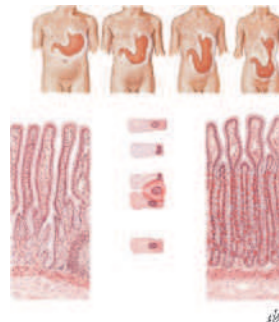
ELECTRONIC BONUS PLATES



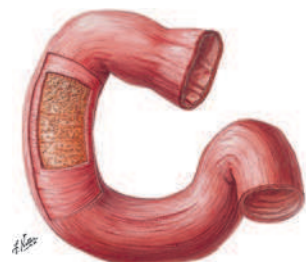
BP58 Inguinal and Femoral Regions



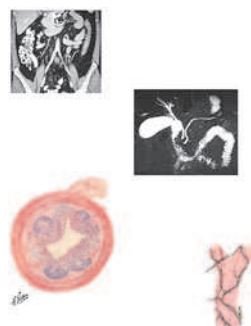
BP59 Indirect Inguinal Hernia



BP60 Variations in Position and Contour of Stomach in Relation to Body Habitus



BP61 Layers of Duodenal Wall



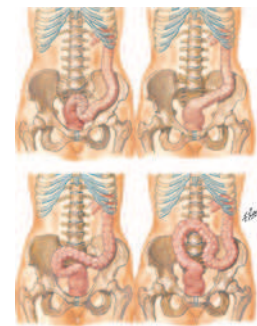
BP62 CT and MRCP Showing Appendix, Gallbladder, and Ducts; Nerve Branches of Hepatic Artery



BP63 Topography of Liver



BP64 Variations in Form of Liver

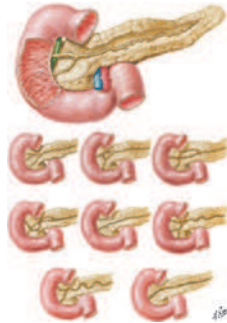


BP65 Sigmoid Colon: Variations in Position

ELECTRONIC BONUS PLATES—*cont'd*



BP66 Variations in Arterial Supply to Cecum and Posterior Peritoneal Attachment of Cecum



BP67 Variations in Pancreatic Duct



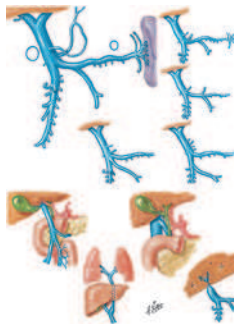
BP68 Variations in Cystic, Hepatic, and Pancreatic Ducts



BP69 Variations in Cystic Arteries



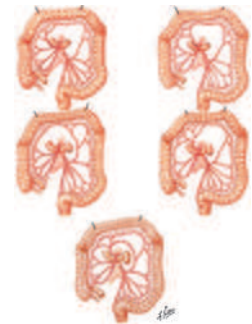
BP70 Variations in Hepatic Arteries



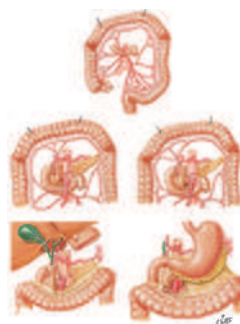
BP71 Variations and Anomalies of Hepatic Portal Vein



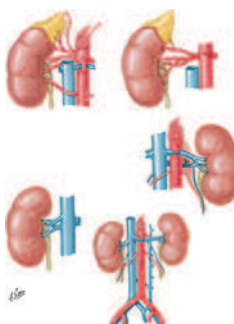
BP72 Variations in Celiac Trunk



BP73 Variations in Colic Arteries



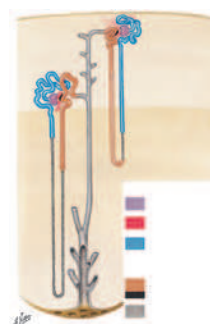
BP74 Variations in Colic Arteries (continued)



BP75 Variations in Renal Artery and Vein

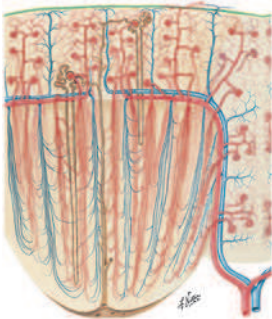


BP76 Histology of Renal Corpuscle



BP77 Nephron and Collecting Tubule: Schema

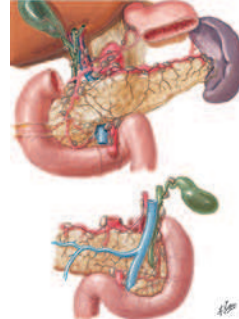
ELECTRONIC BONUS PLATES—*cont'd*



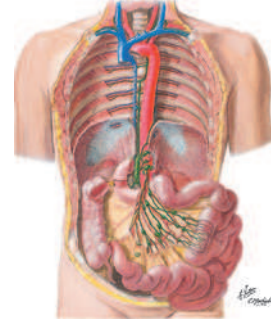
BP78 Blood Vessels in Parenchyma of Kidney: Schema



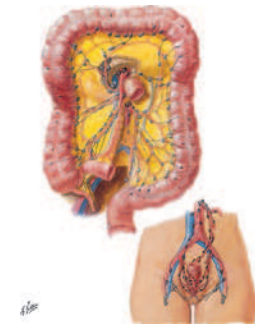
BP79 Lymph Vessels and Nodes of Stomach



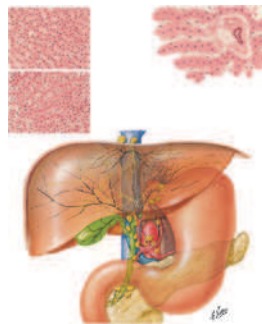
BP80 Lymph Vessels and Nodes of Pancreas



BP81 Lymph Vessels and Nodes of Small Intestine



BP82 Lymph Vessels and Nodes of Large Intestine



BP83 Lymph Vessels and Nodes of Liver



BP84 Schematic Cross Section of Abdomen at Middle T12



BP85 Transverse Section of Abdomen: Level of L5, Near Transtubercular Plane

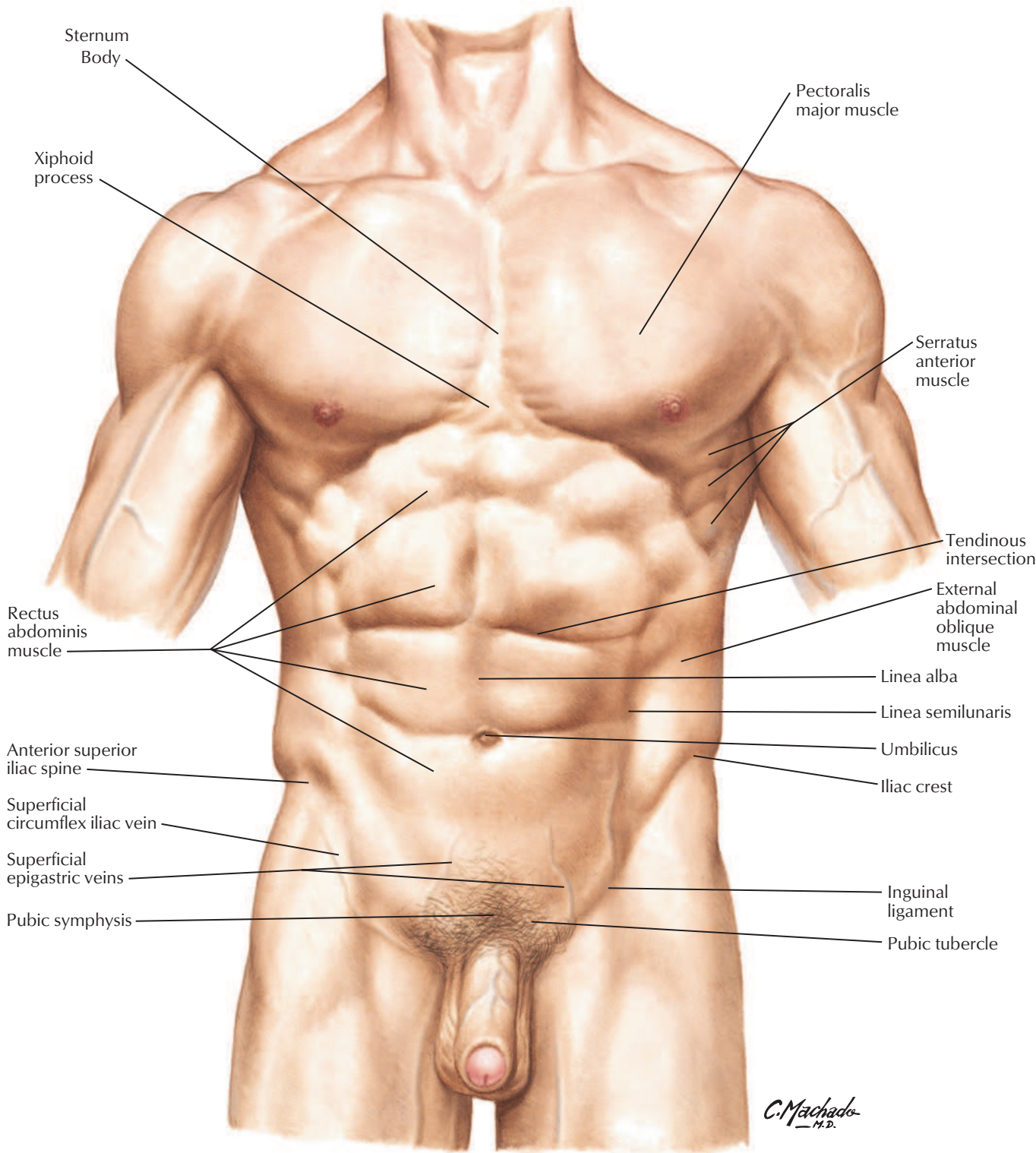


BP86 Transverse Section of Abdomen: Level of S1, Anterior Superior Iliac Spine



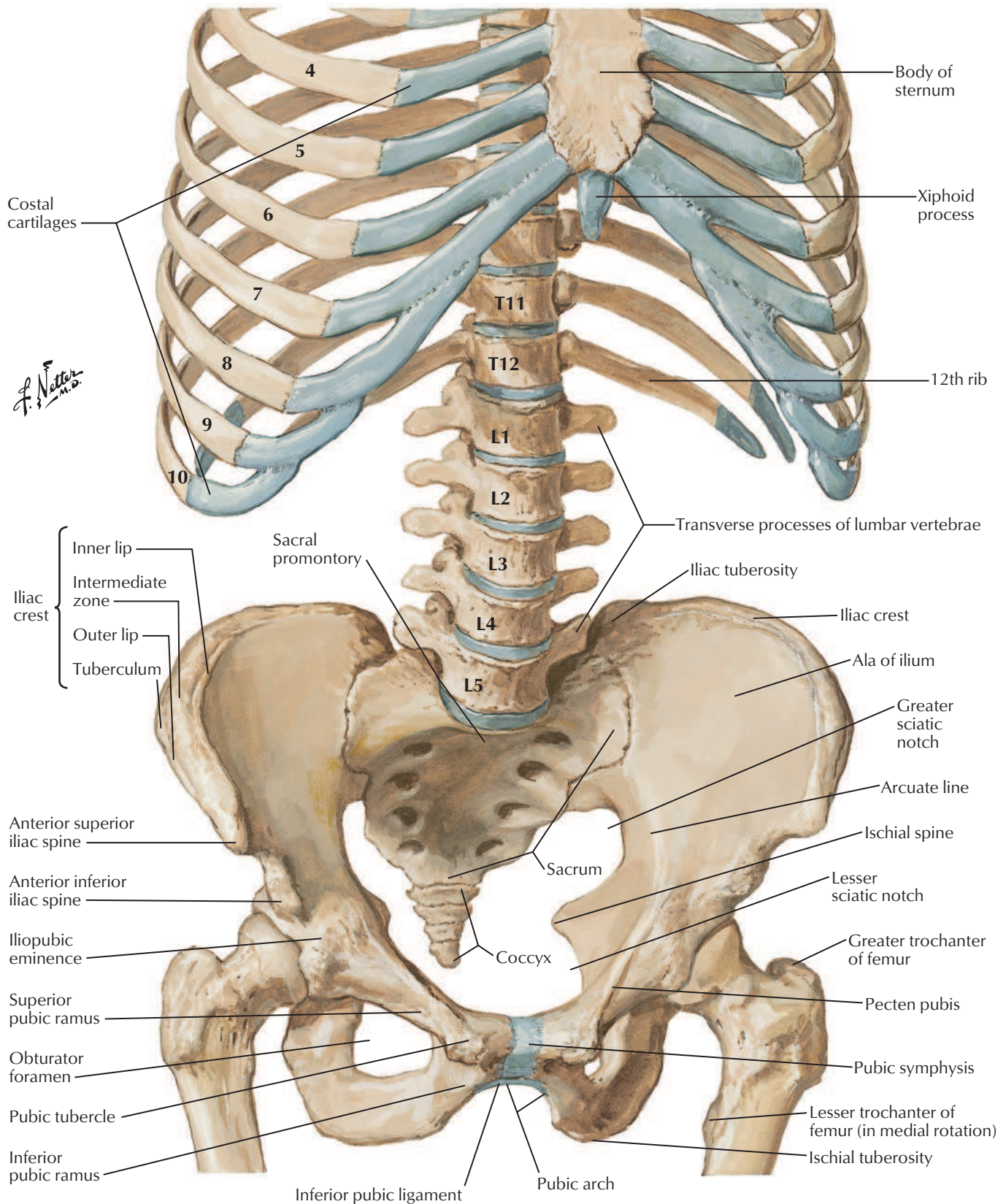
BP87 Axial CT Image of Upper Abdomen

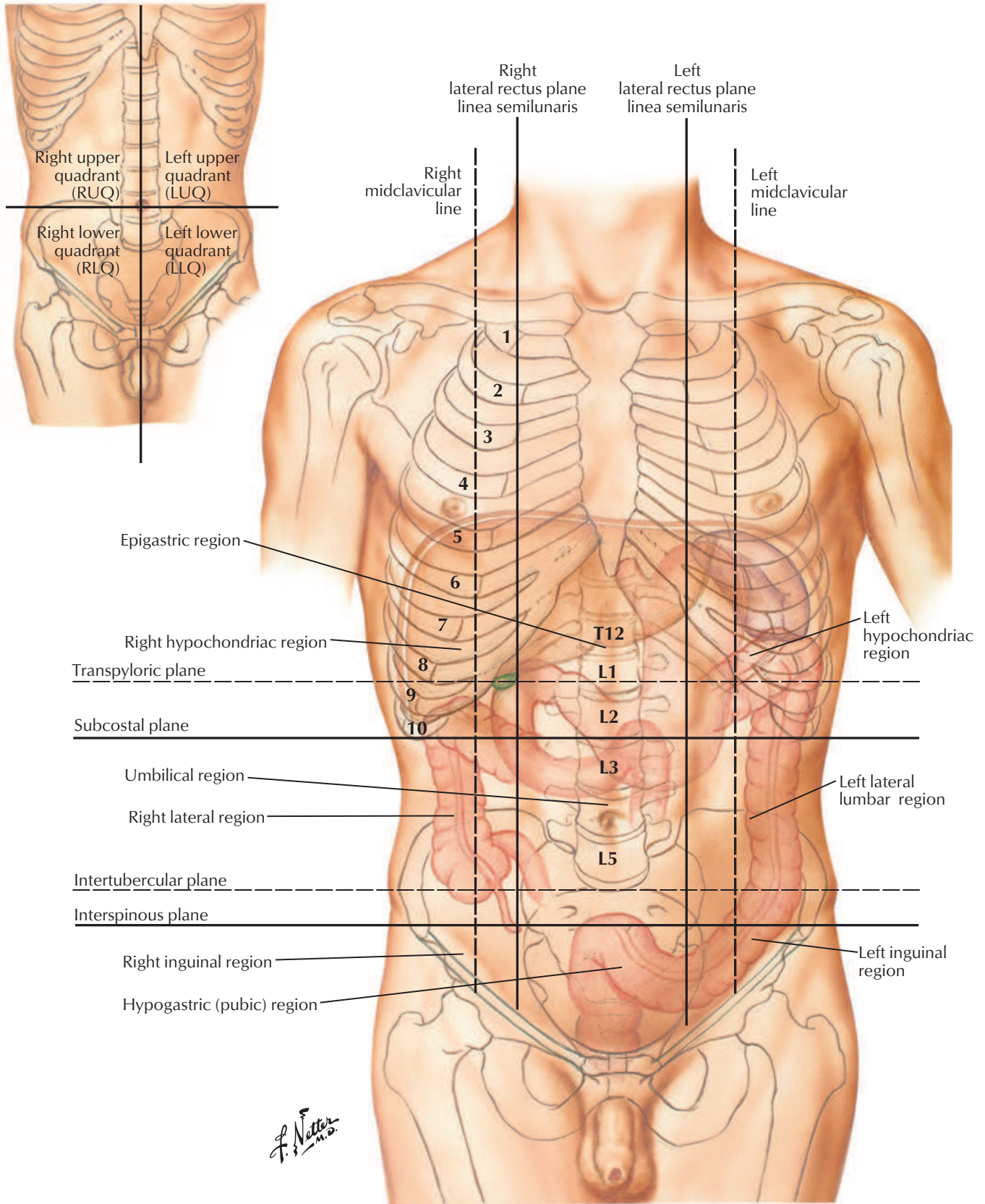
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Bony Framework of Abdomen

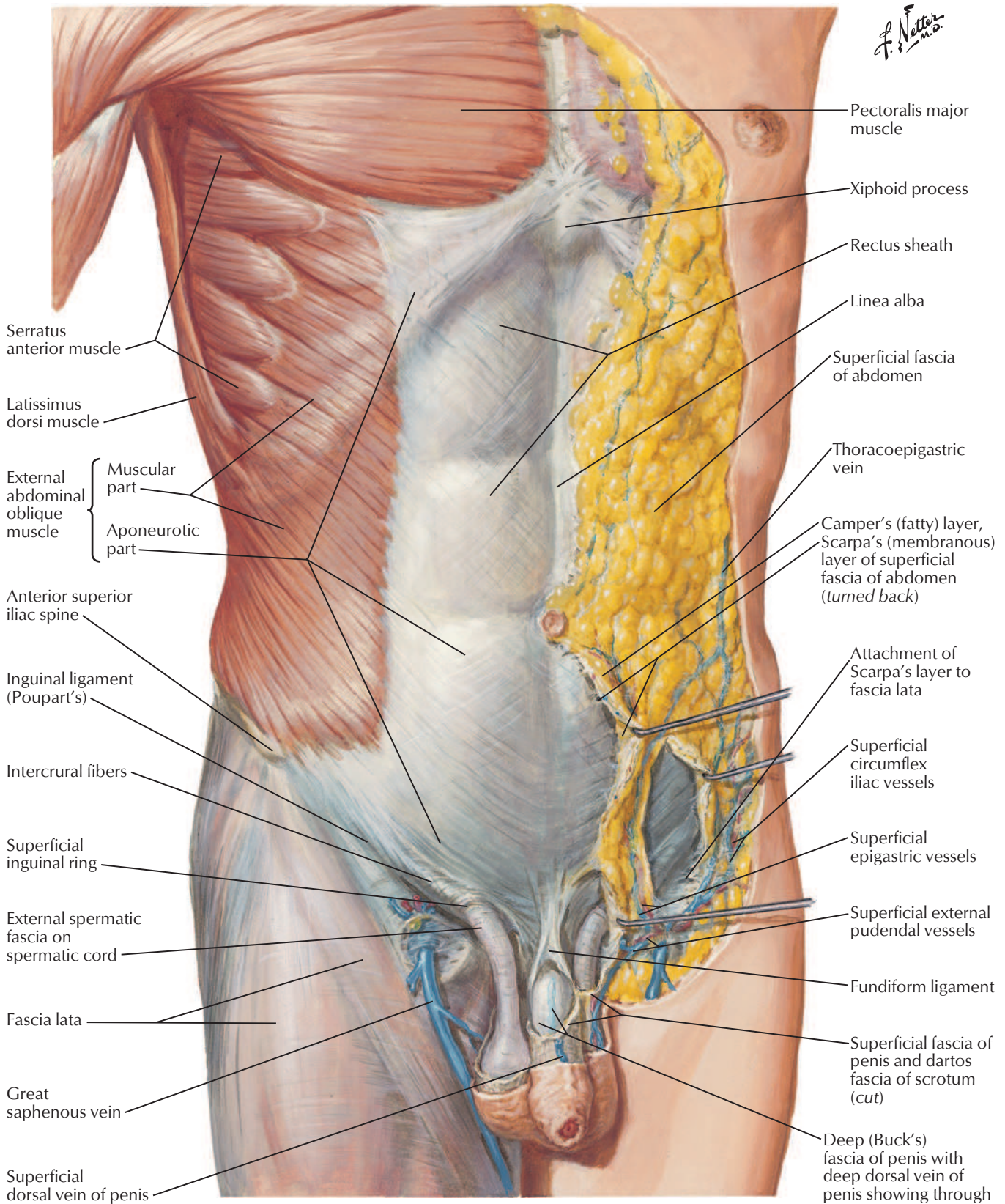
See also [Plates 192, 334](#)



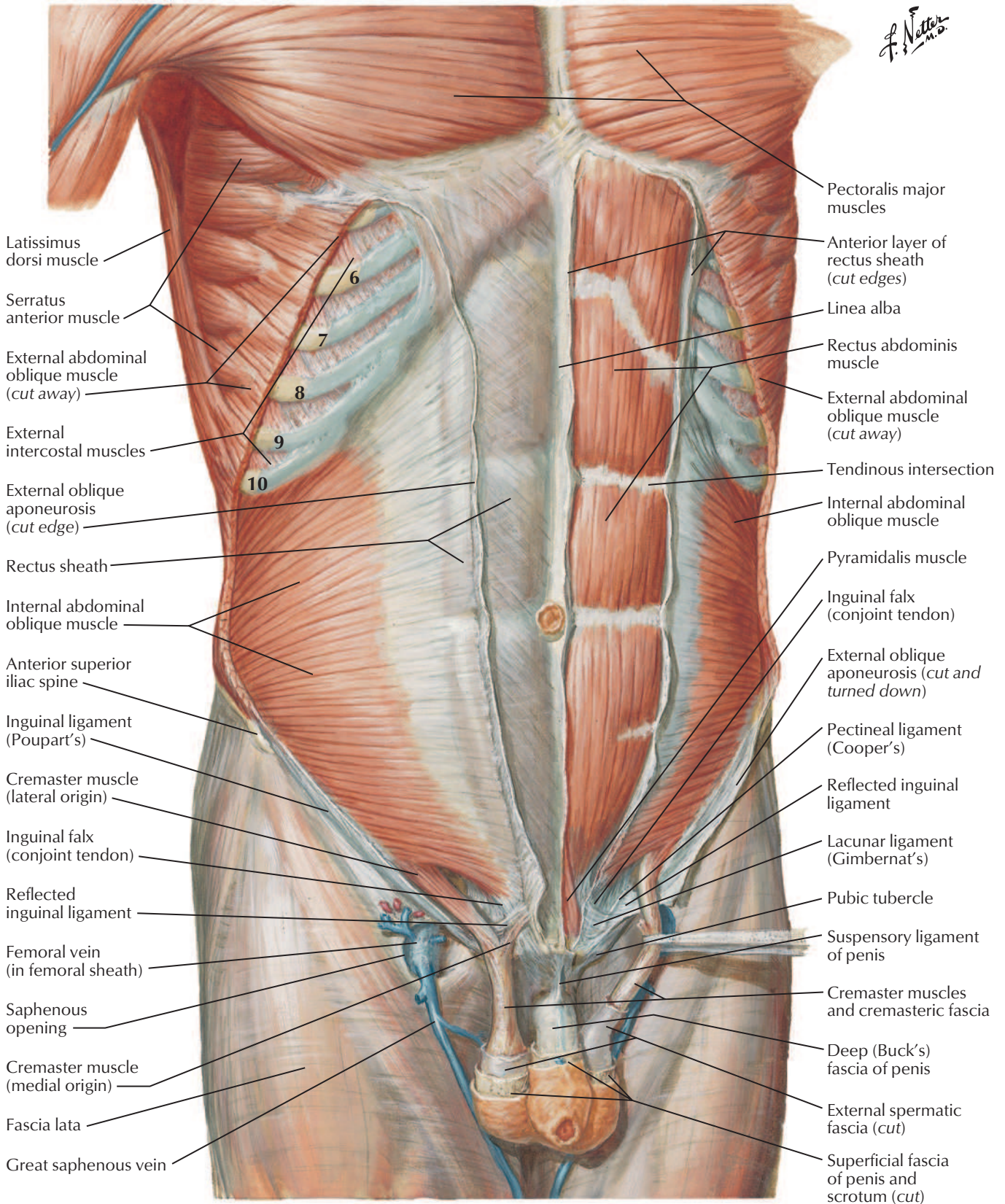


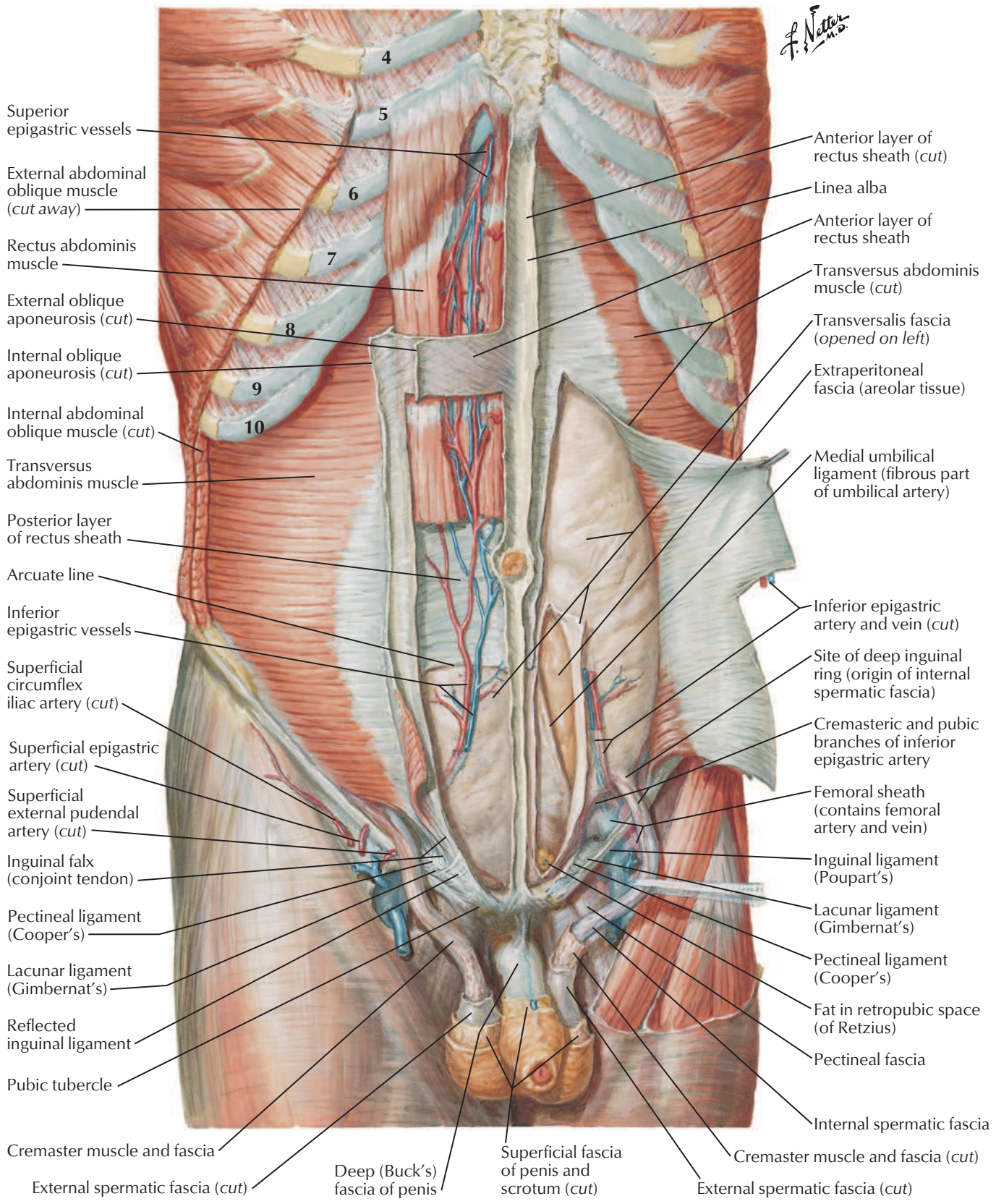
Anterior Abdominal Wall: Superficial Dissection

See also [Plates 259, 333](#)

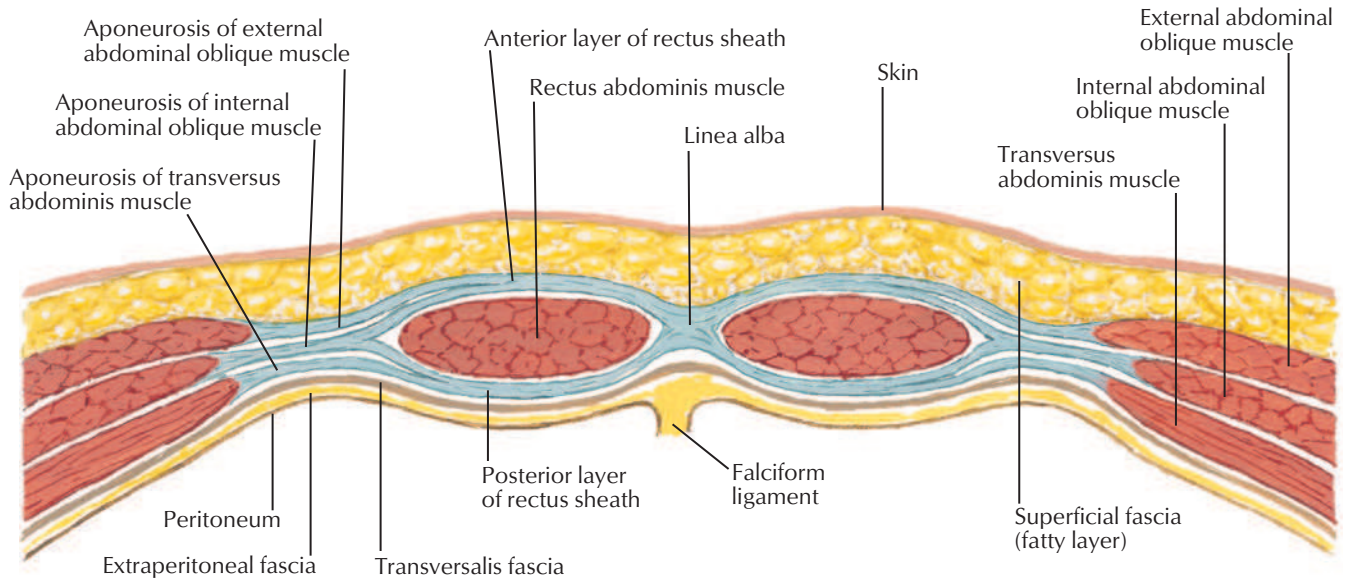


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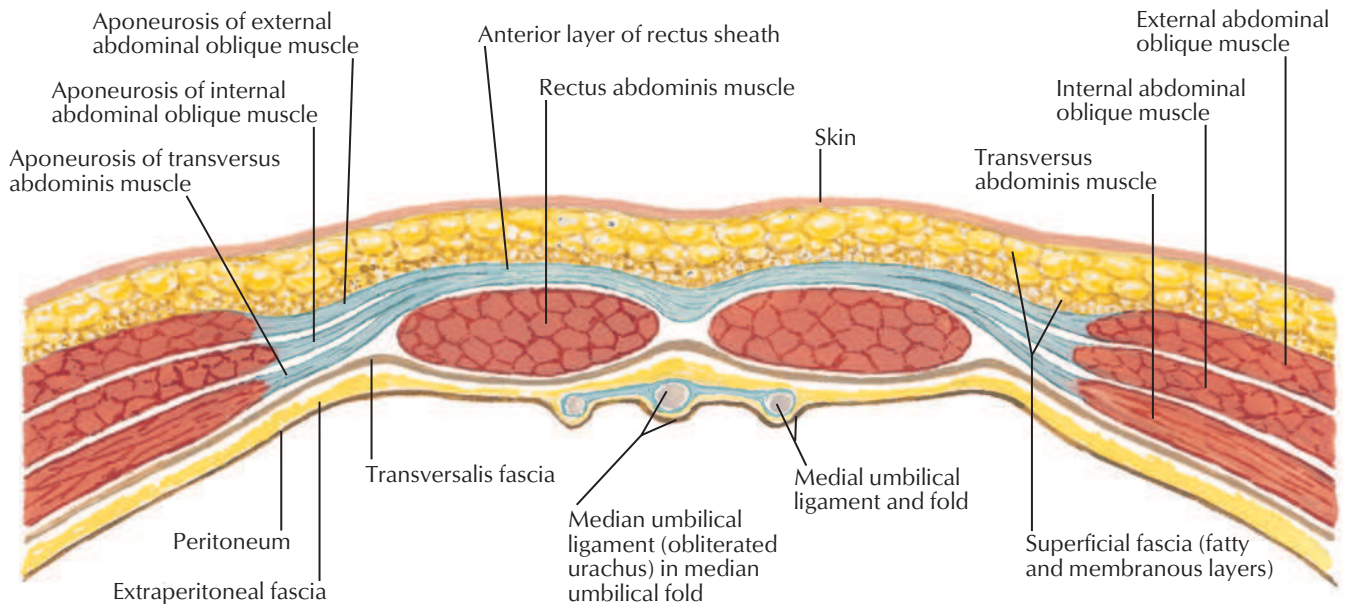


Section above arcuate line



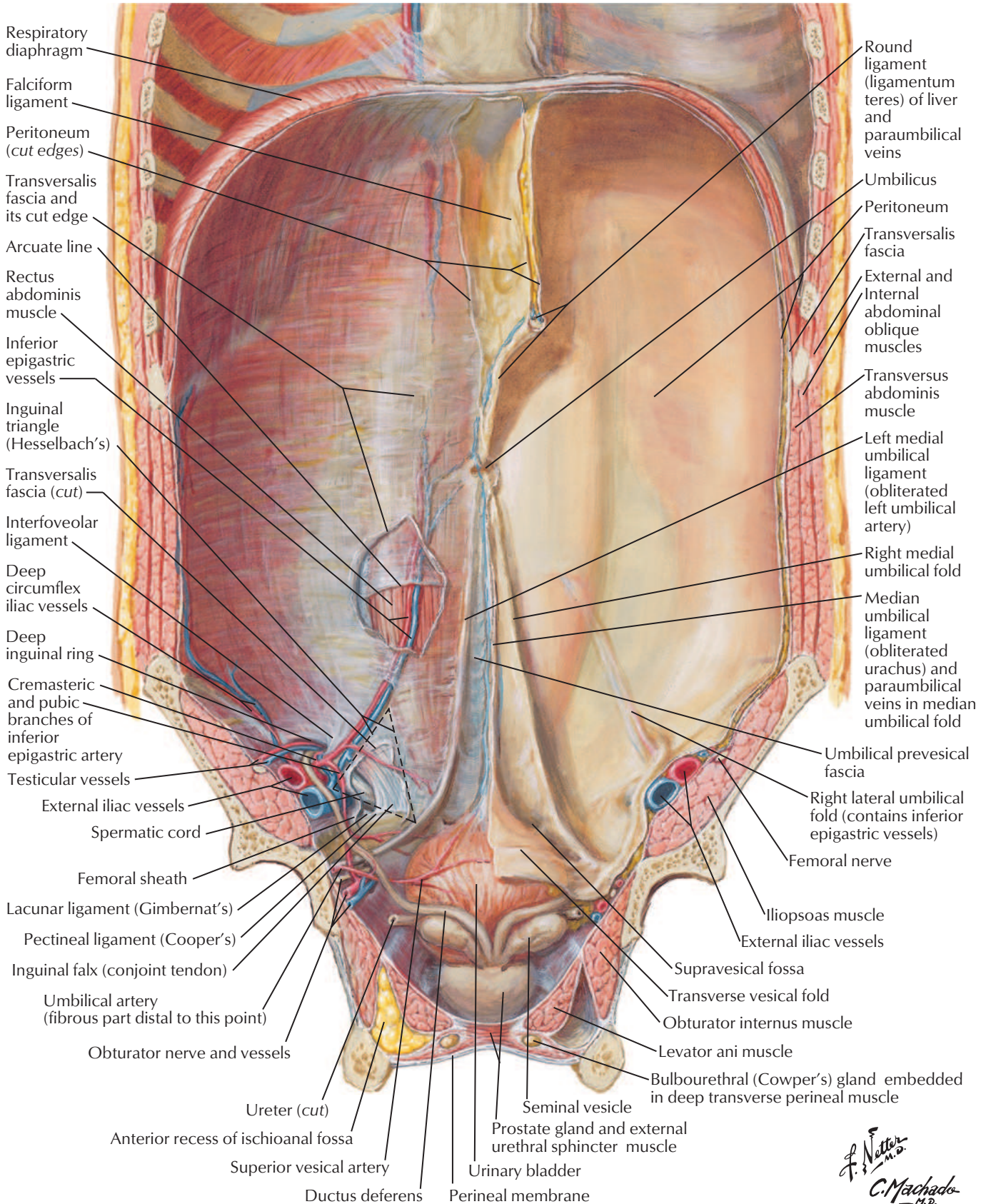
Aponeurosis of internal abdominal oblique muscle splits to form anterior and posterior layers of rectus sheath. Aponeurosis of external abdominal oblique muscle joins anterior layer of sheath; aponeurosis of transversus abdominis muscle joins posterior layer. Anterior and posterior layers of rectus sheath unite medially to form linea alba.

Section below arcuate line

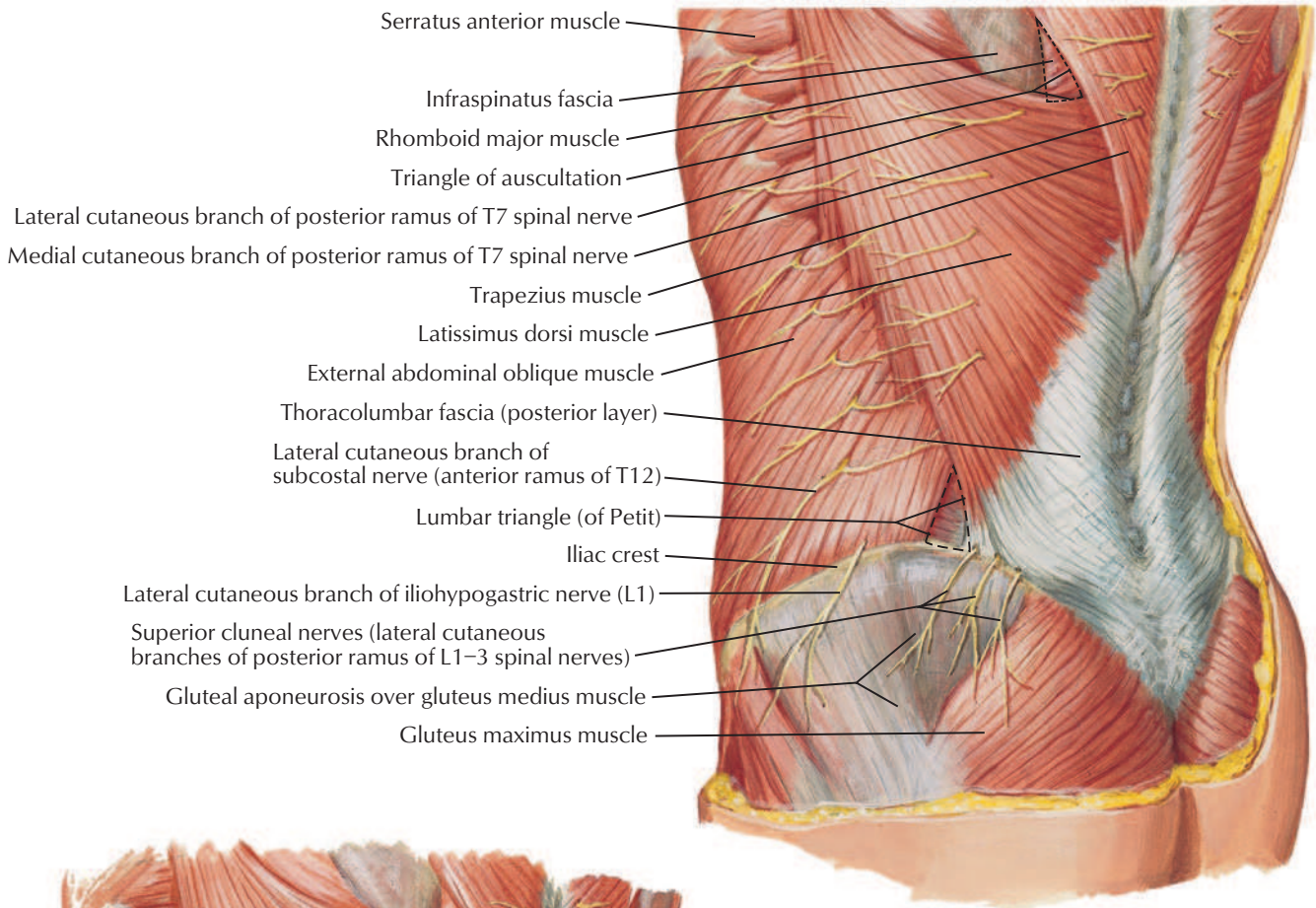


Aponeurosis of internal abdominal oblique muscle does not split at this level but passes completely anterior to rectus abdominis muscle and is fused there with both aponeurosis of external abdominal oblique muscle and that of transversus abdominis muscle. Thus, posterior wall of rectus sheath is absent below arcuate line, leaving only transversalis fascia.

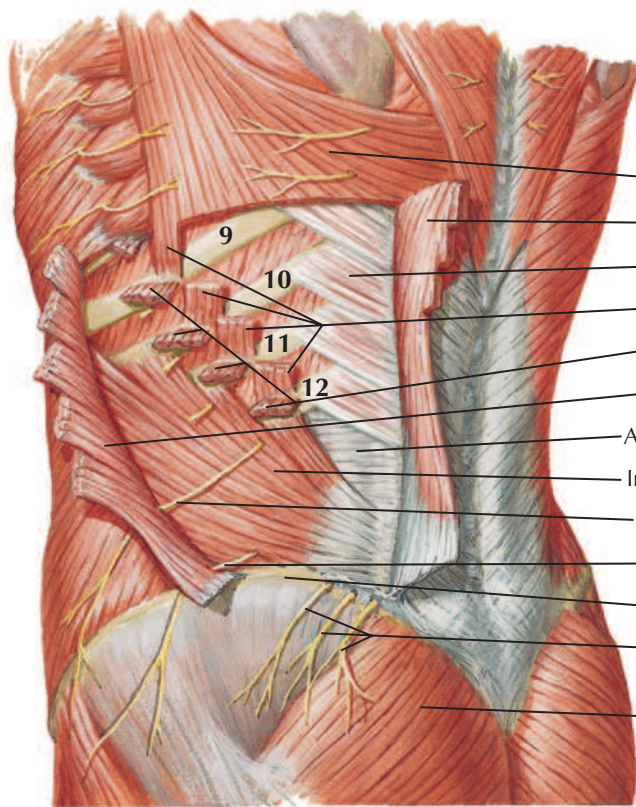
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- Serratus anterior muscle
- Infraspinatus fascia
- Rhomboid major muscle
- Triangle of auscultation
- Lateral cutaneous branch of posterior ramus of T7 spinal nerve
- Medial cutaneous branch of posterior ramus of T7 spinal nerve
- Trapezius muscle
- Latissimus dorsi muscle
- External abdominal oblique muscle
- Thoracolumbar fascia (posterior layer)
- Lateral cutaneous branch of subcostal nerve (anterior ramus of T12)
- Lumbar triangle (of Petit)
- Iliac crest
- Lateral cutaneous branch of iliohypogastric nerve (L1)
- Superior cluneal nerves (lateral cutaneous branches of posterior ramus of L1-3 spinal nerves)
- Gluteal aponeurosis over gluteus medius muscle
- Gluteus maximus muscle

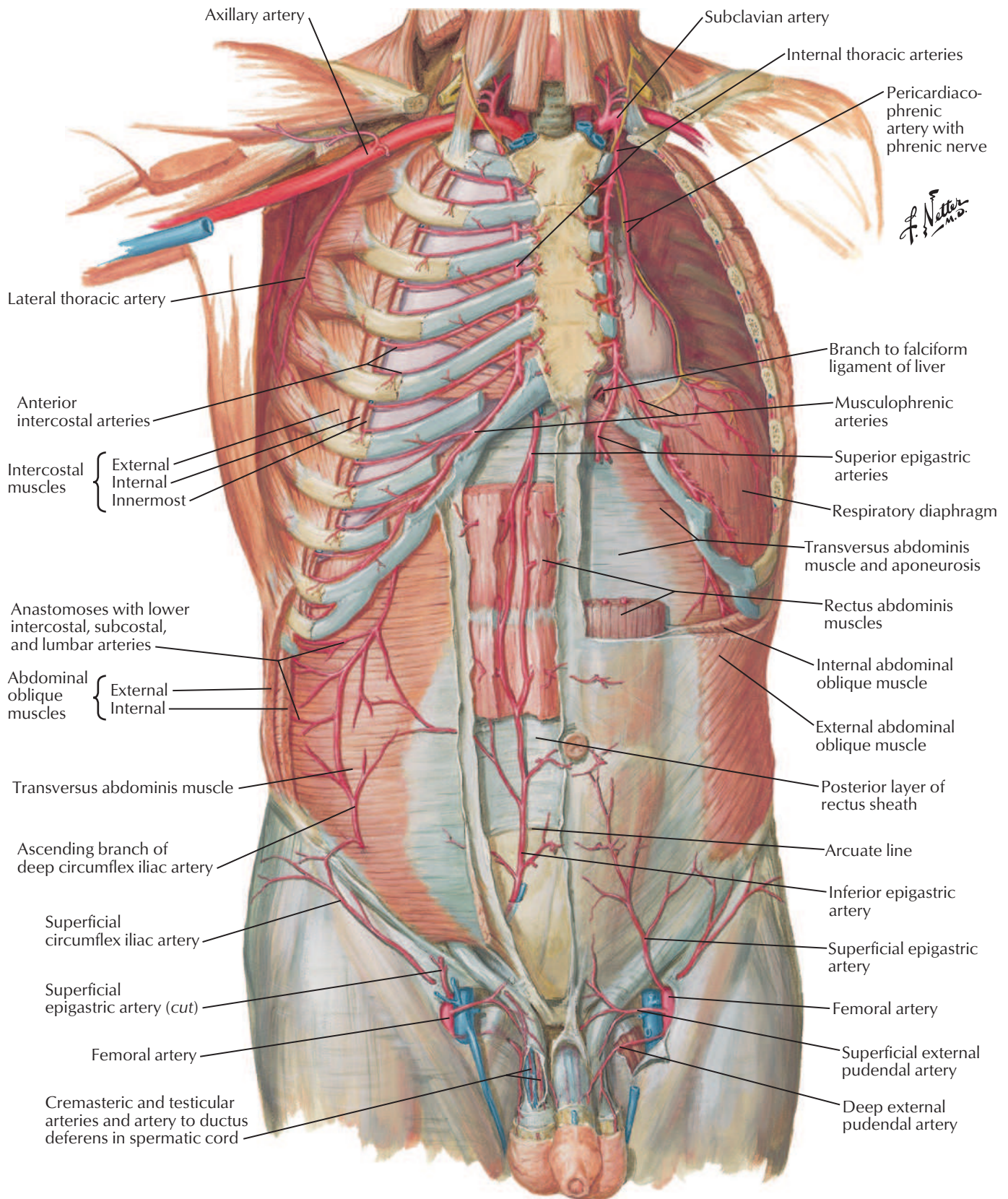


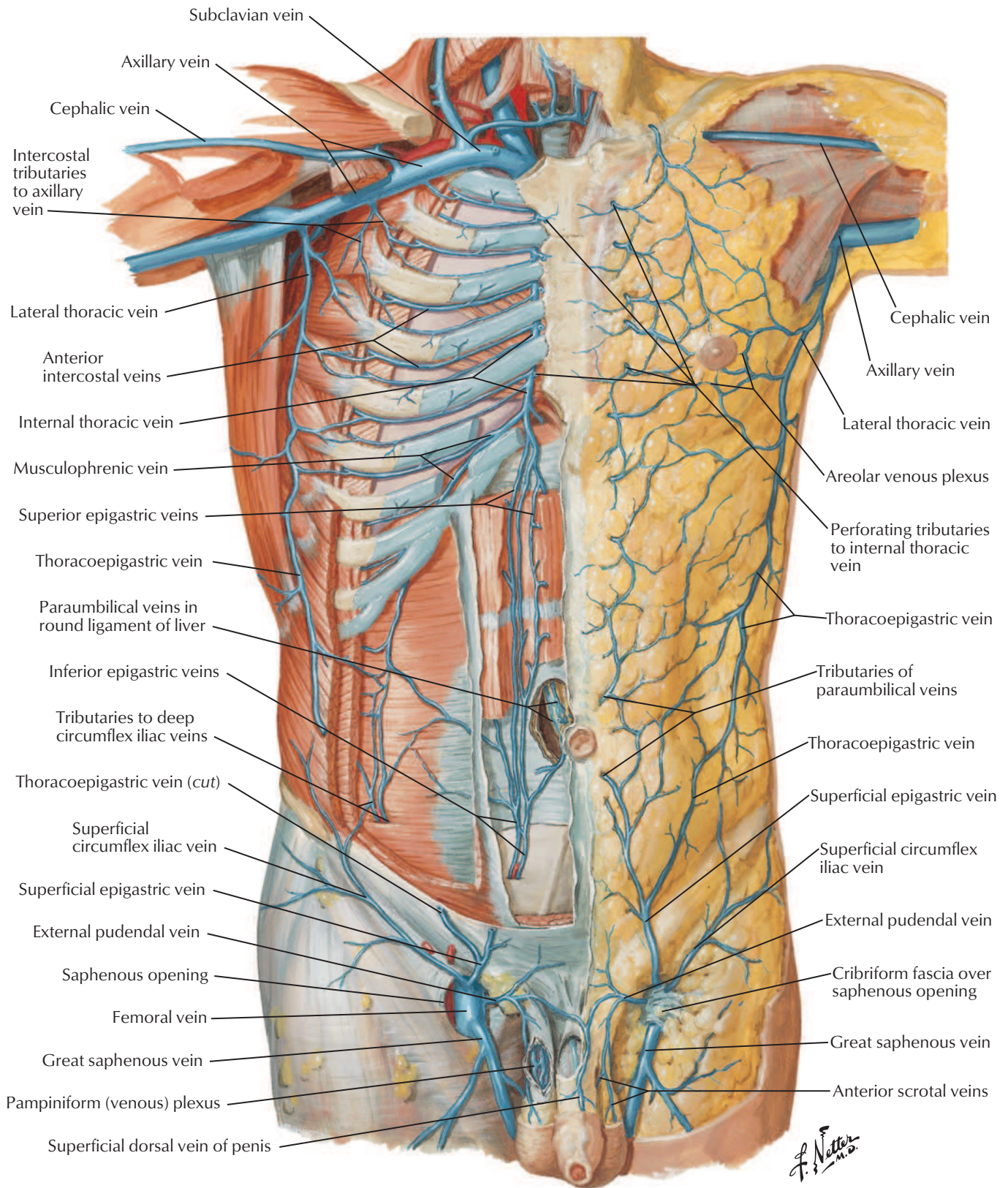
- Latissimus dorsi muscle
- Latissimus dorsi muscle (*cut and turned back*)
- Serratus posterior inferior muscle
- Digitations of costal origin of latissimus dorsi muscle
- Digitations of costal origin of external abdominal oblique muscle
- External abdominal oblique muscle (*cut and turned back*)
- Aponeurosis of transversus abdominis muscle
- Internal abdominal oblique muscle
- Lateral cutaneous branch of subcostal nerve (anterior ramus of T12)
- Lateral cutaneous branch of iliohypogastric nerve (L1)
- Iliac crest
- Superior cluneal nerves (lateral cutaneous branches of posterior ramus of L1-L3 spinal nerves)
- Gluteus maximus muscle

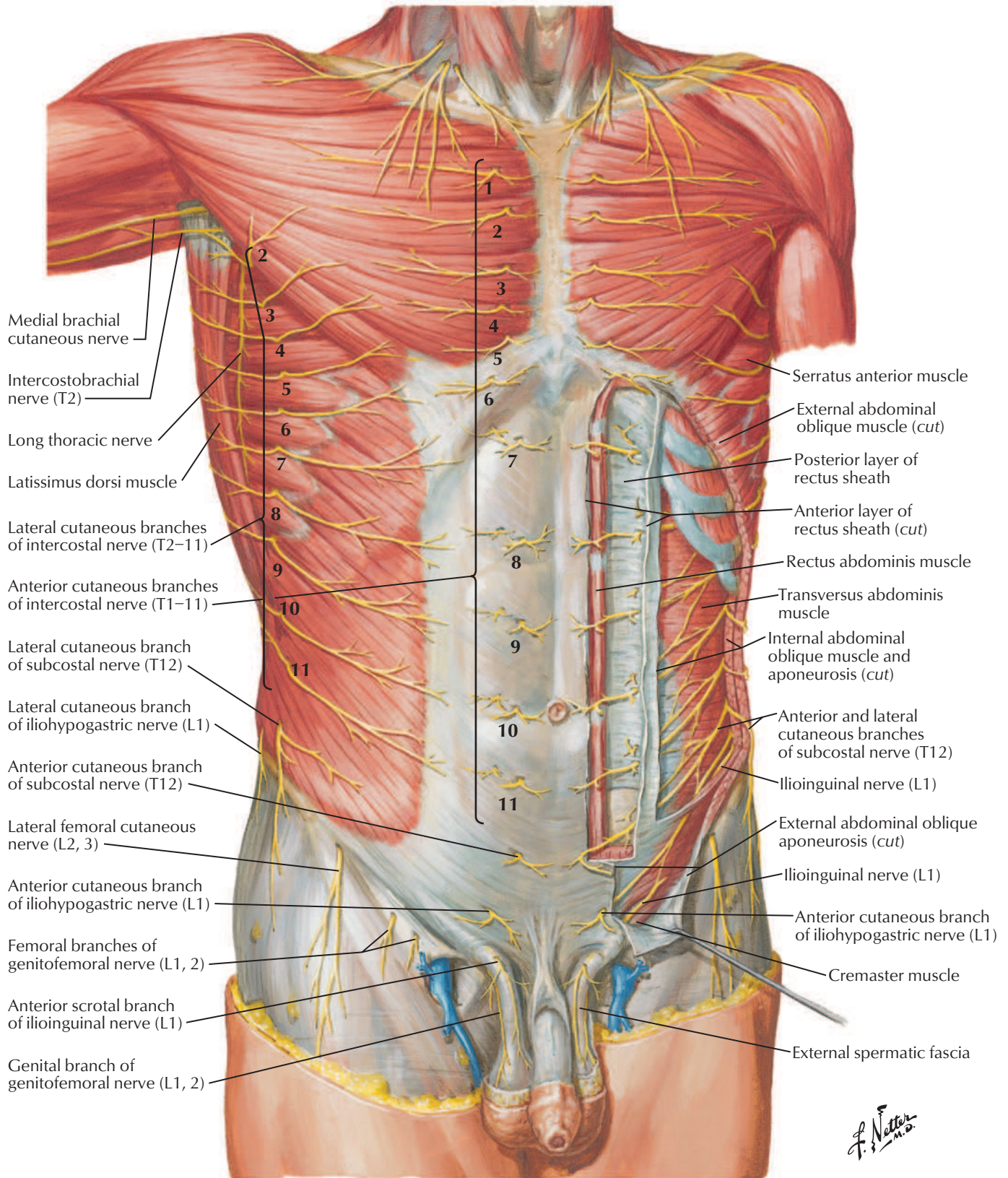
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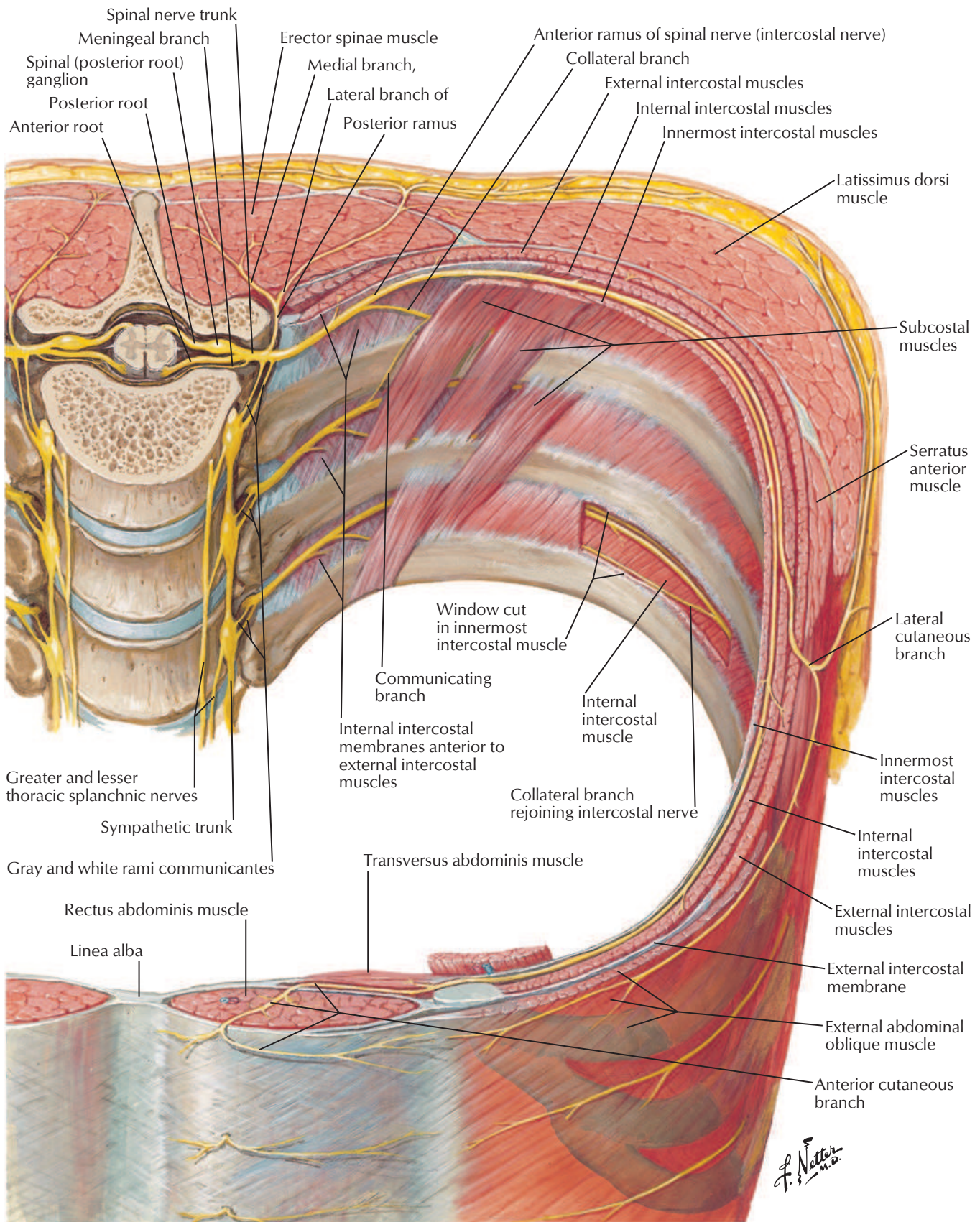
Arteries of Anterior Abdominal Wall

See also [Plate 254](#)

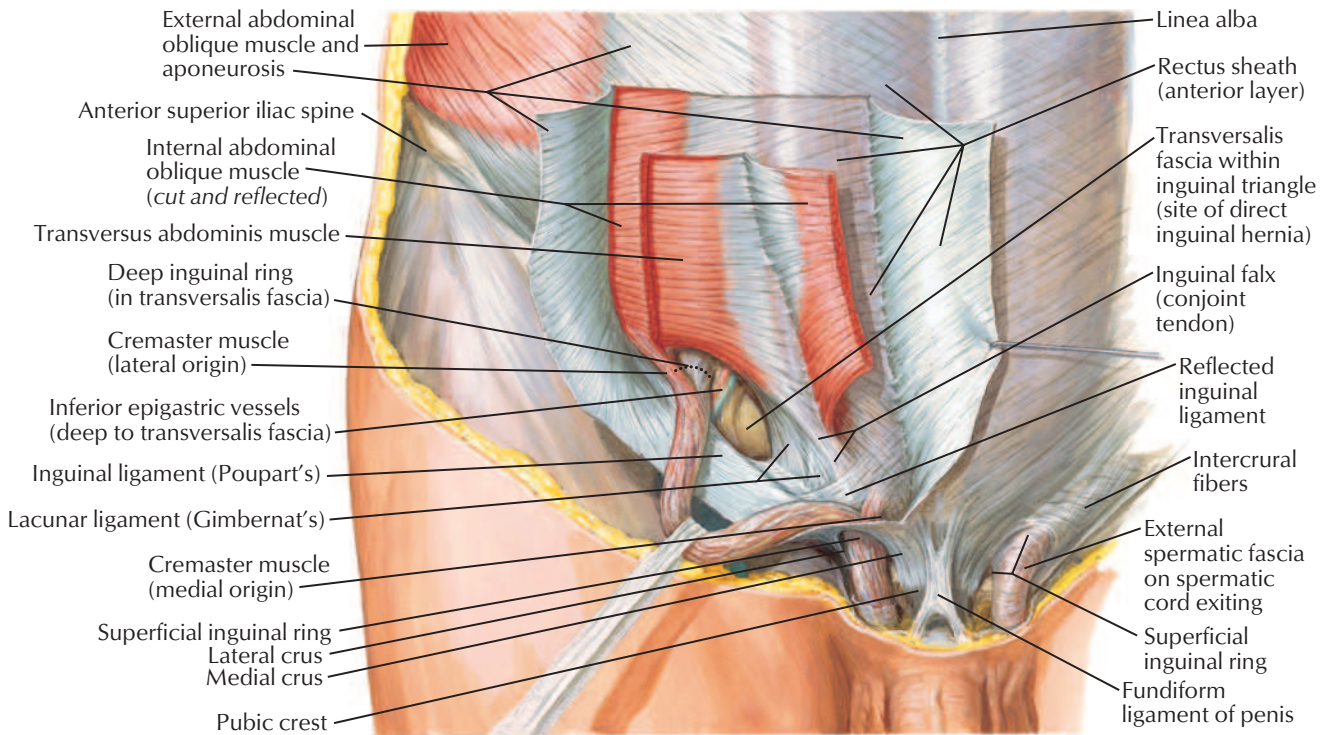






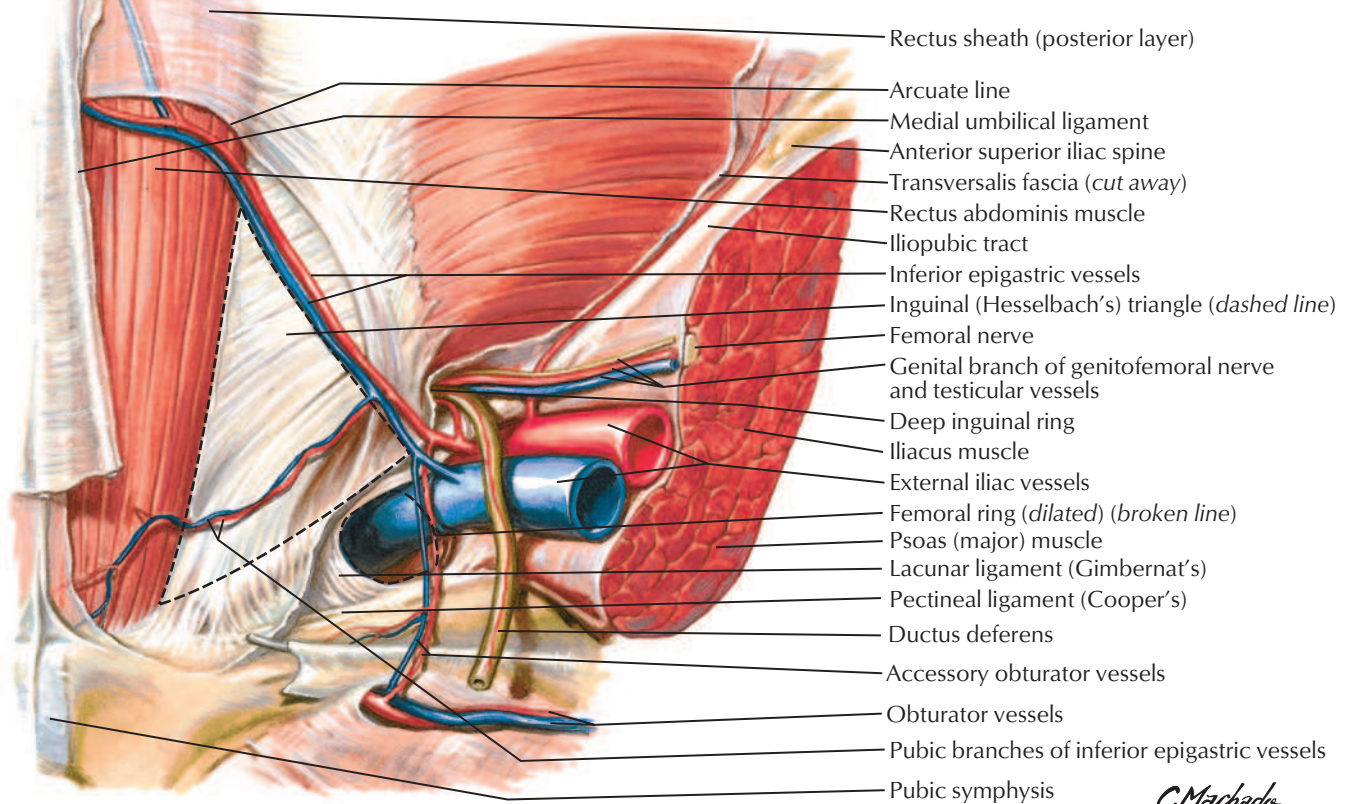


Anterior view



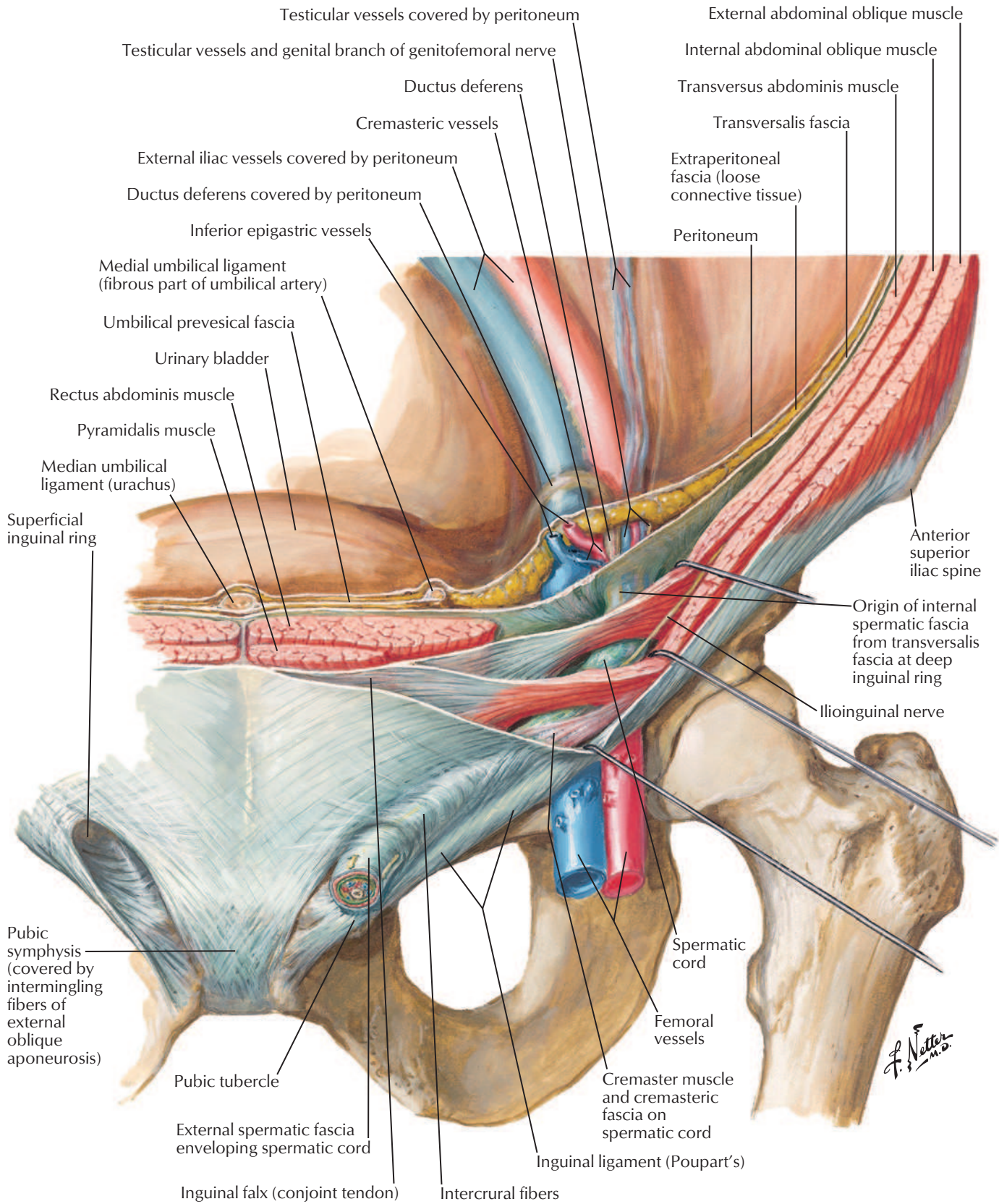
F. Netter M.D.

Posterior (internal) view



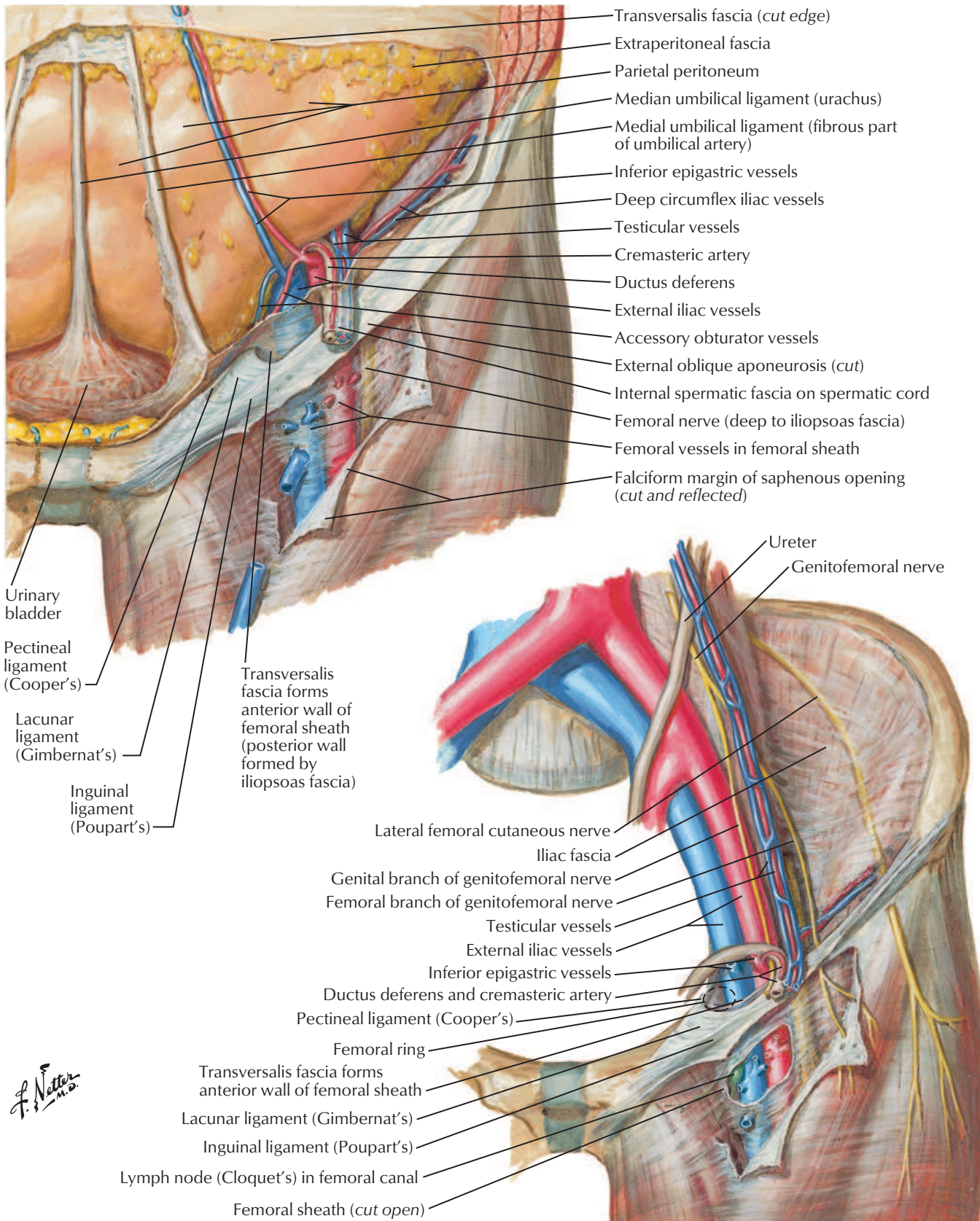
Hesselbach's triangle by Carlos Machado after Frank Netter

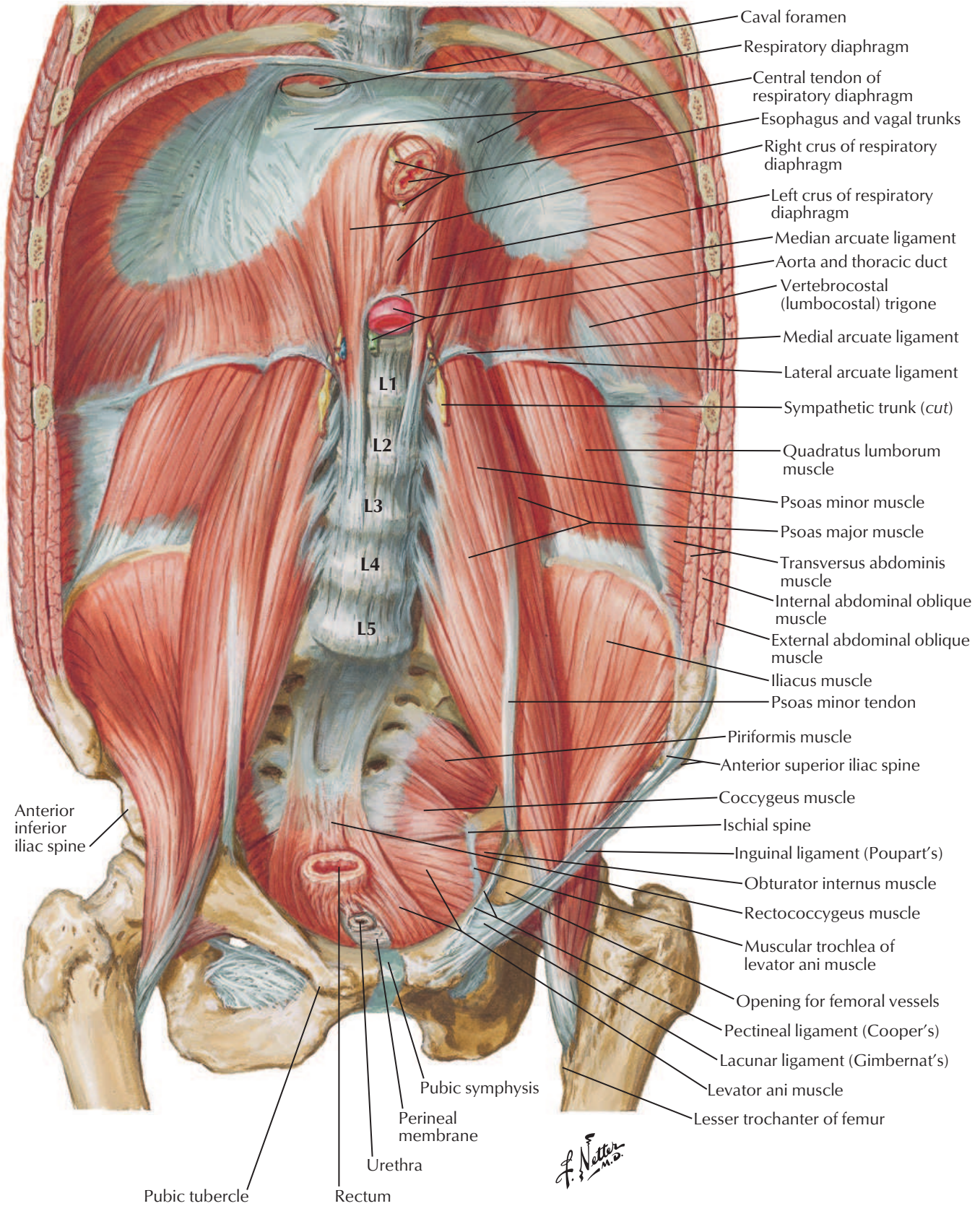
C. Machado M.D.



Femoral Sheath and Inguinal Canal

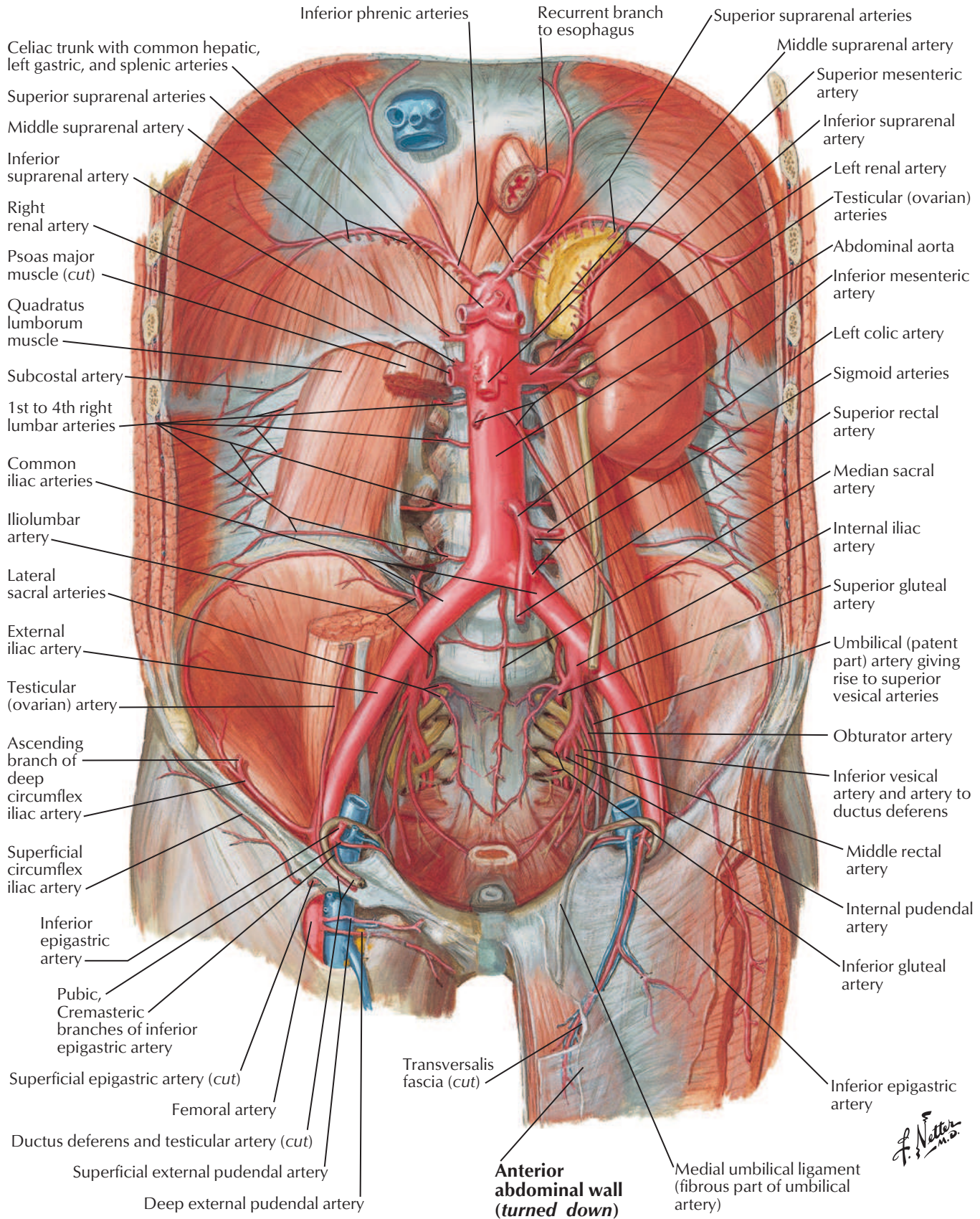
See also [Plates 253, 254, 256](#)

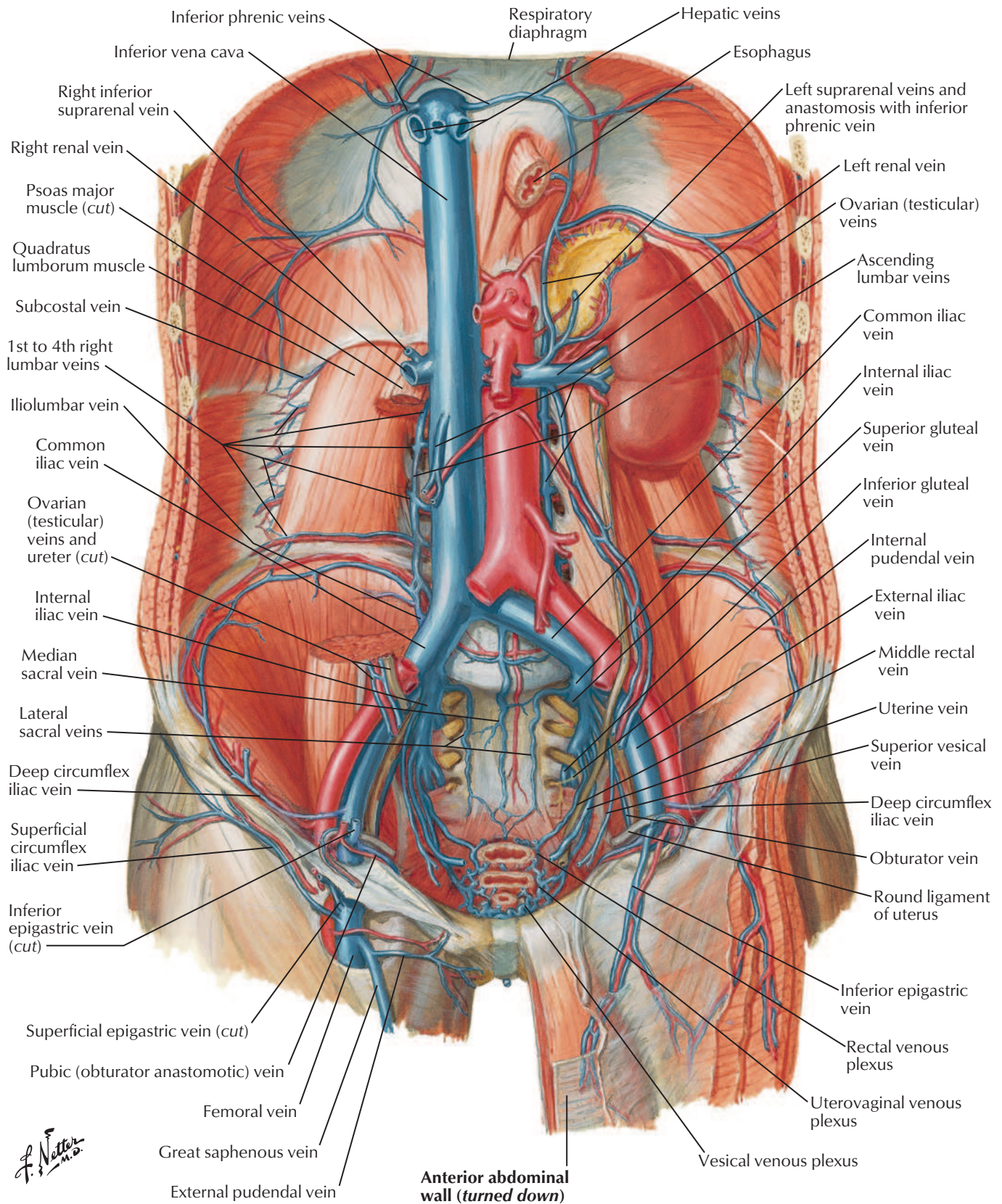




Arteries of Posterior Abdominal Wall

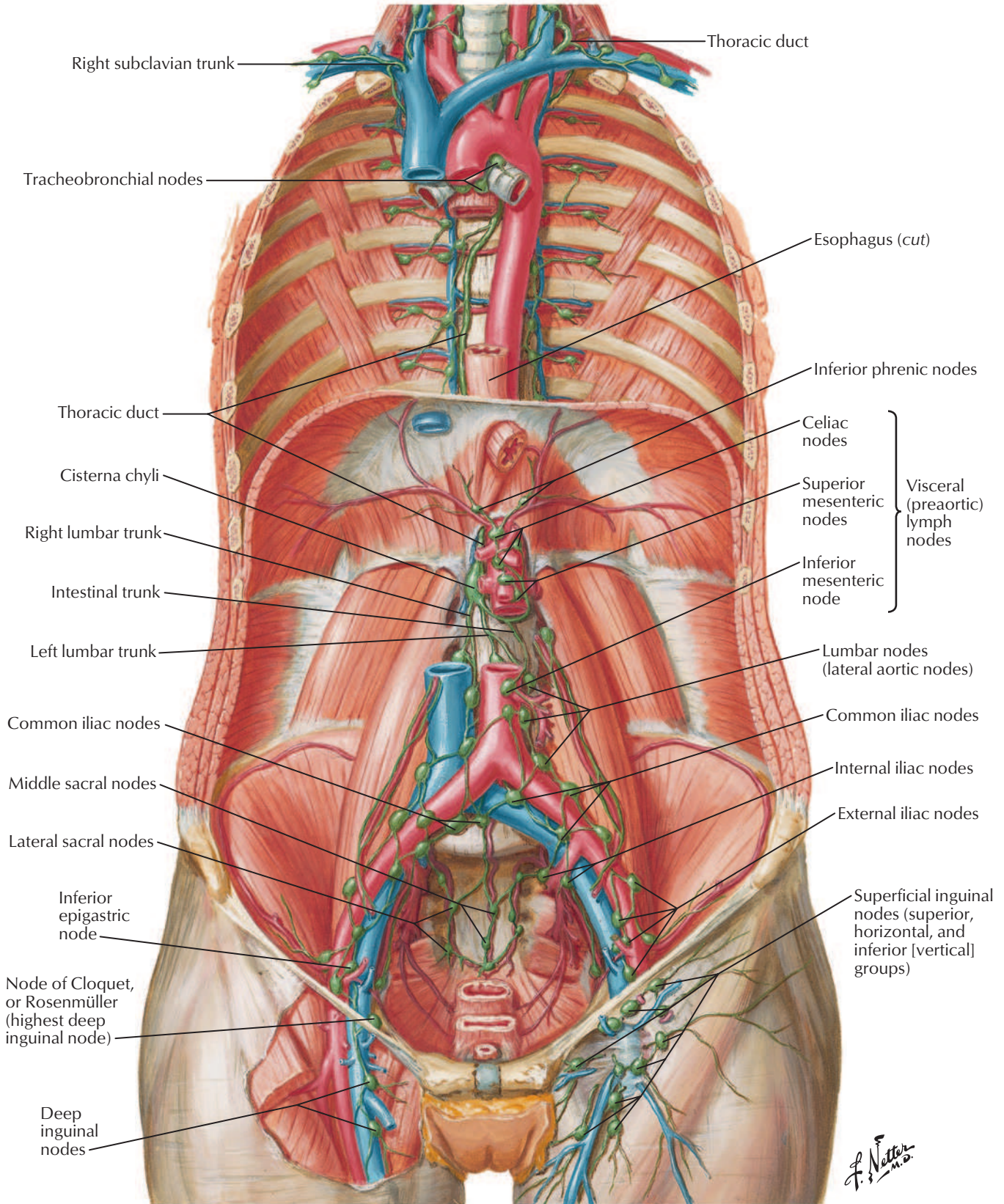
See also [Plates 201, 383, 384](#)

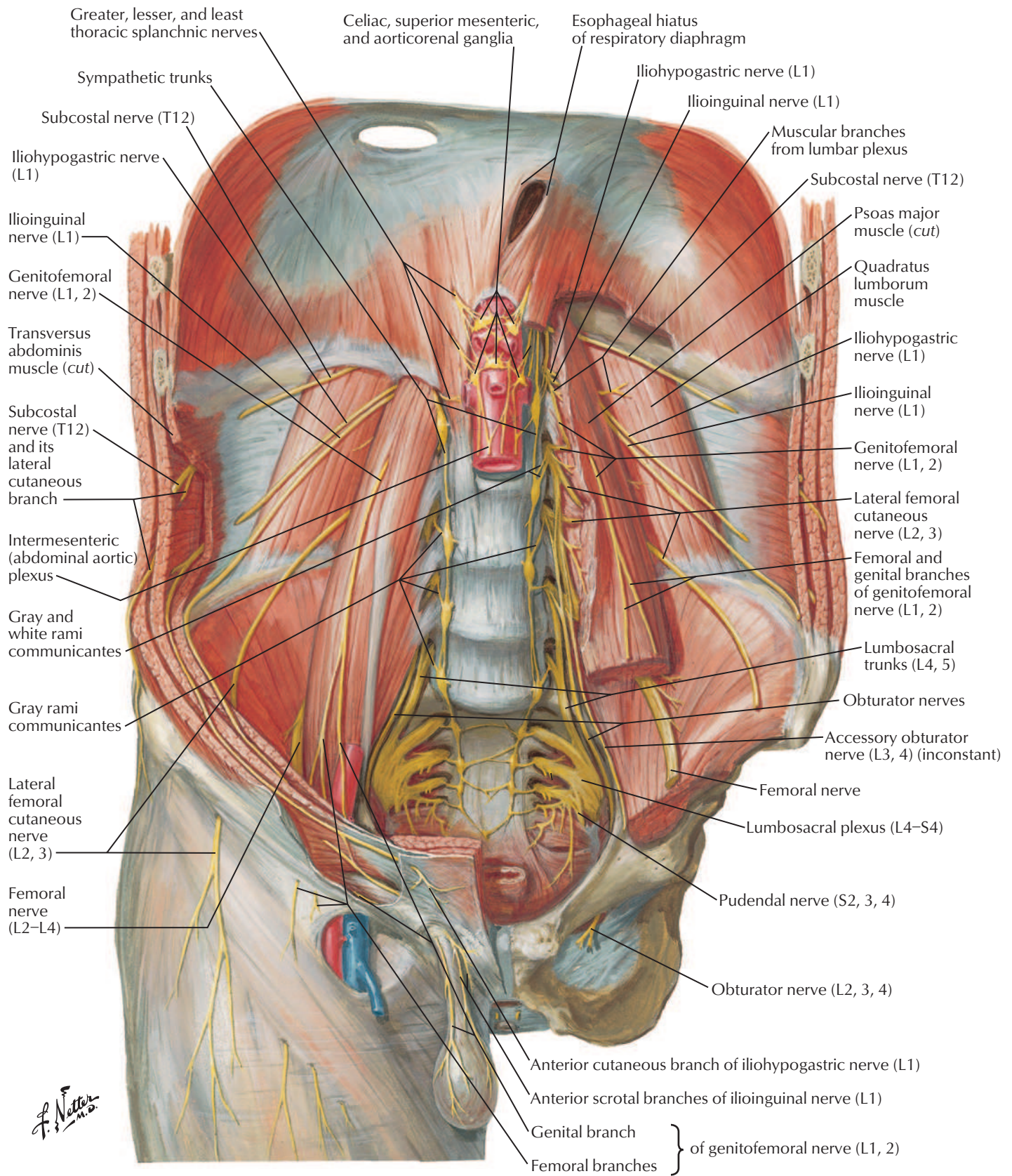


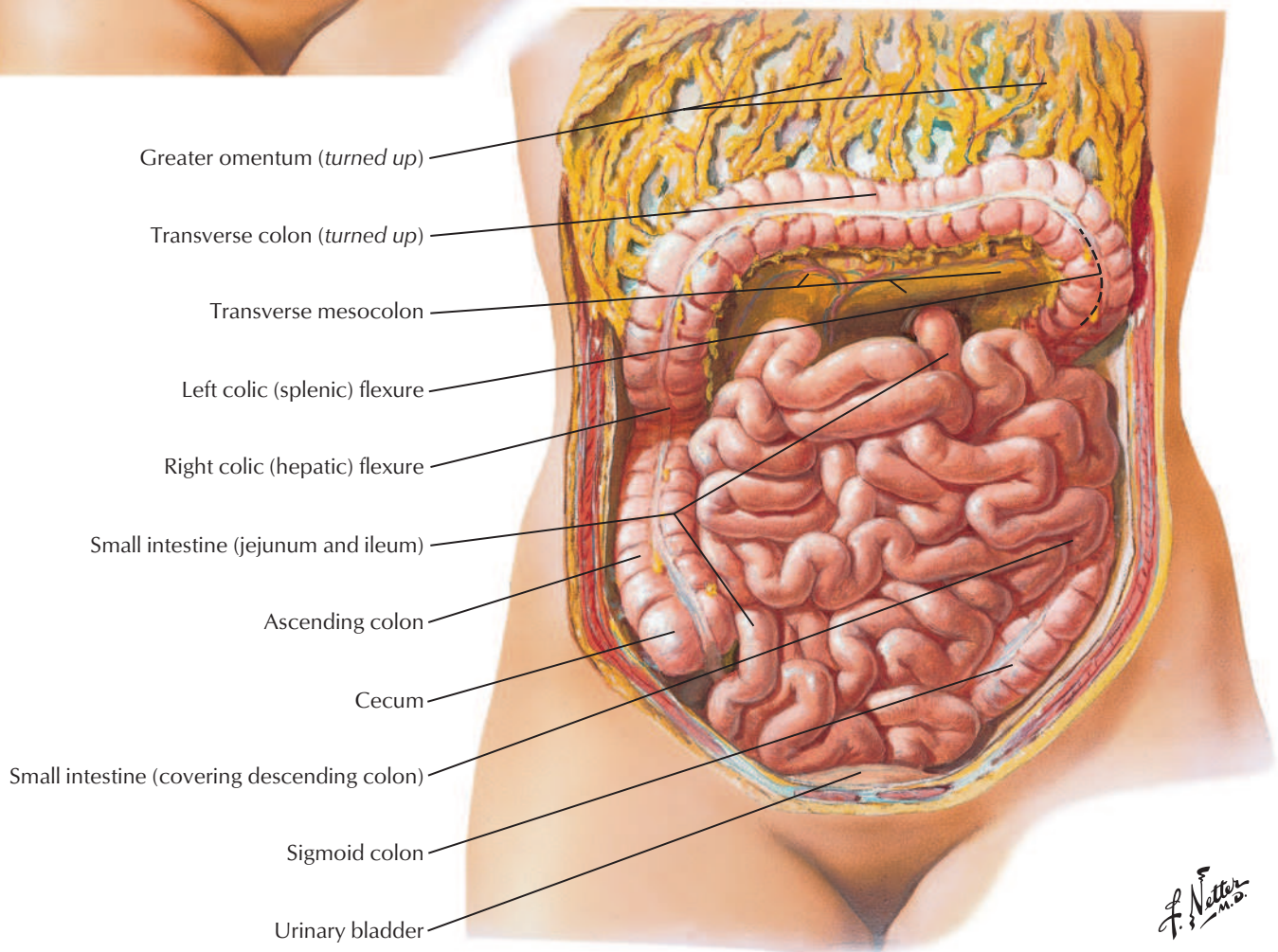
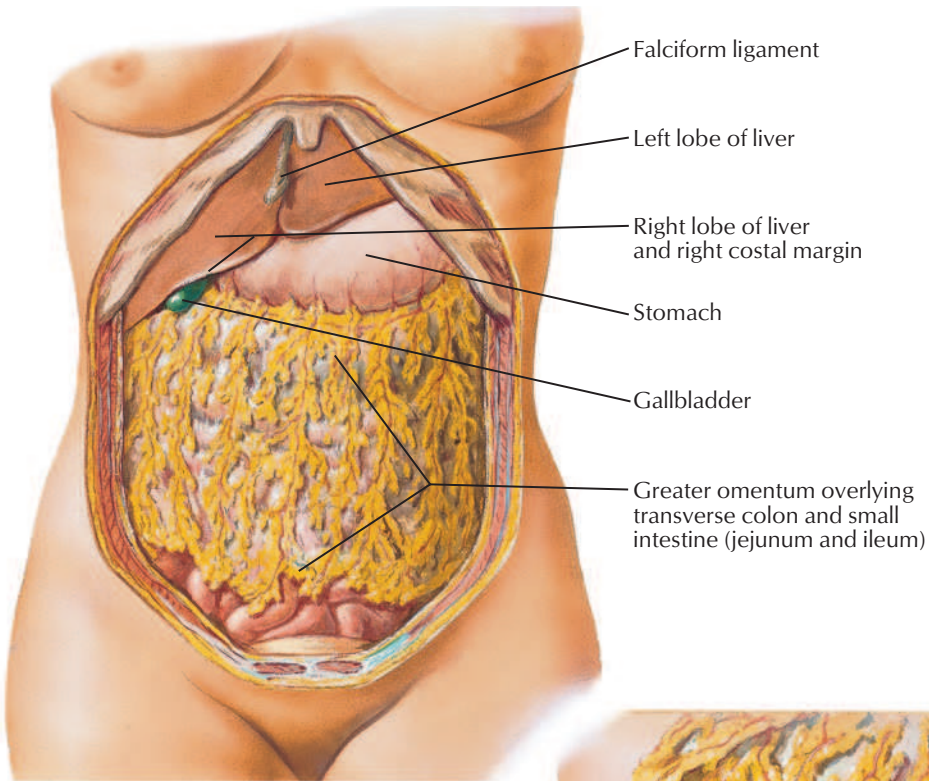


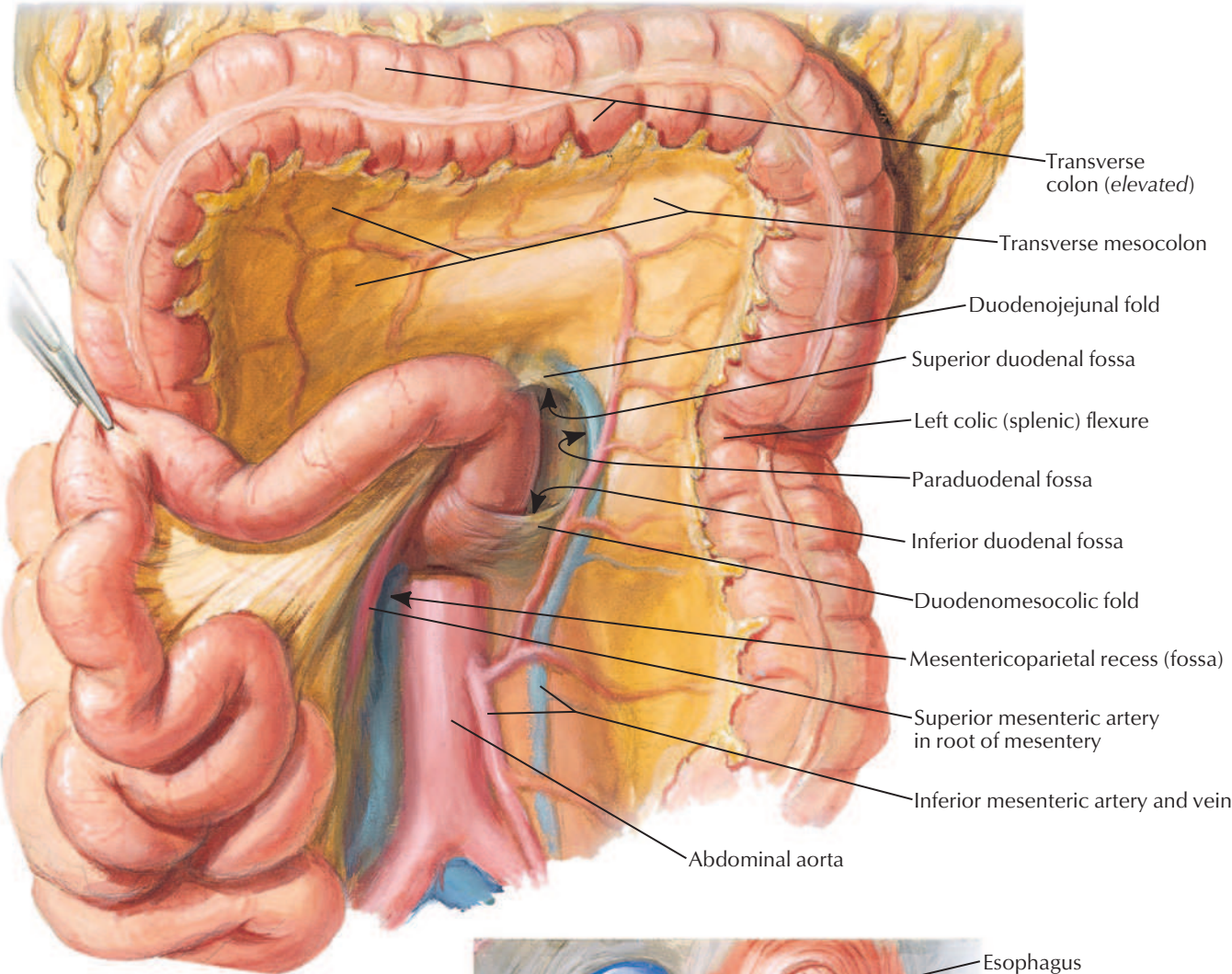
Lymph Vessels and Nodes of Posterior Abdominal Wall

See also [Plates 319, 388](#)

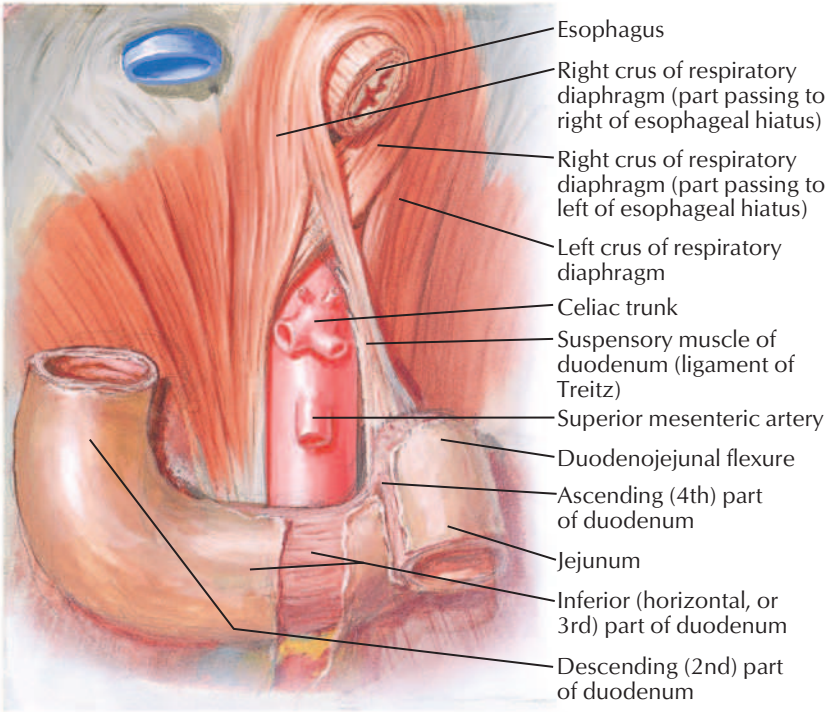








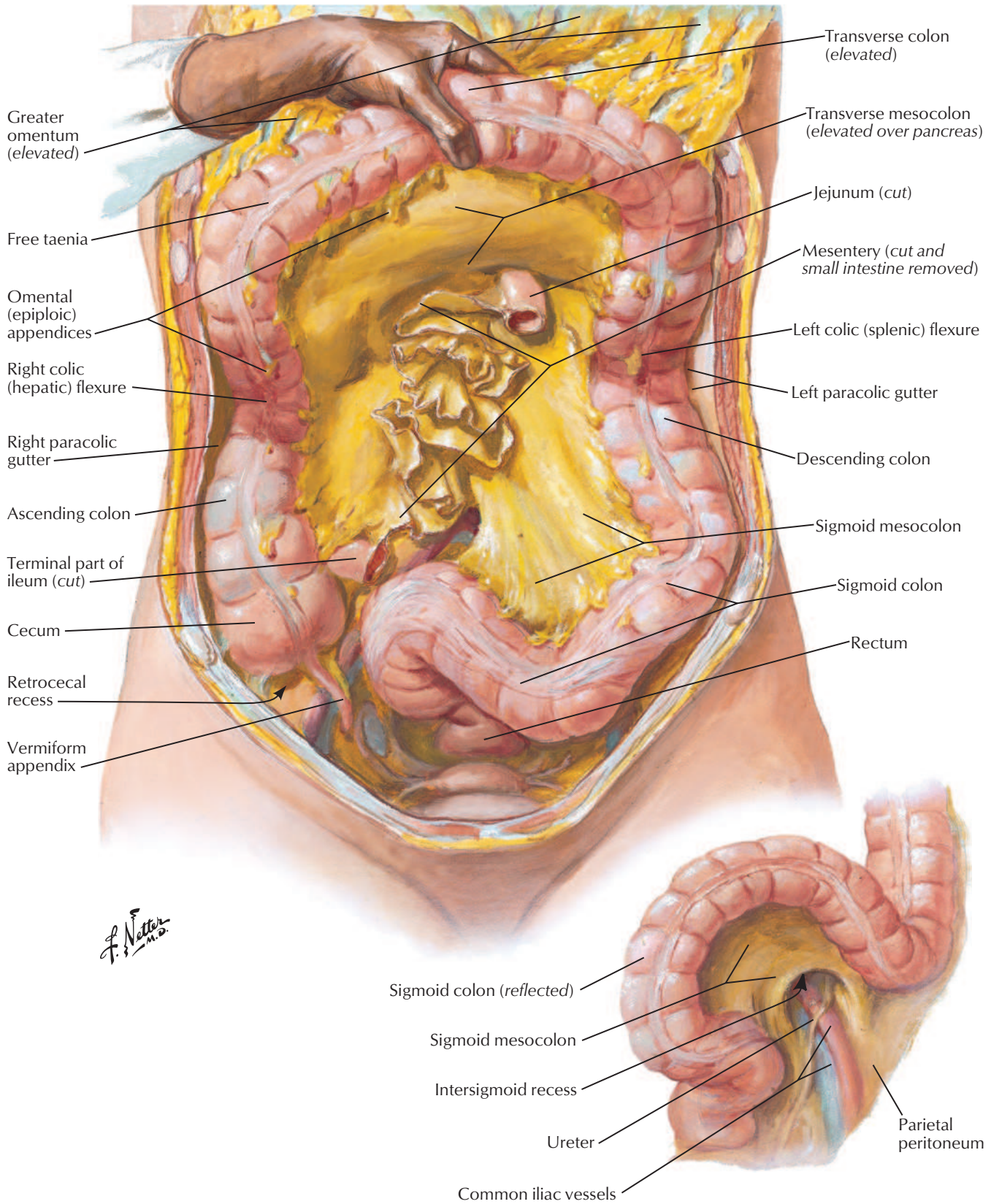
Exposure of suspensory muscle of duodenum (ligament of Treitz)

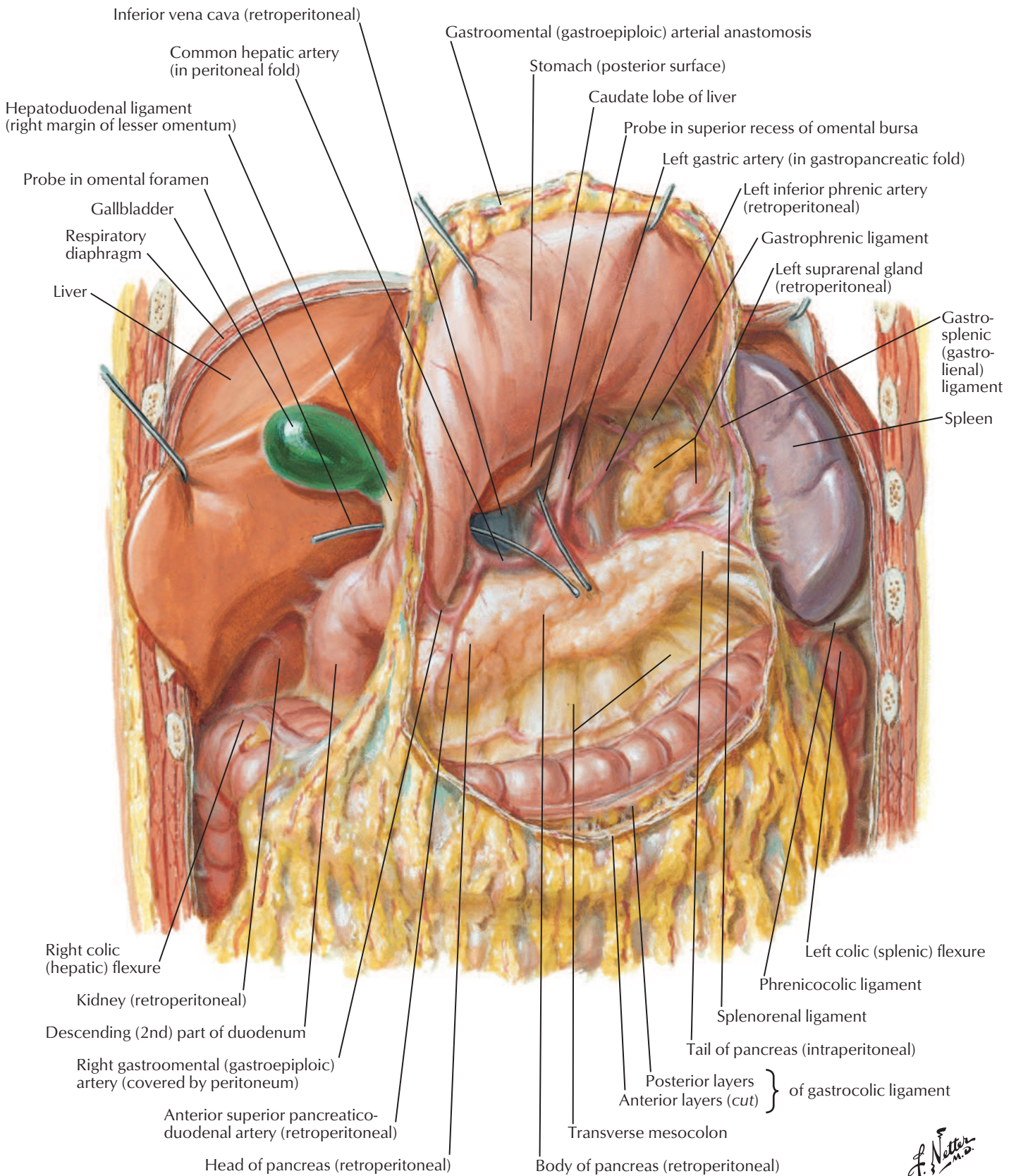


F. Netter M.D.

Mesenteric Relations of Intestines (continued)

See also [Plate 295](#)

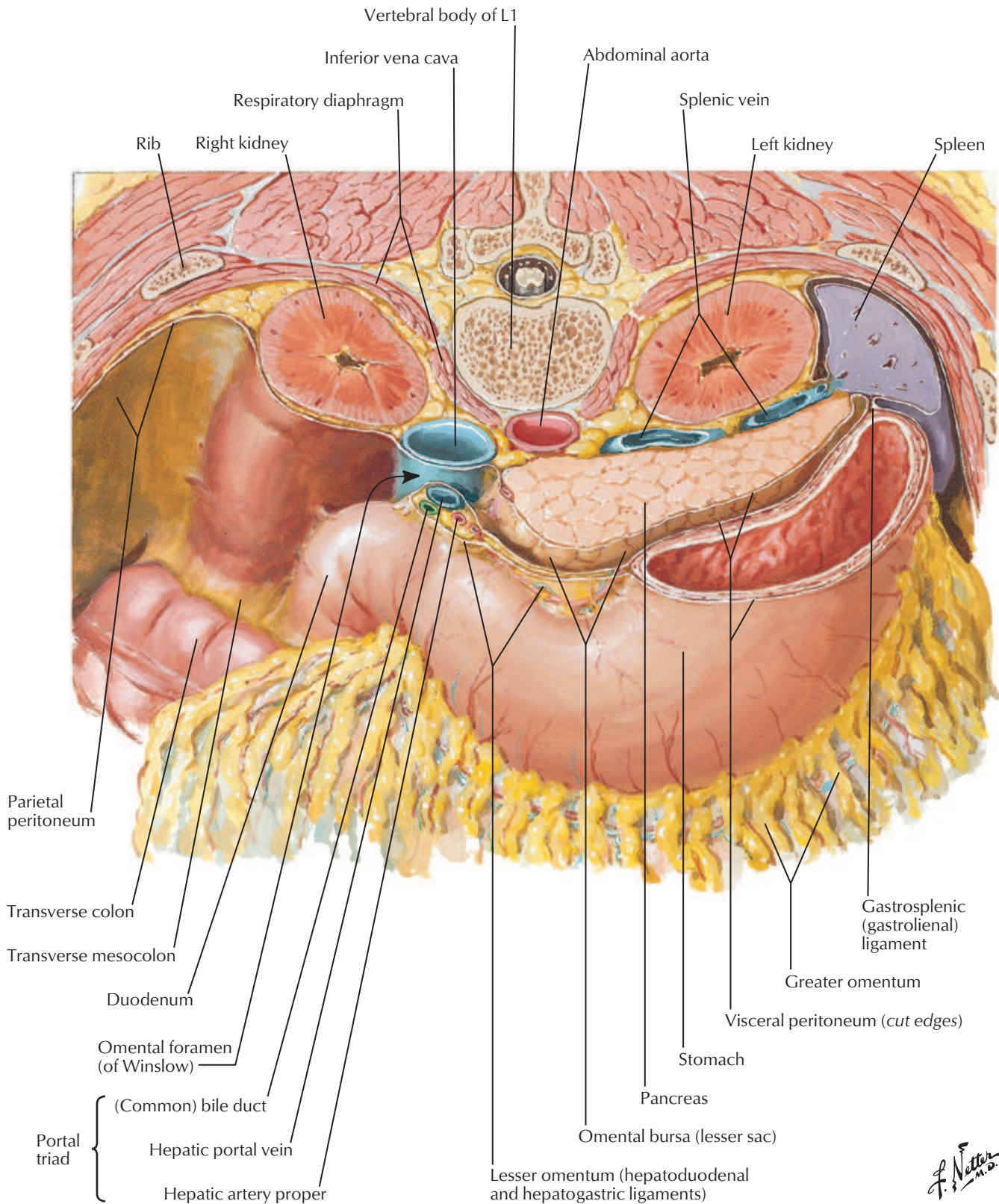


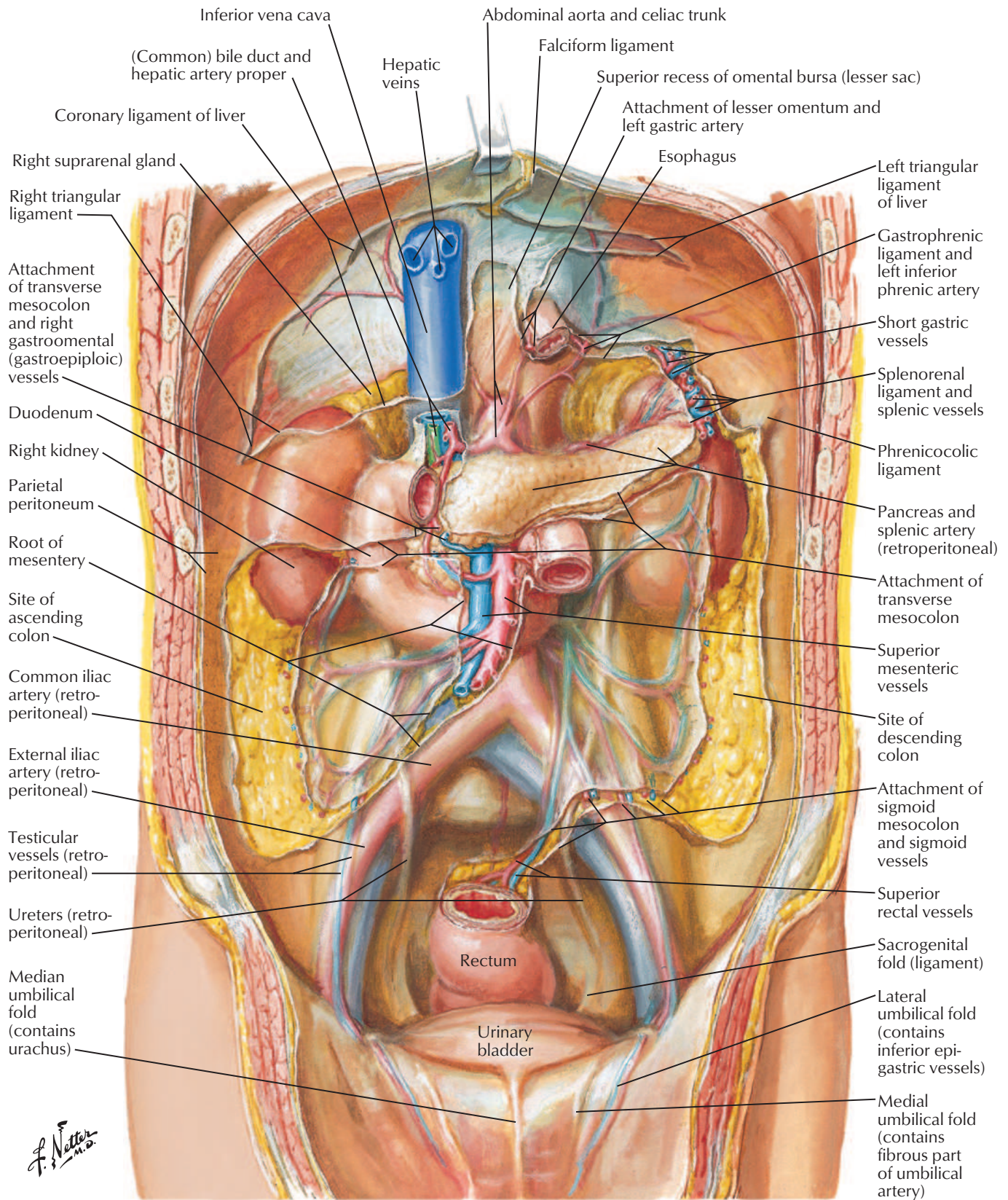


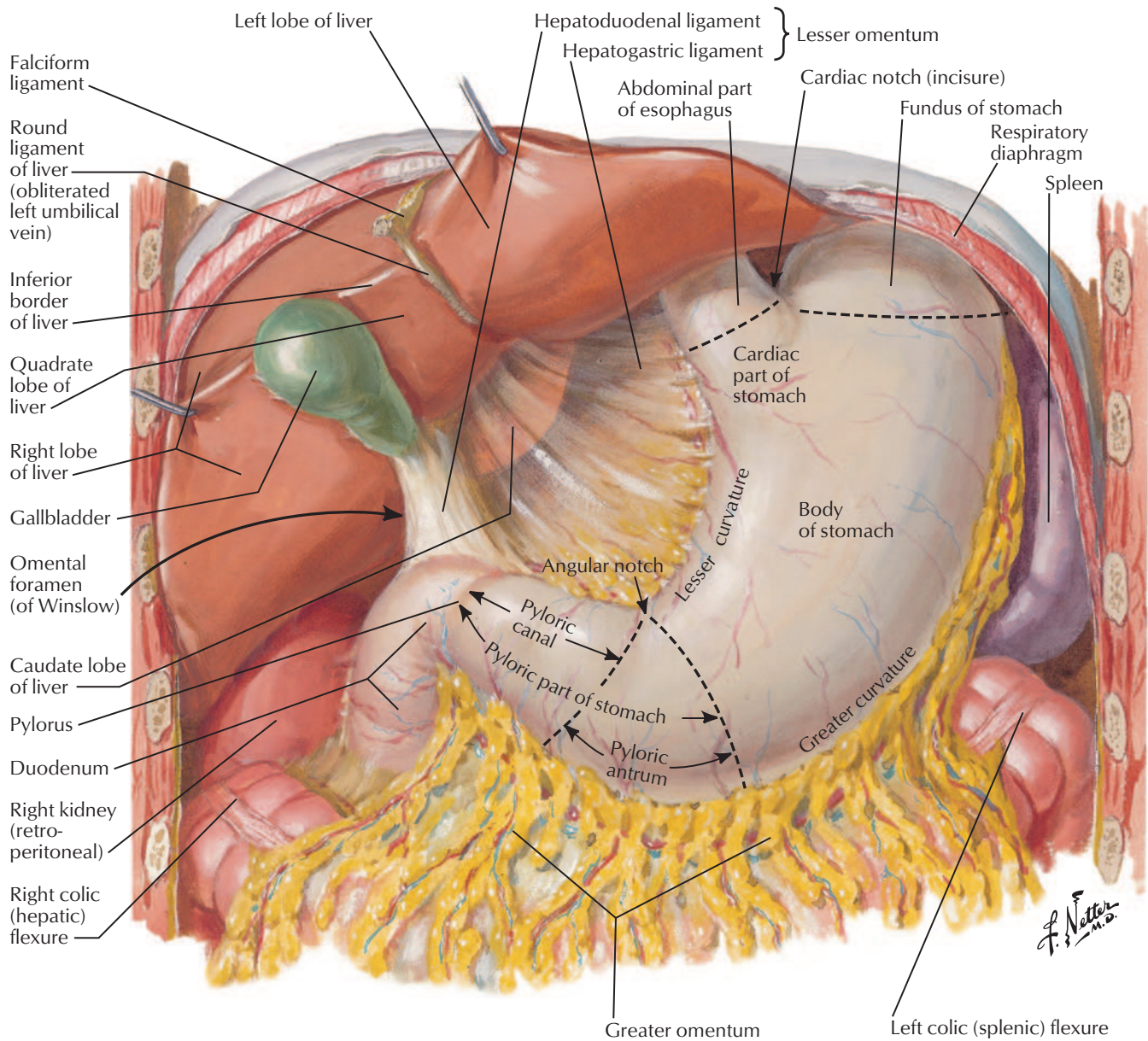
F. Netter M.D.

Omental Bursa: Cross Section

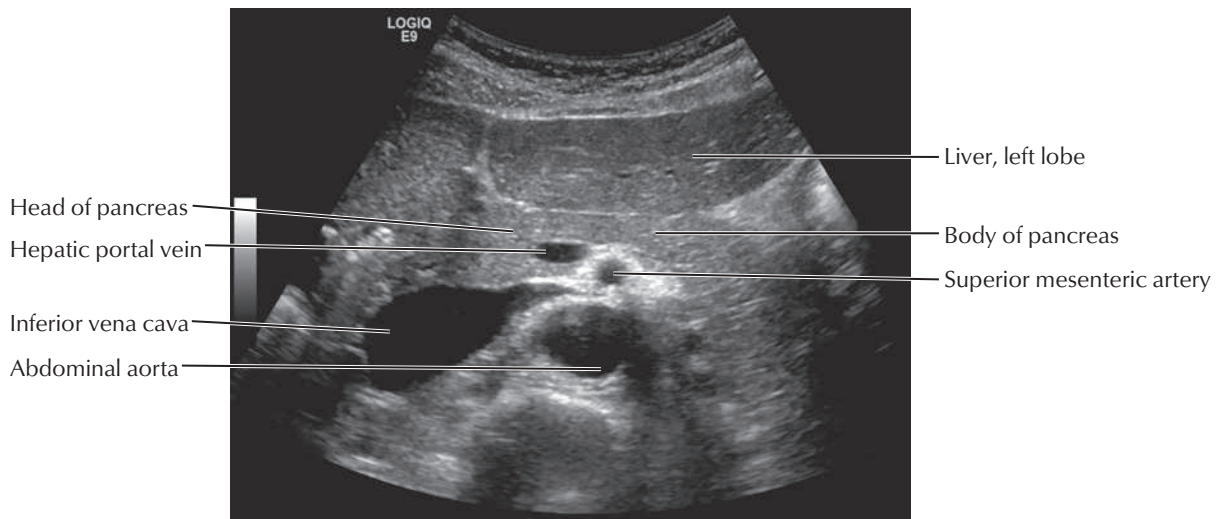
See also [Plate 276](#)

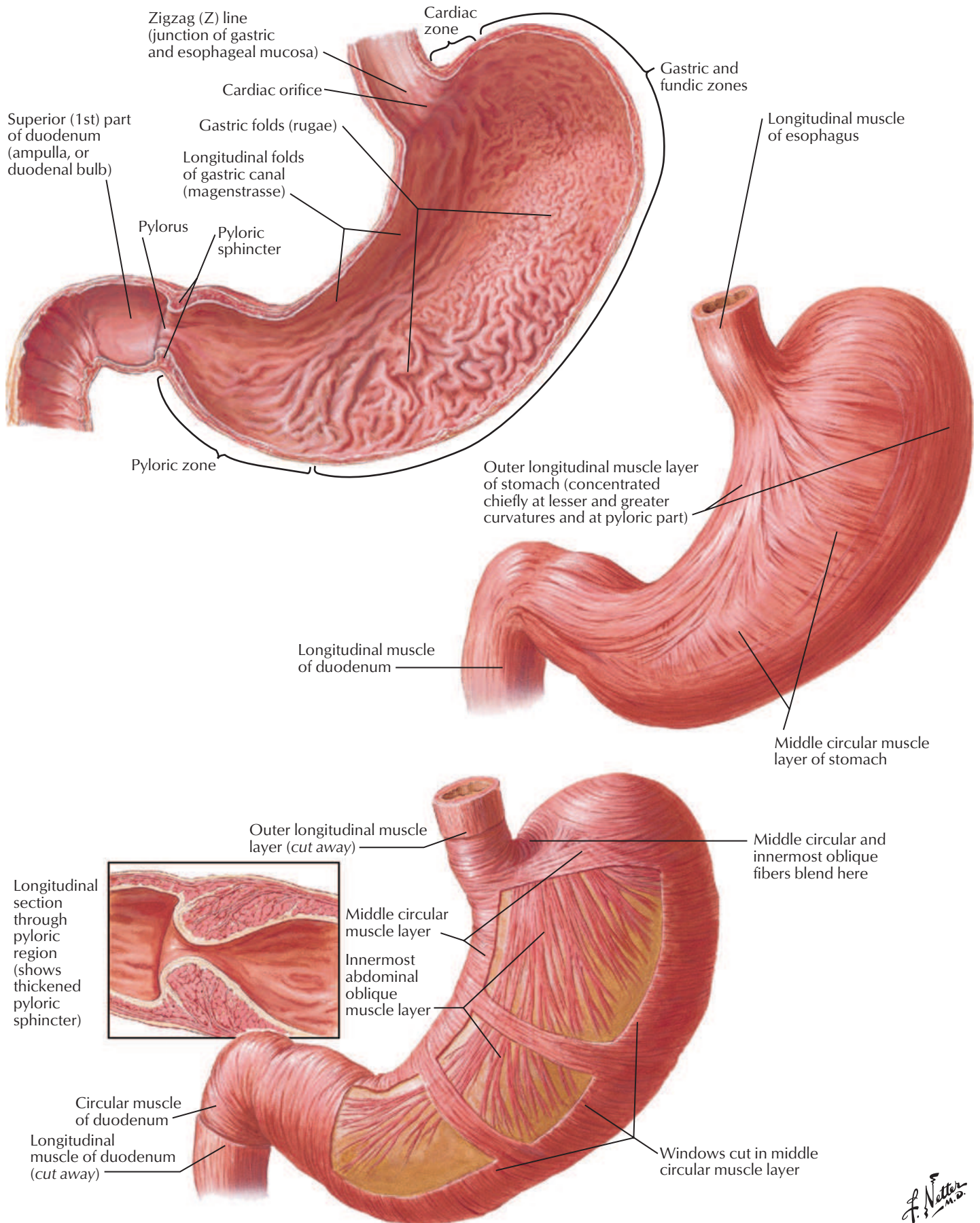






Transverse gray-scale ultrasound image of midabdomen

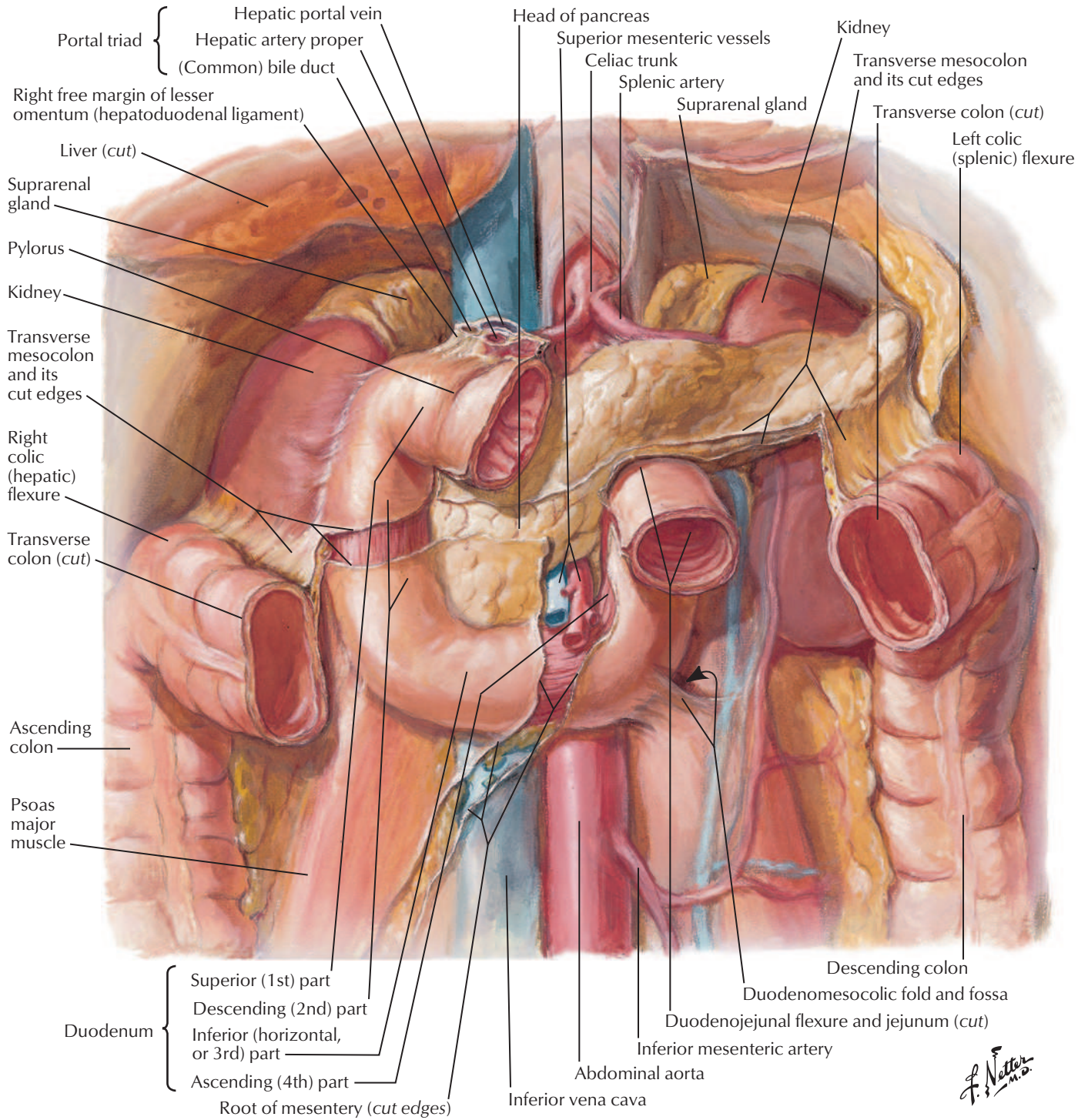




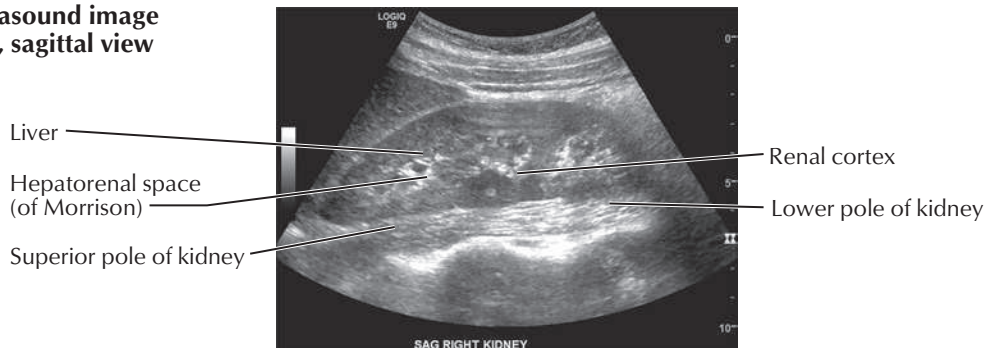
F. Netter M.D.

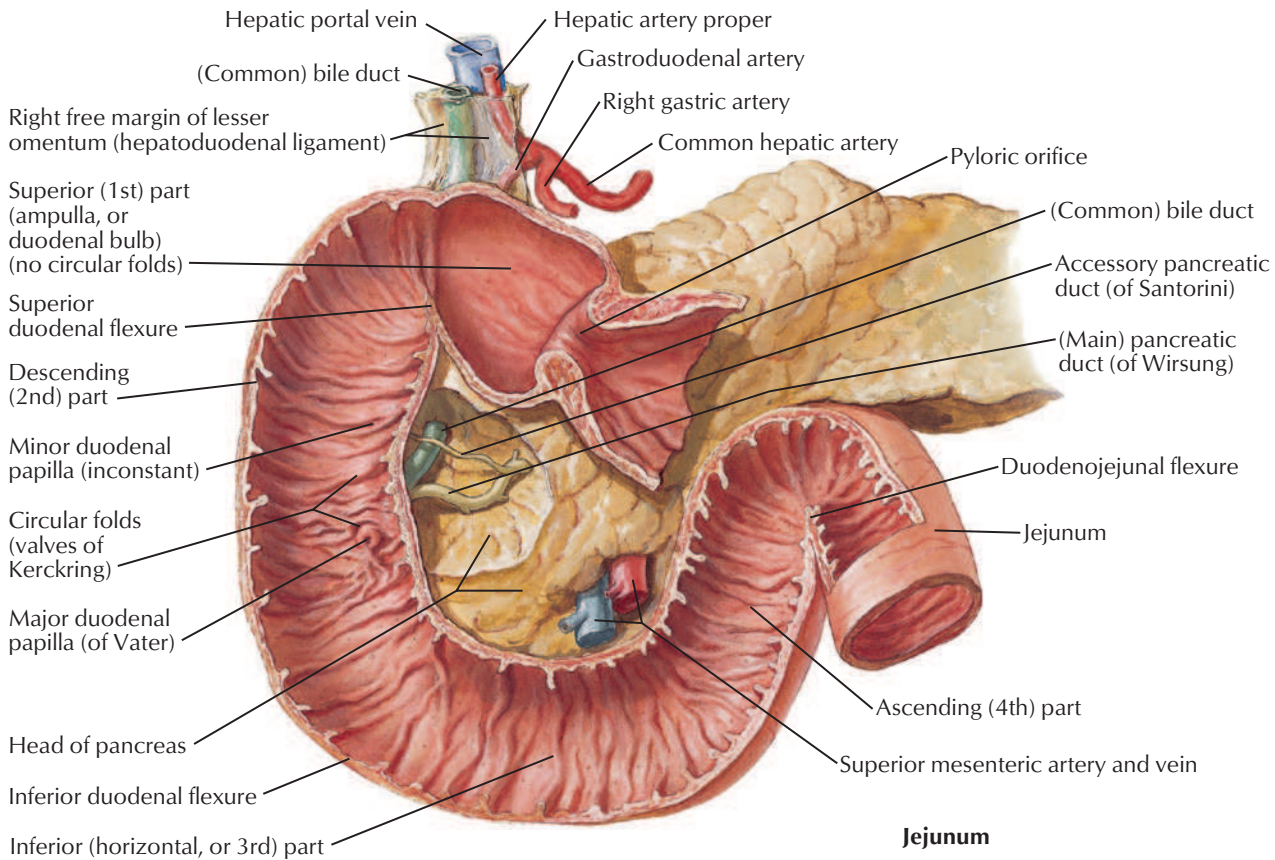
Duodenum in Situ

See also [Plate 275](#)

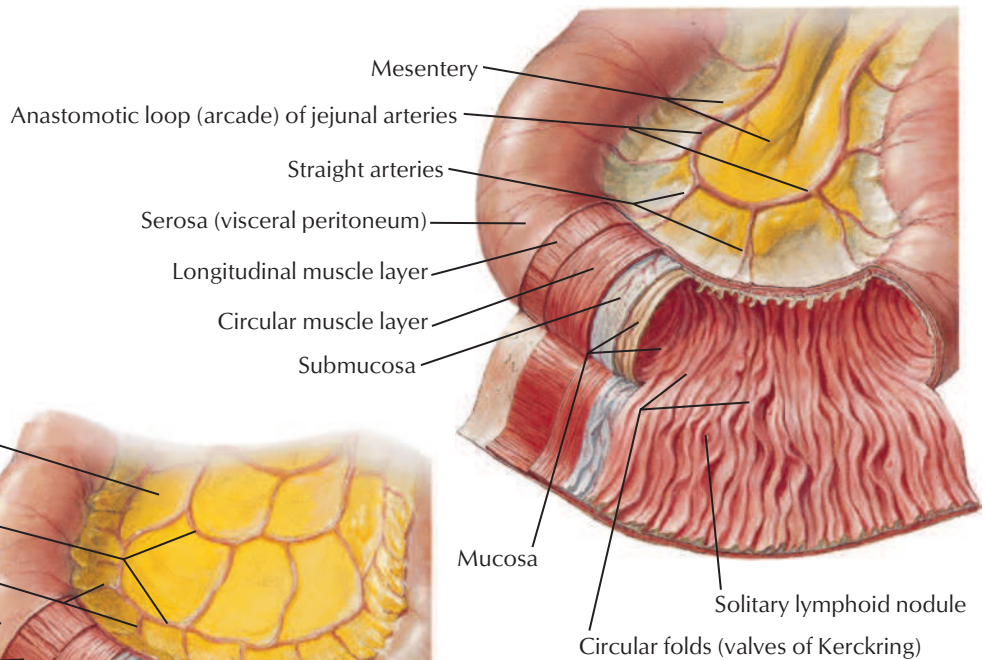


Gray-scale ultrasound image of right kidney, sagittal view

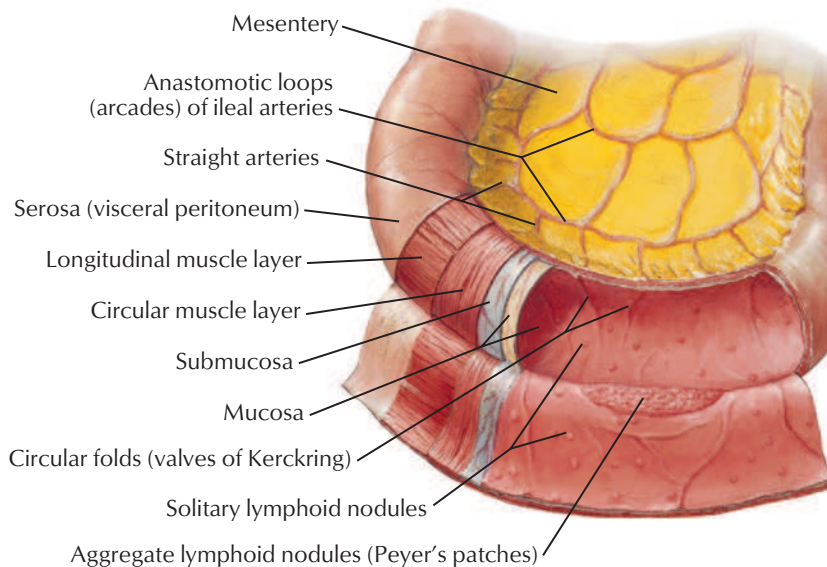




Jejunum



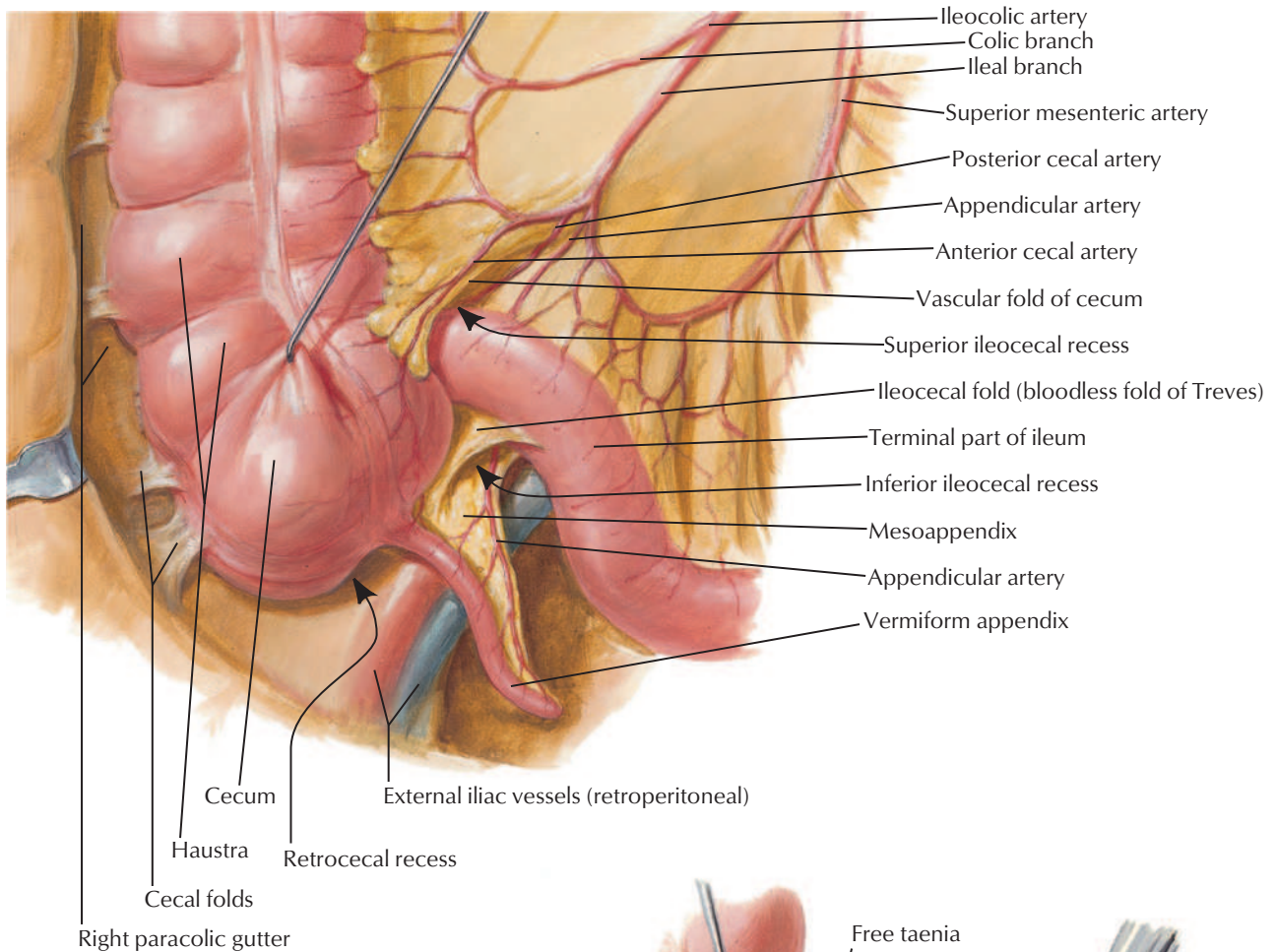
Ileum



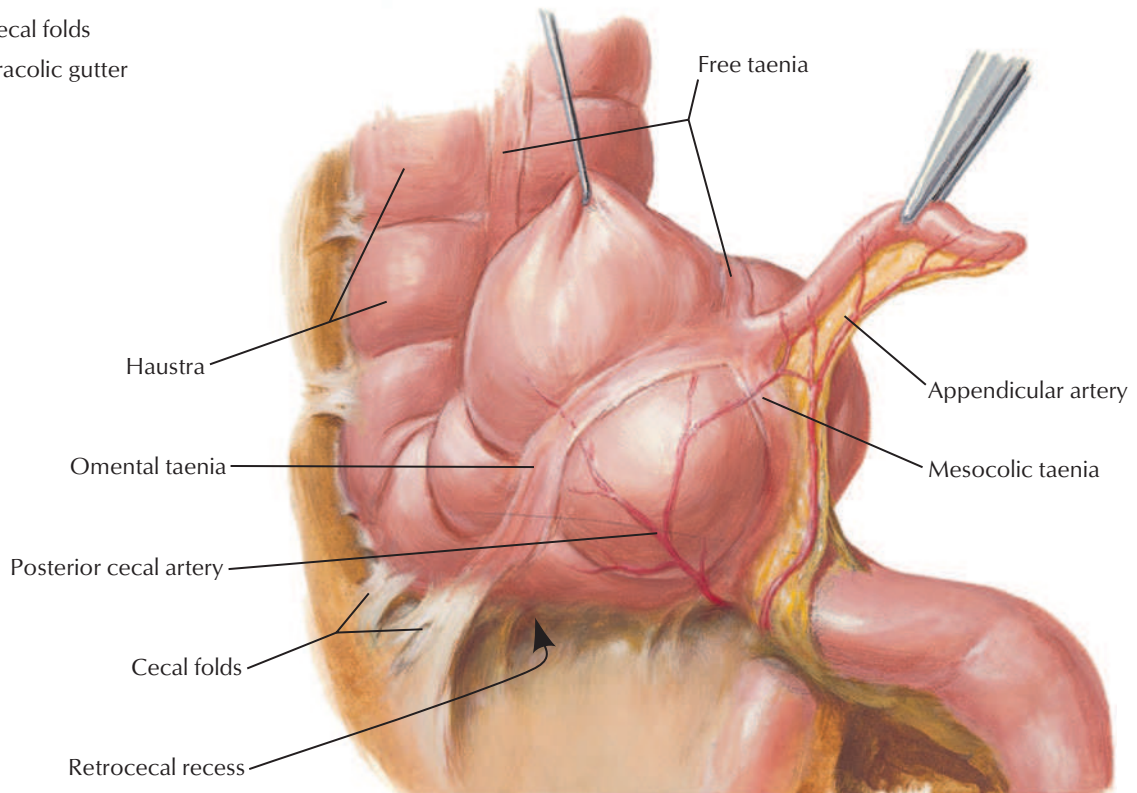
F. Netter M.D.

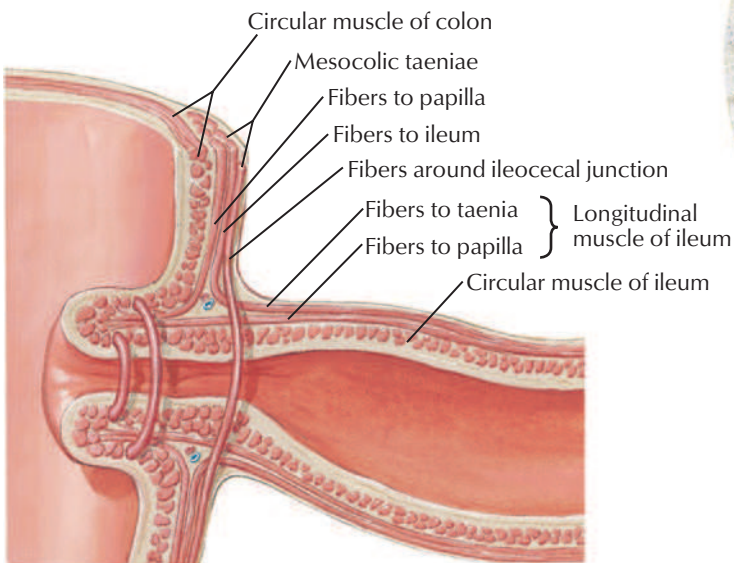
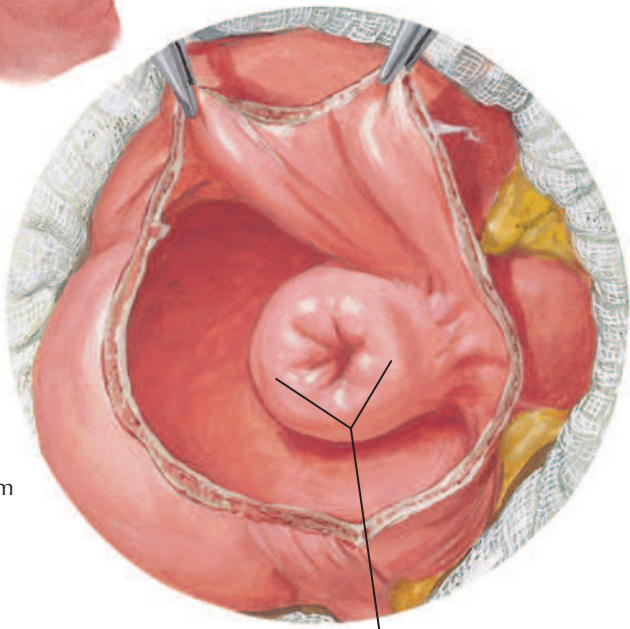
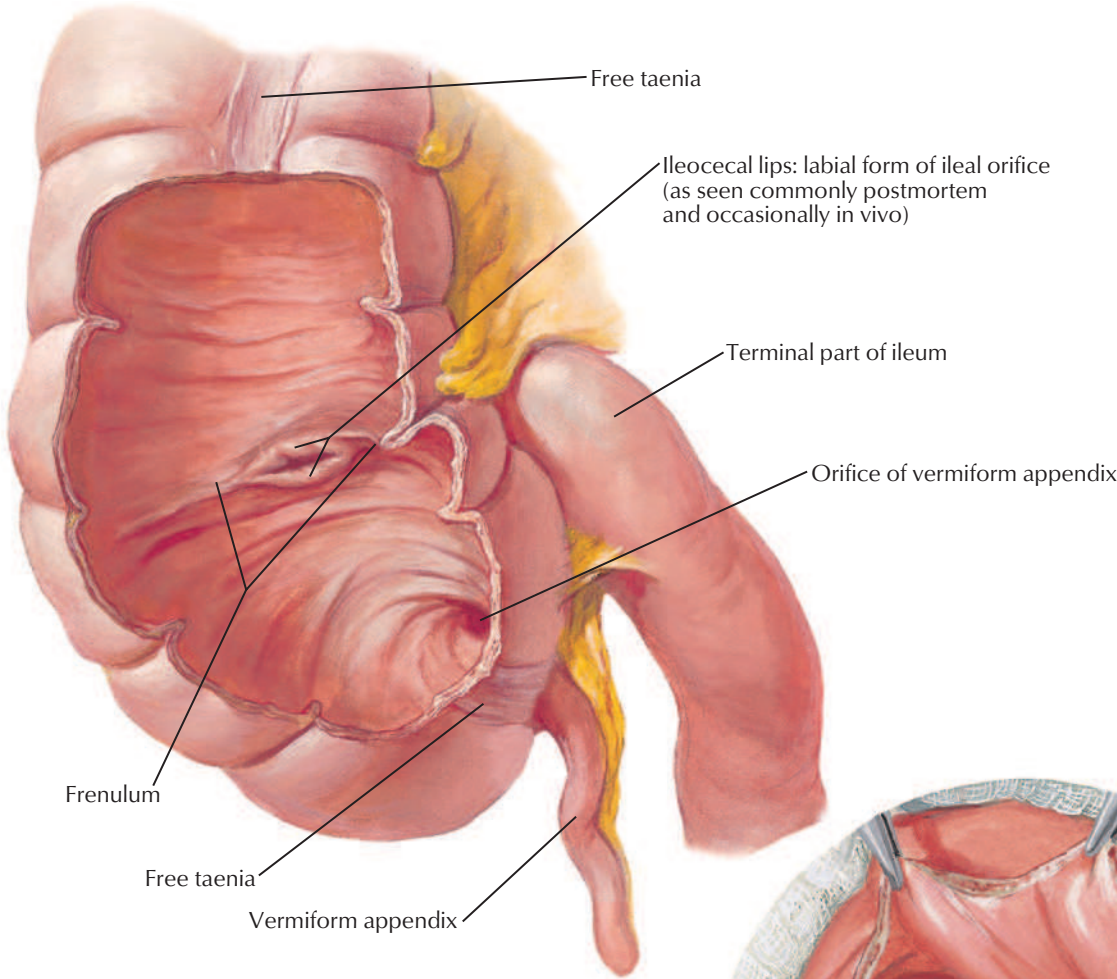
Ileocecal Region

See also [Plates 294, 295](#)



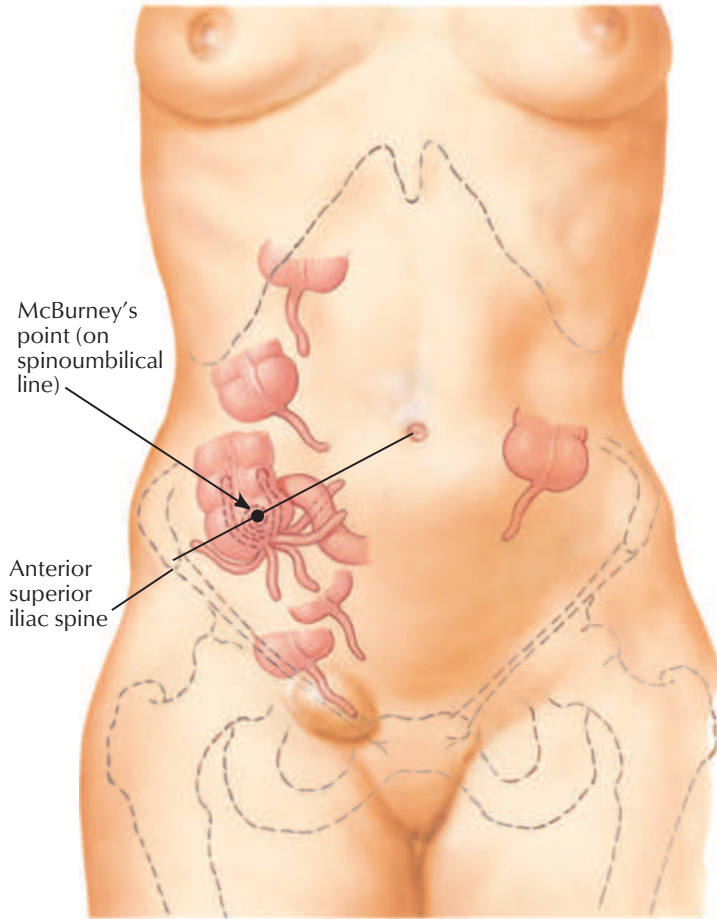
F. Netter M.D.



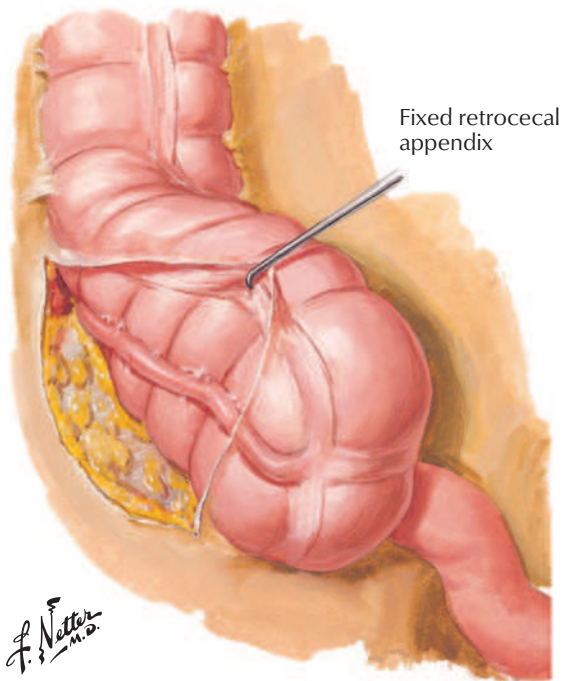


Schema of muscle fibers at ileal orifice

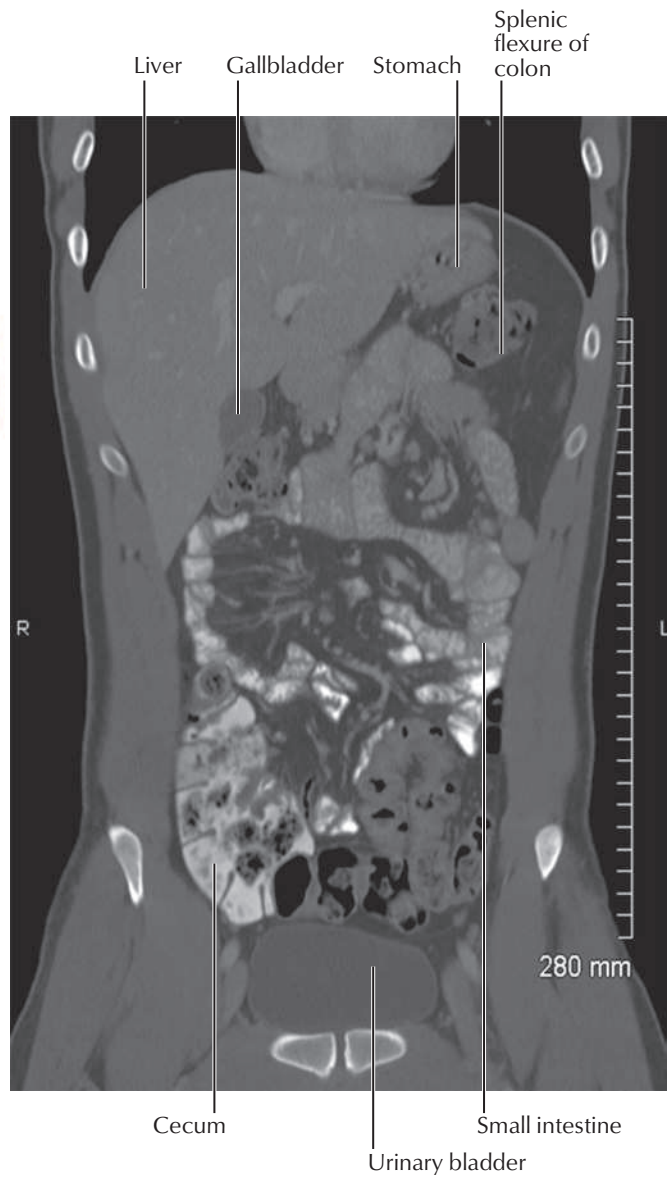
F. Netter M.D.

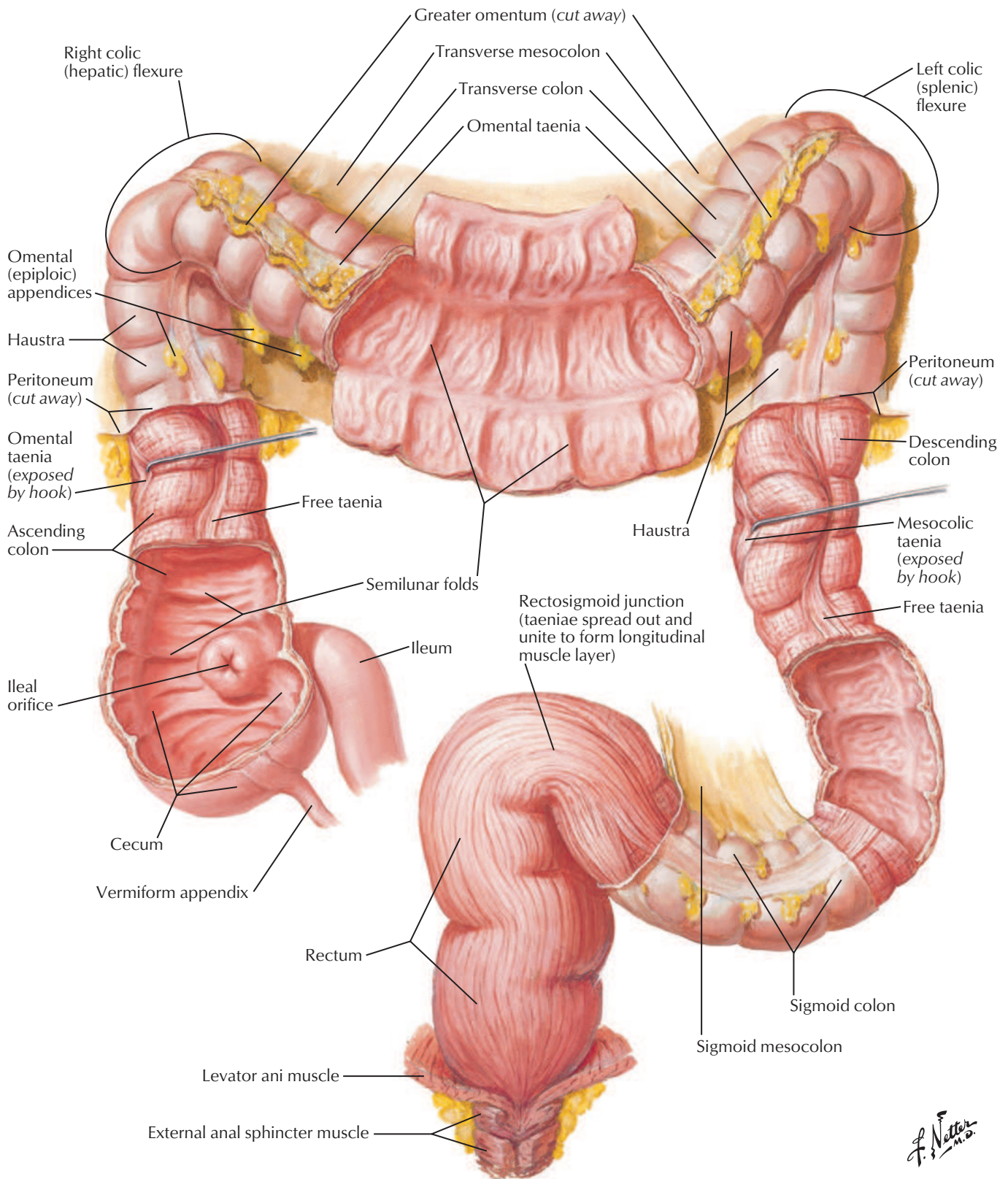


Variations in position of appendix



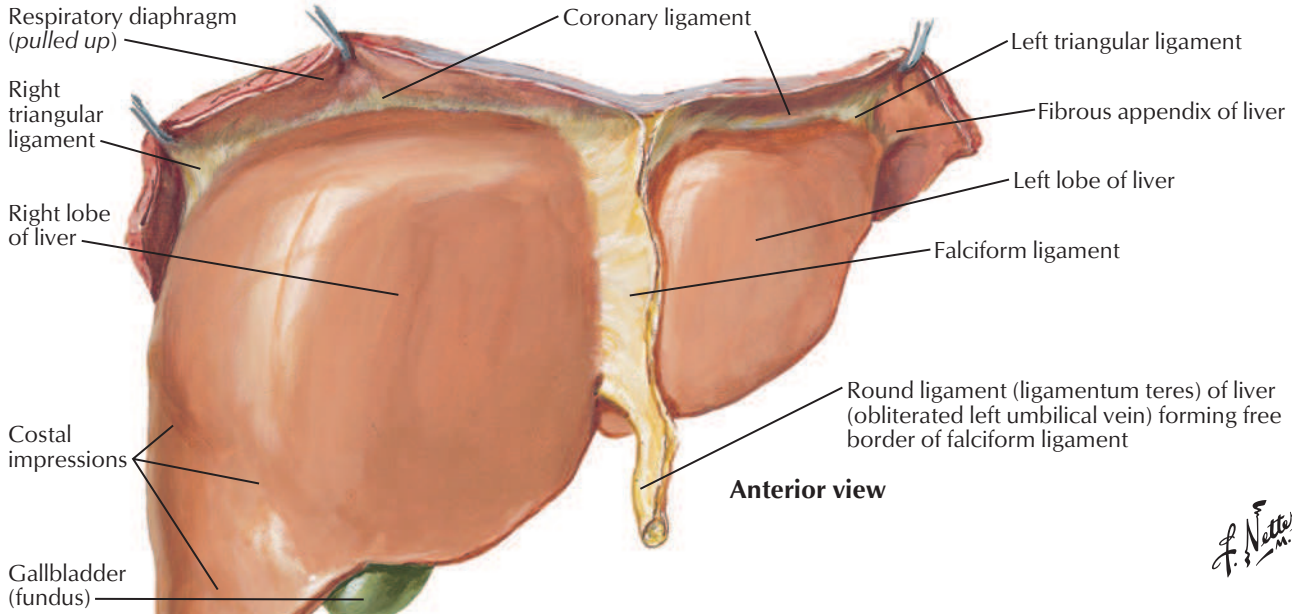
Coronal CT image with oral and intravenous contrast



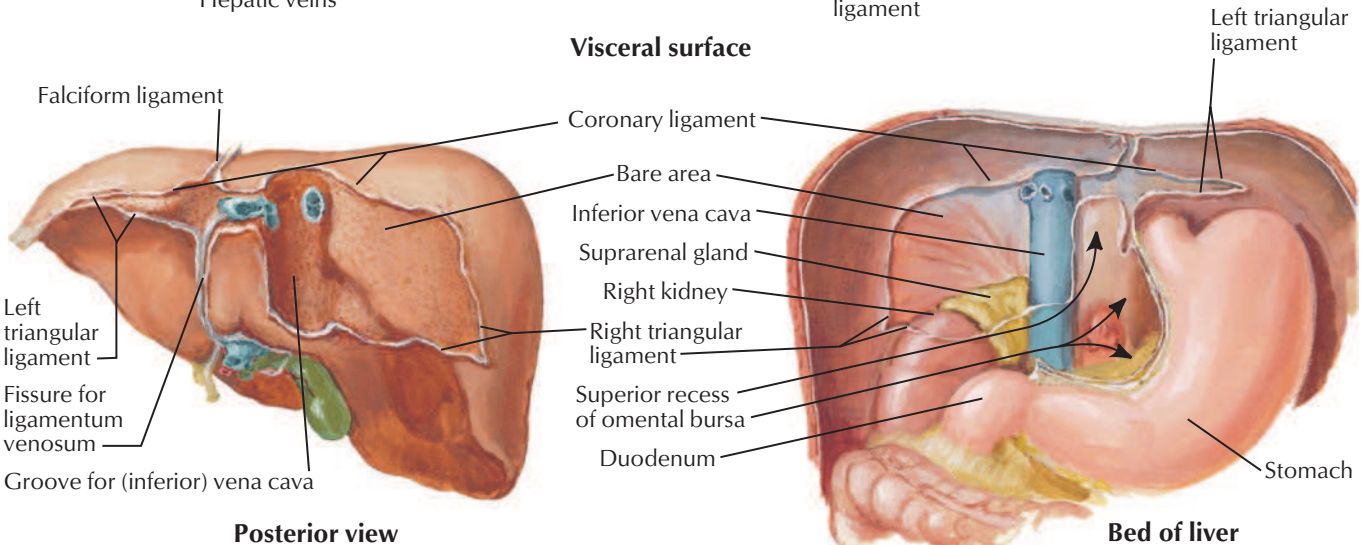
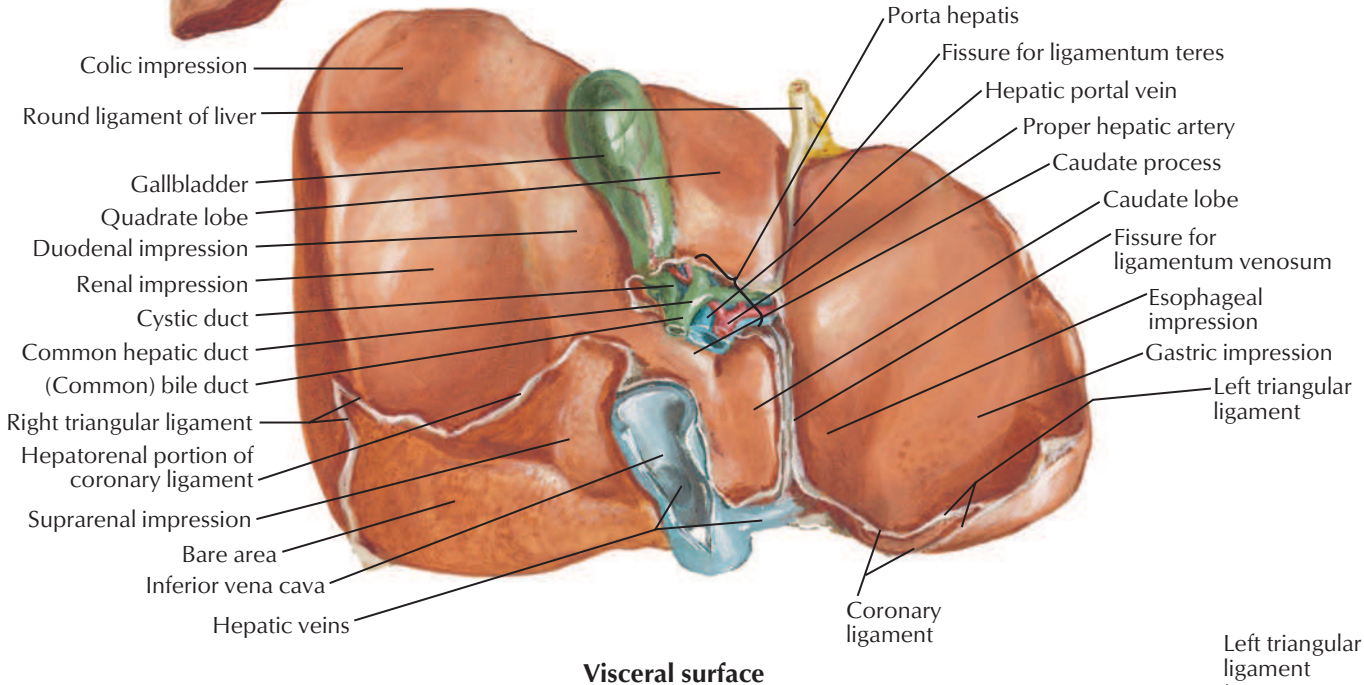


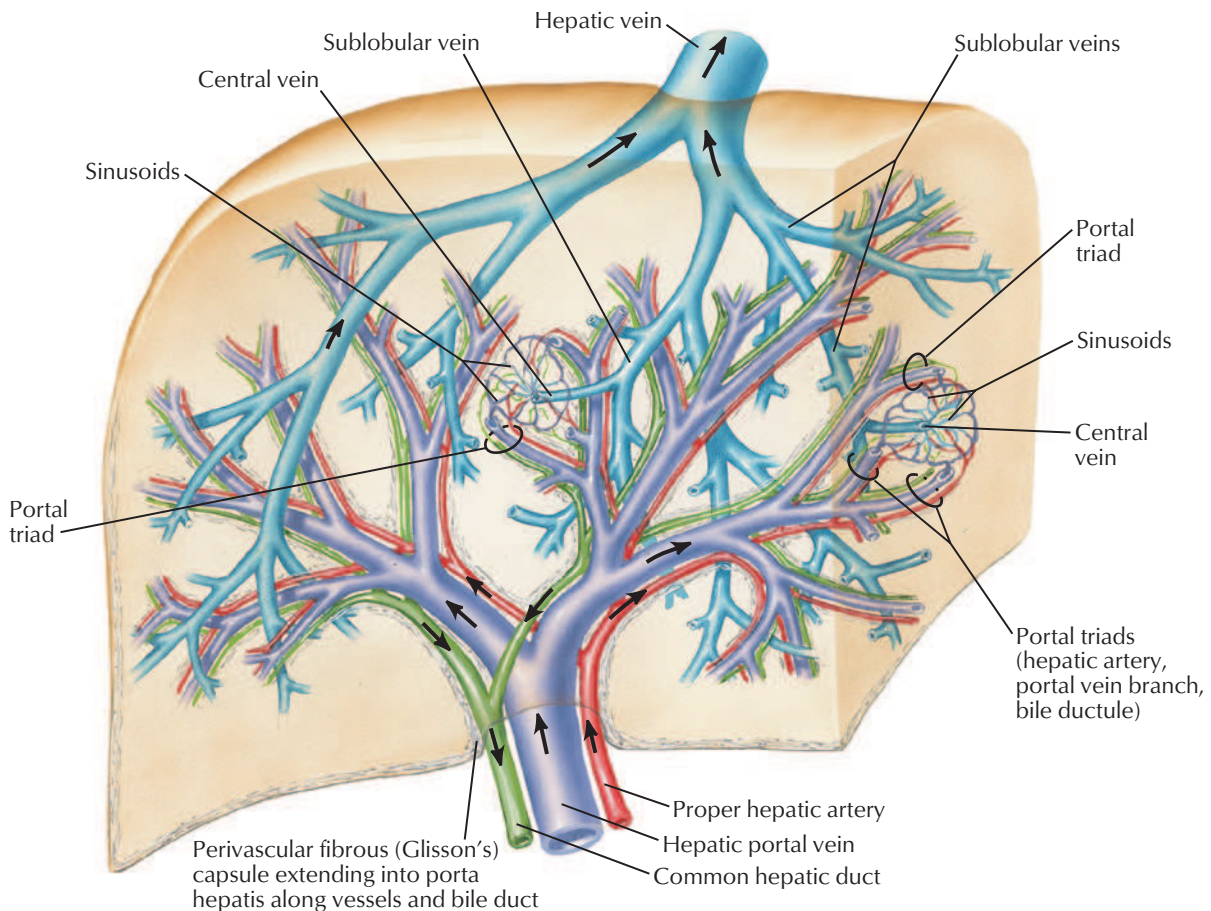
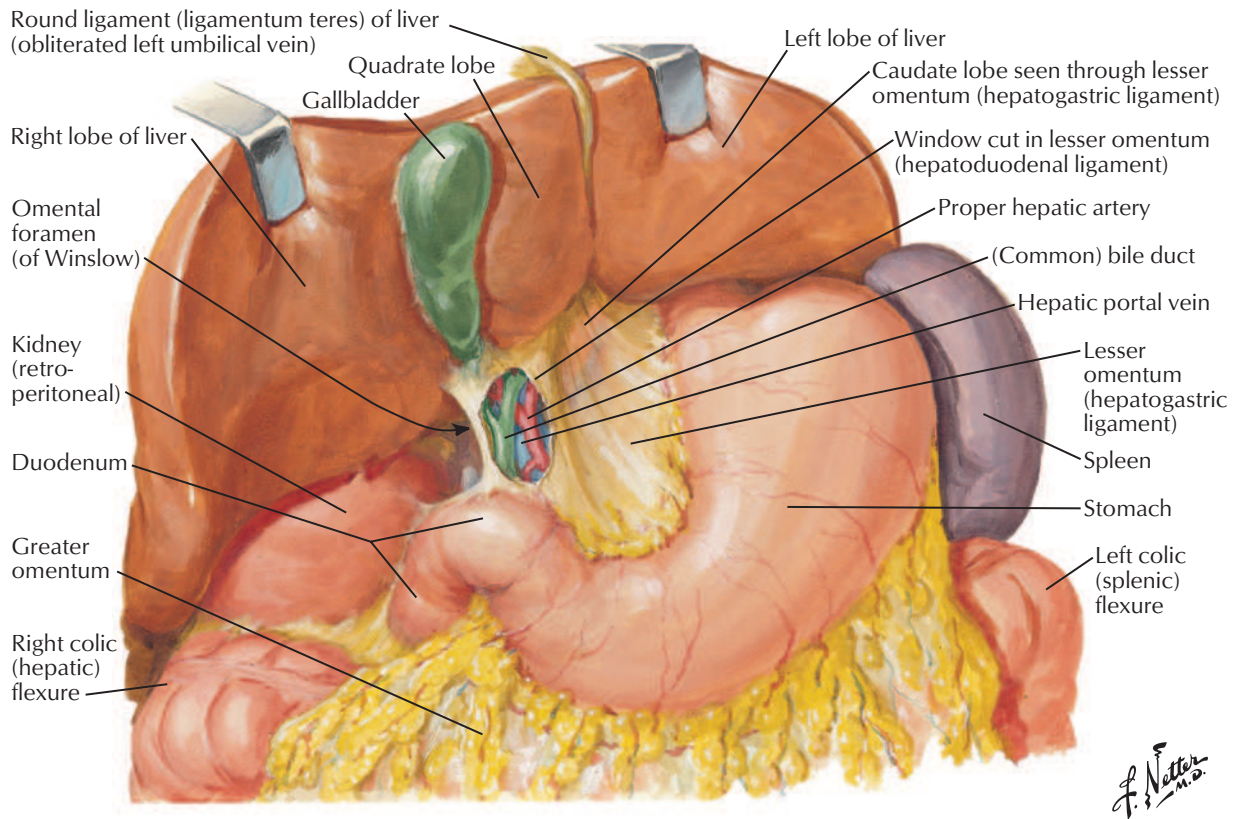
Surfaces and Bed of Liver

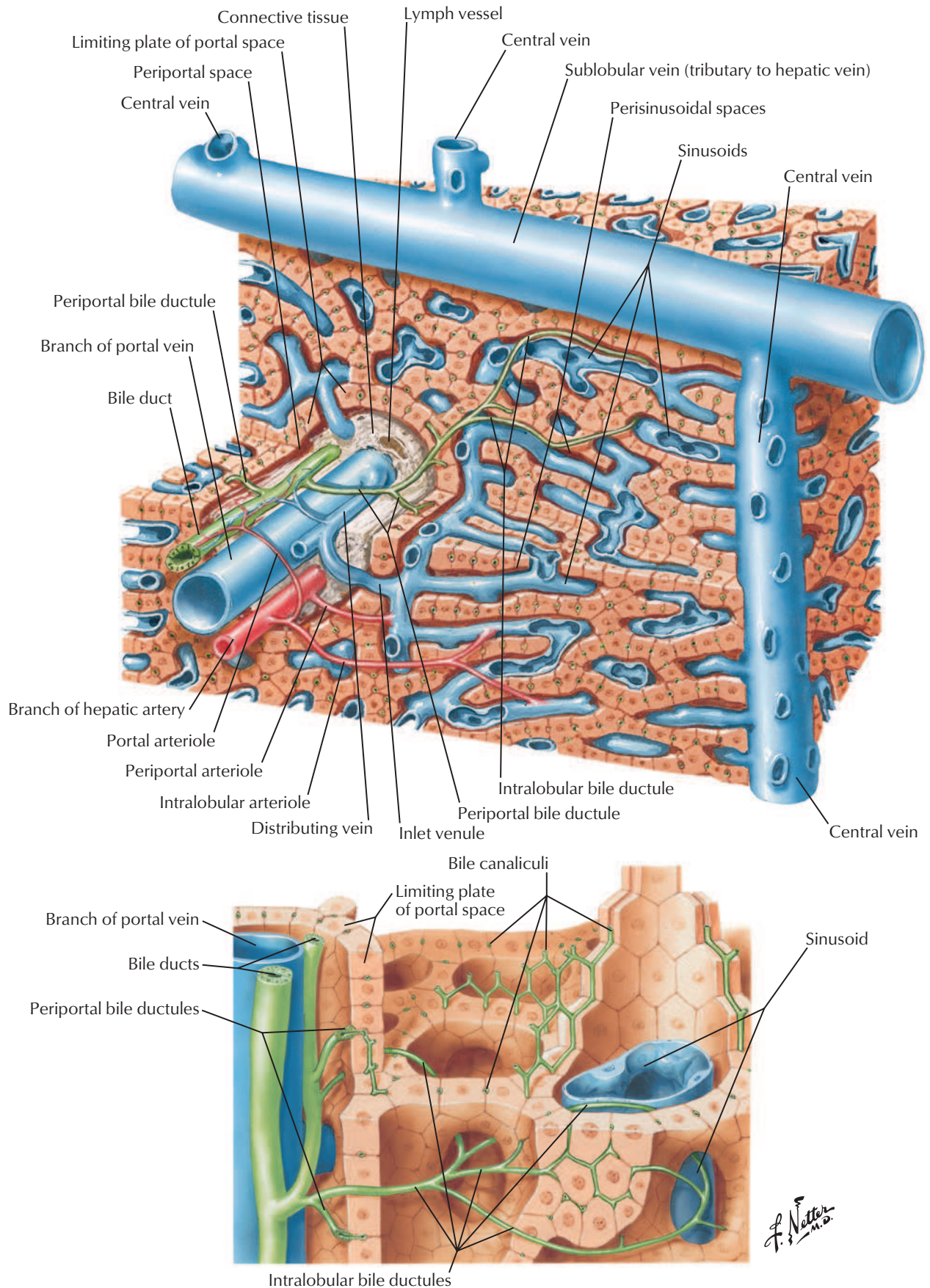
See also [Plate 275](#)

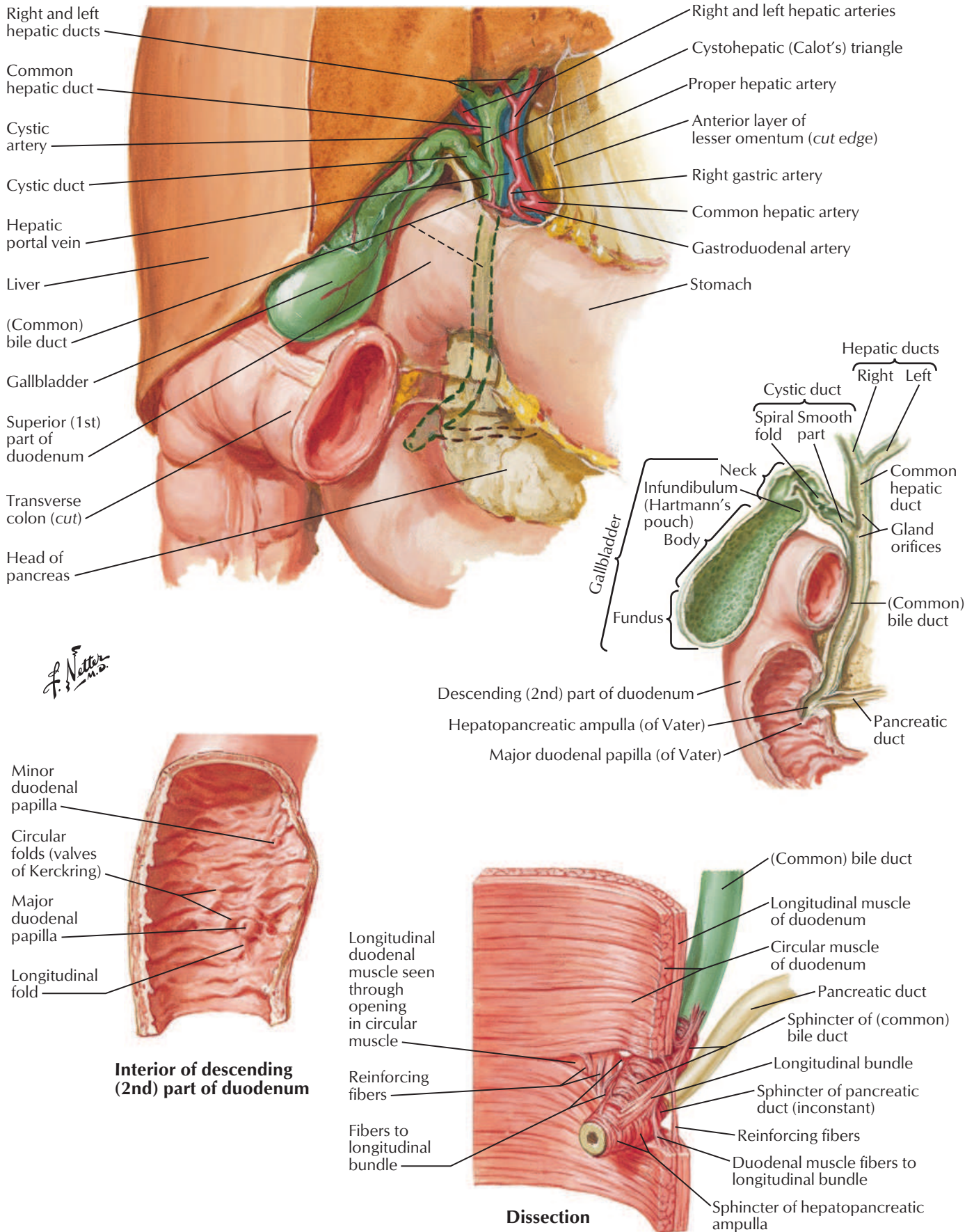


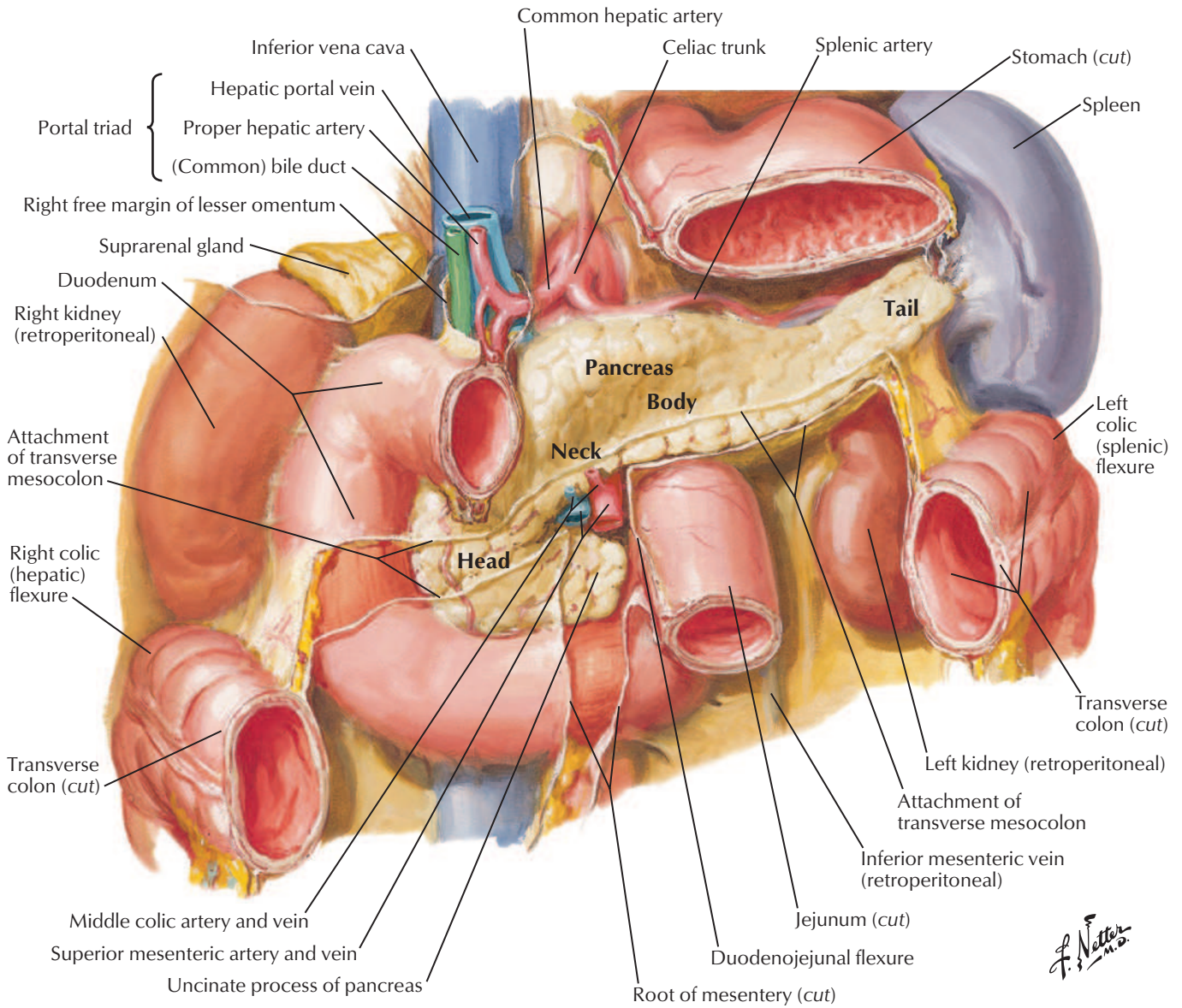
F. Netter M.D.



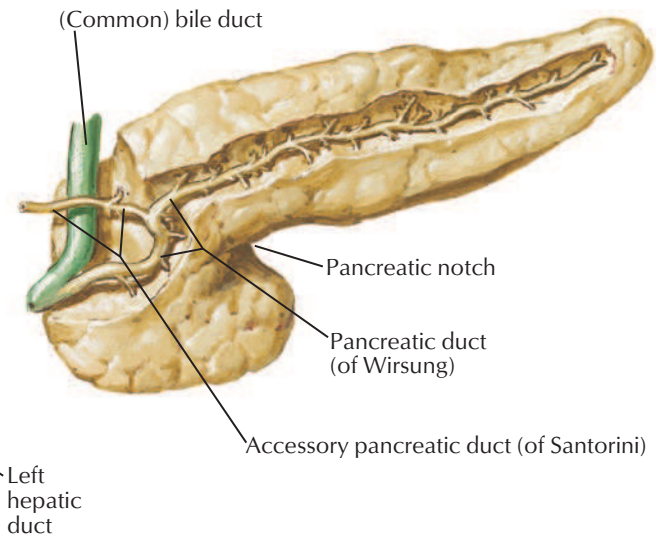
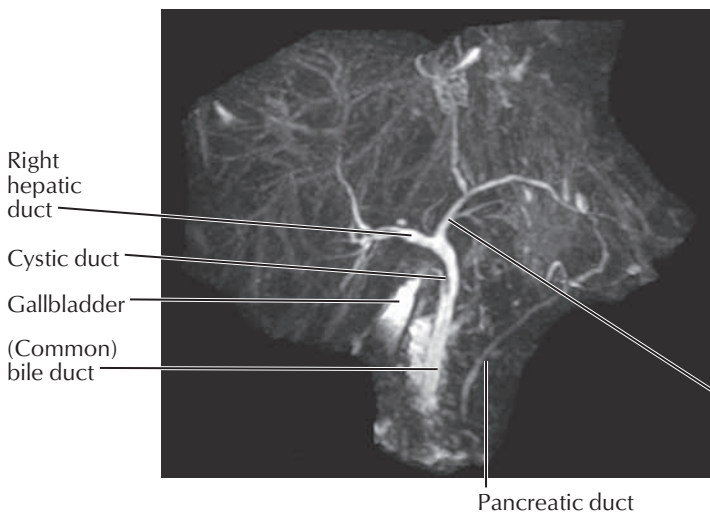


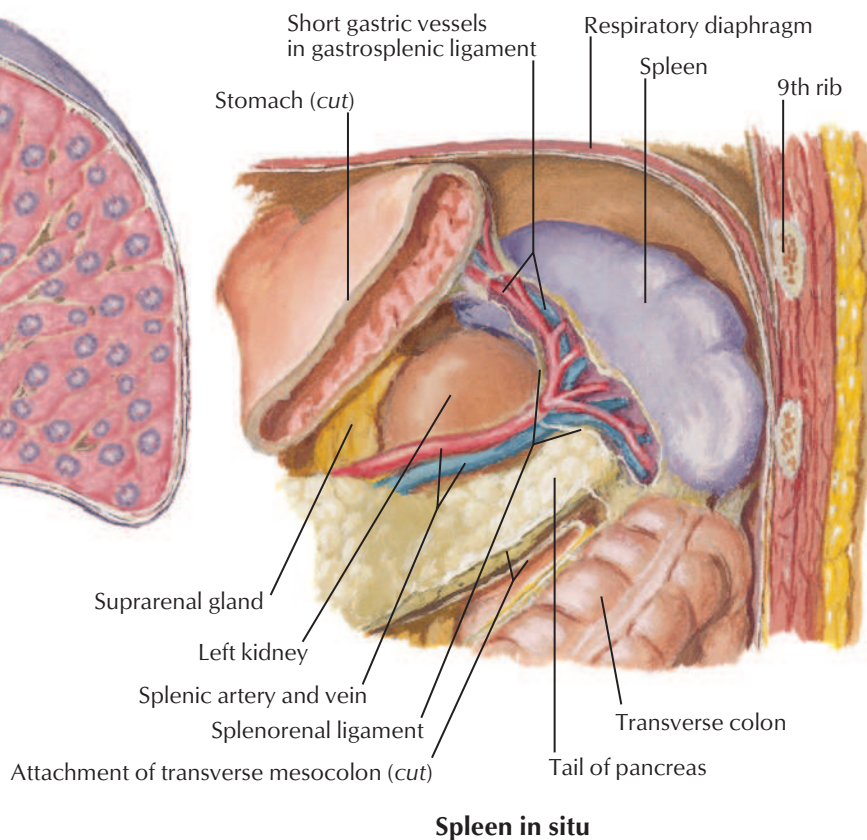
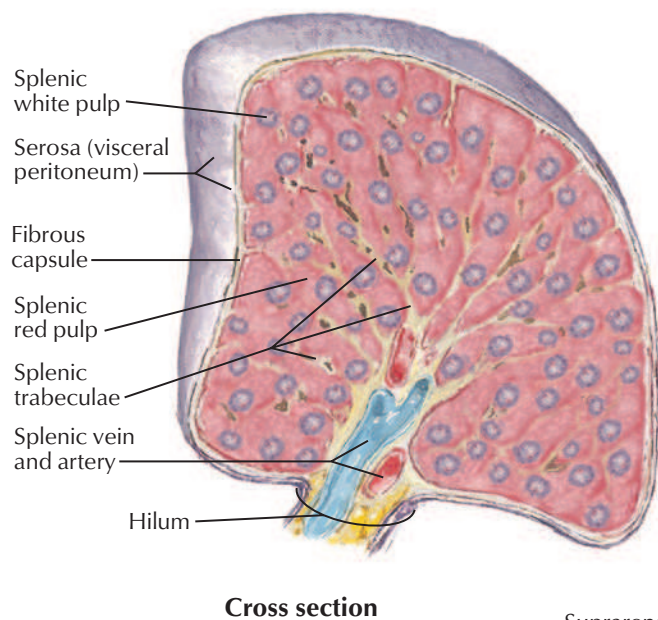
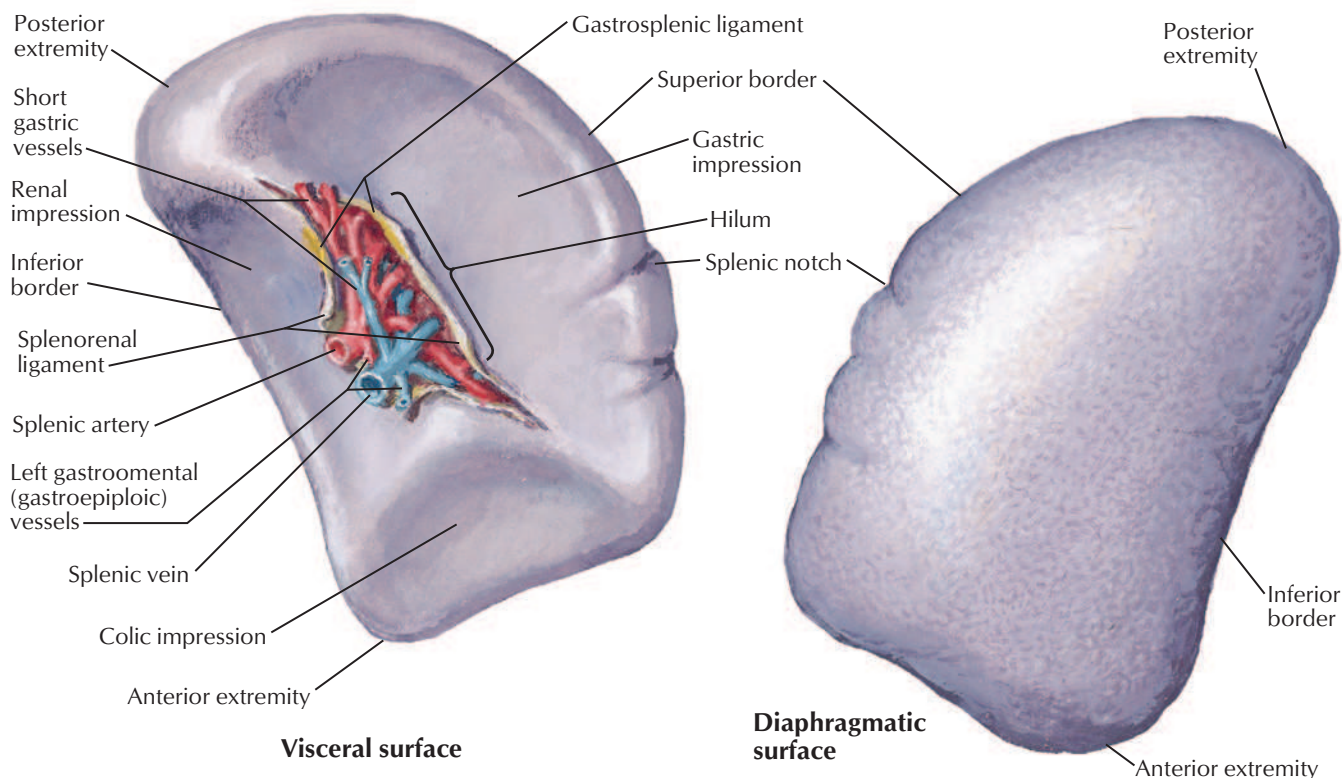






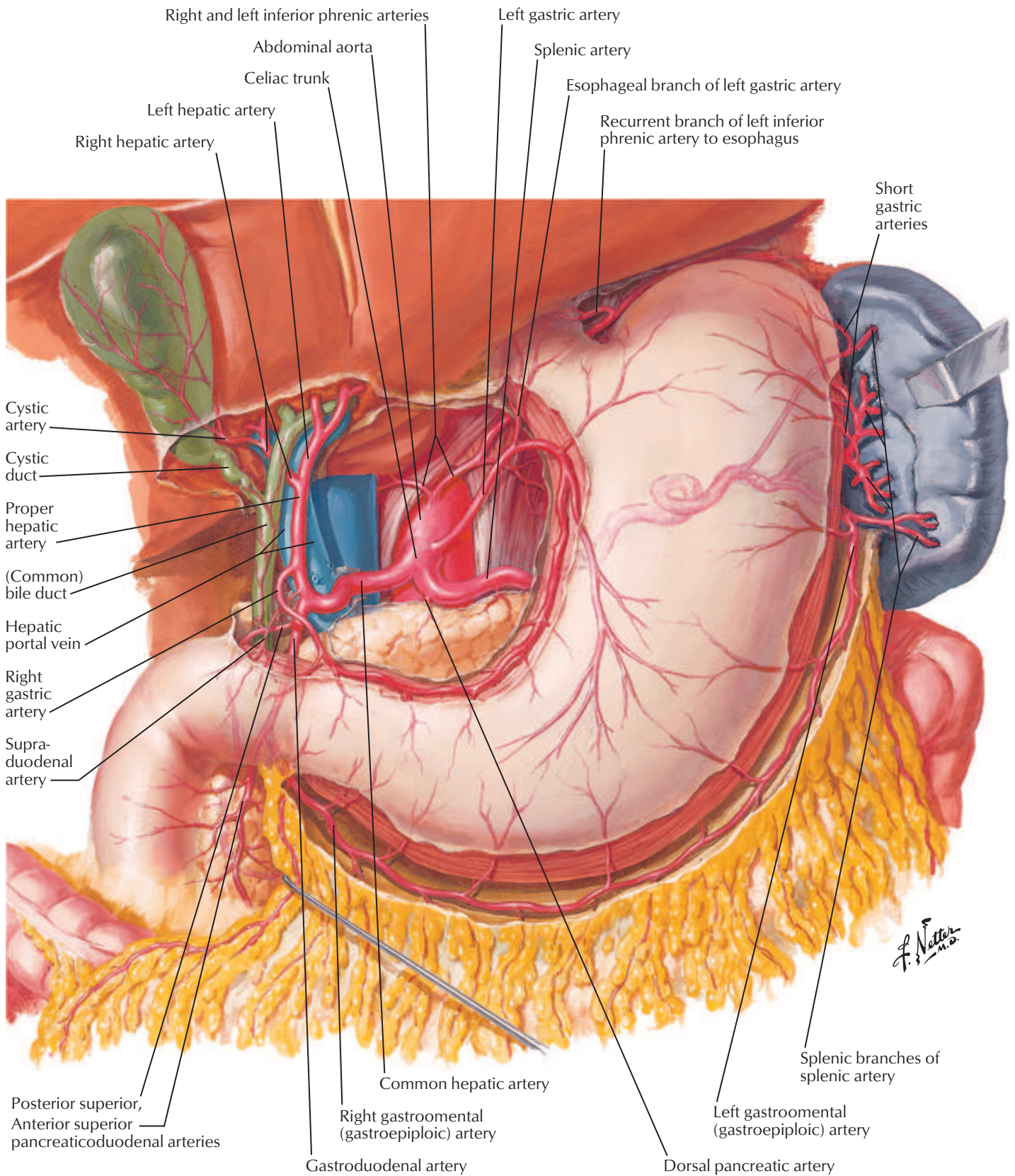
Magnetic resonance cholangiopancreatography (MRCP)

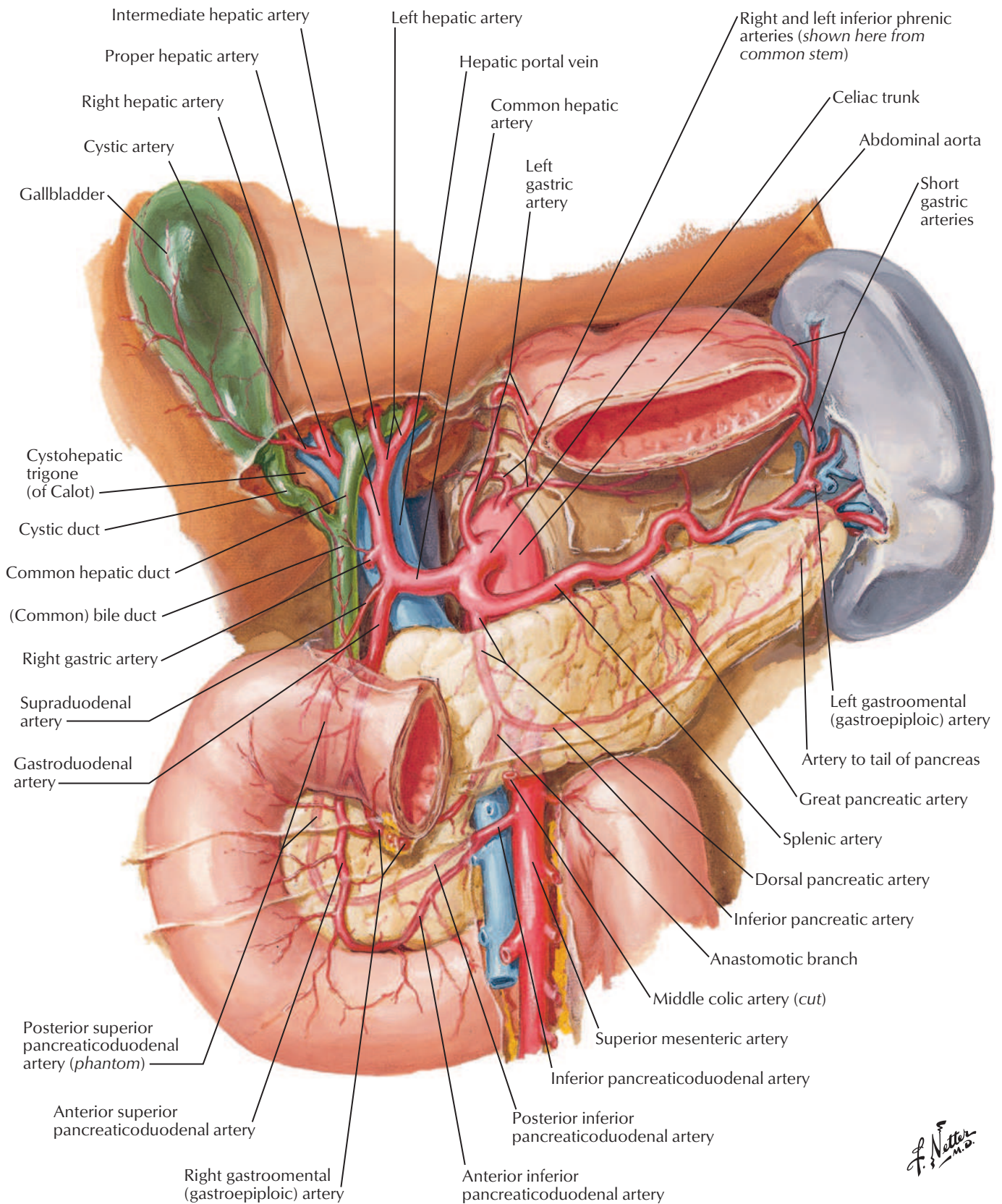




F. Netter M.D.

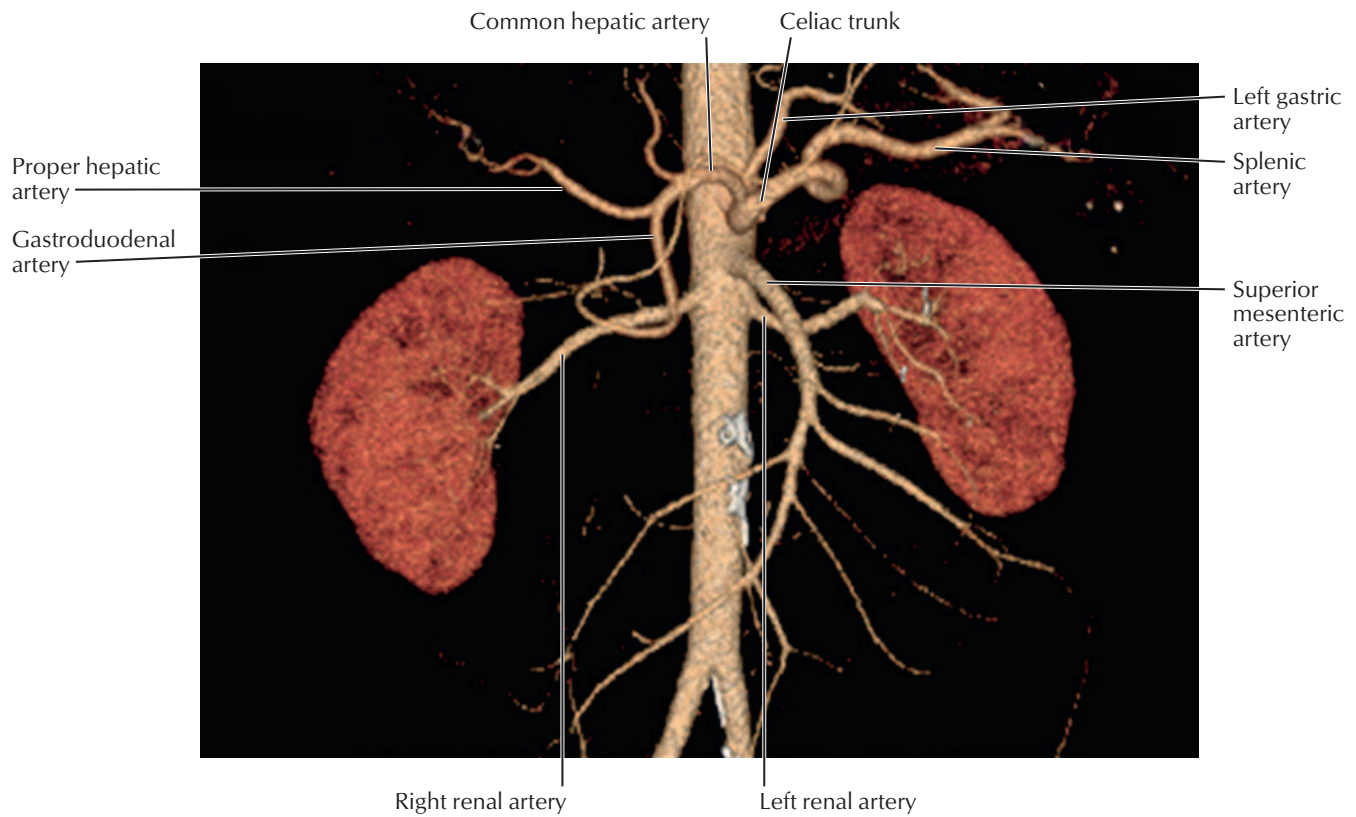
Arteries of Stomach, Liver, and Spleen





F. Netter M.D.

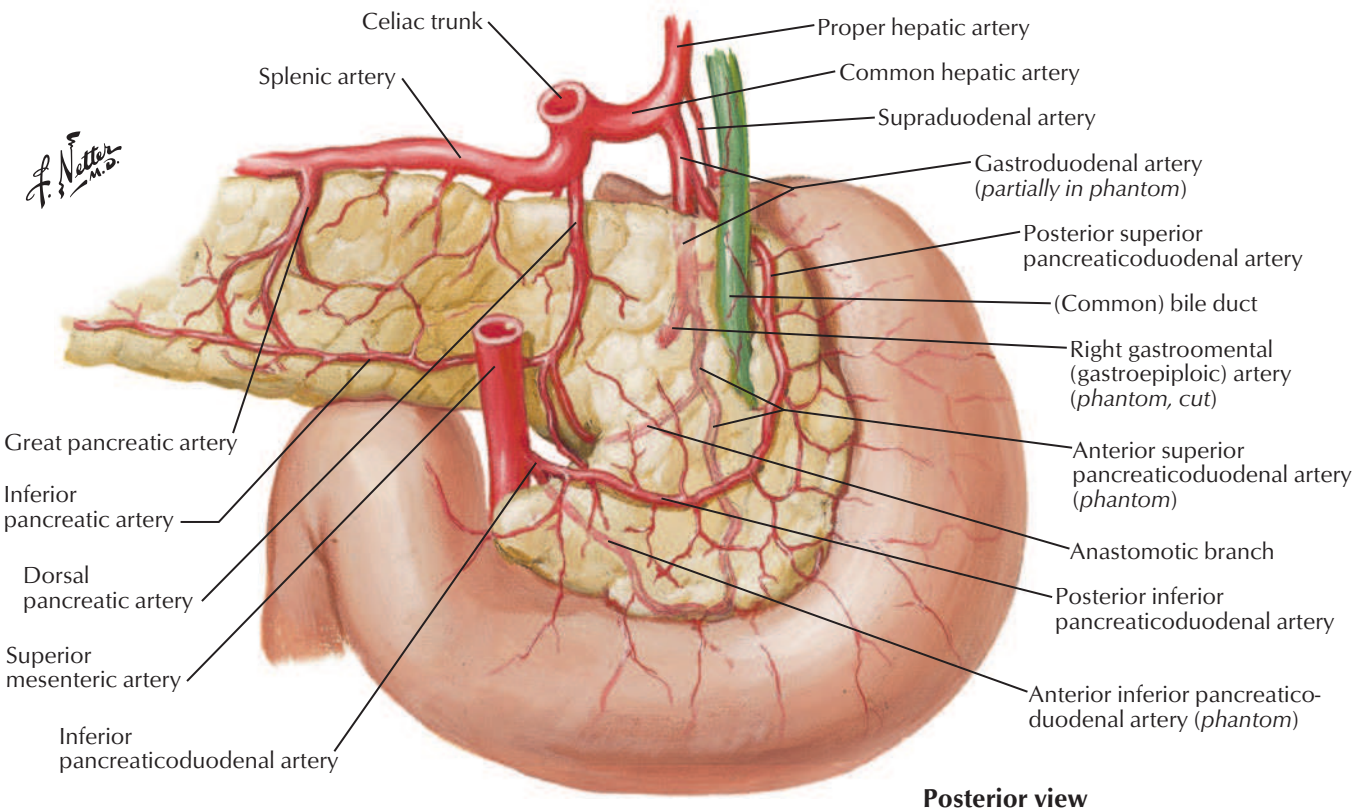
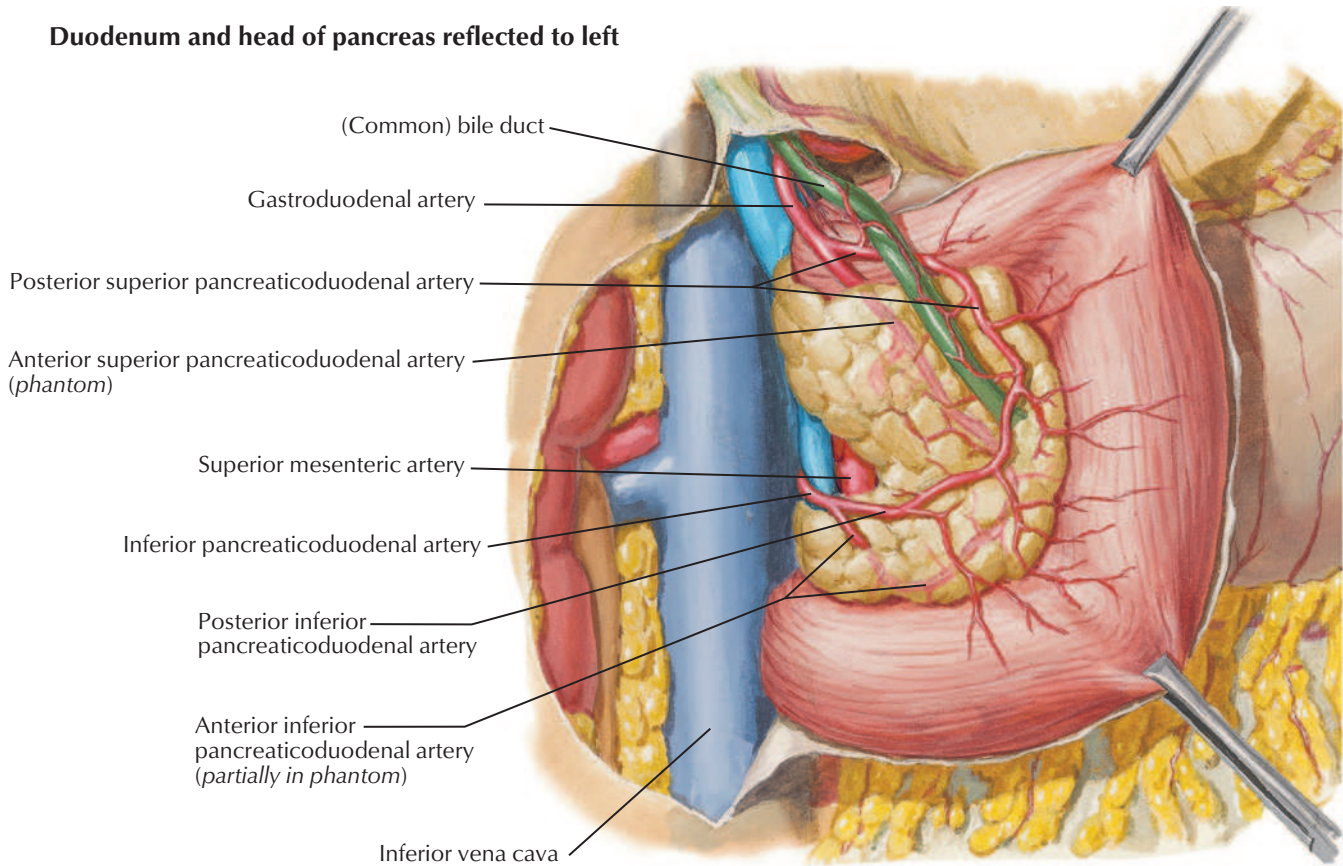
3D volume-rendered CT image with intravenous contrast enhancement



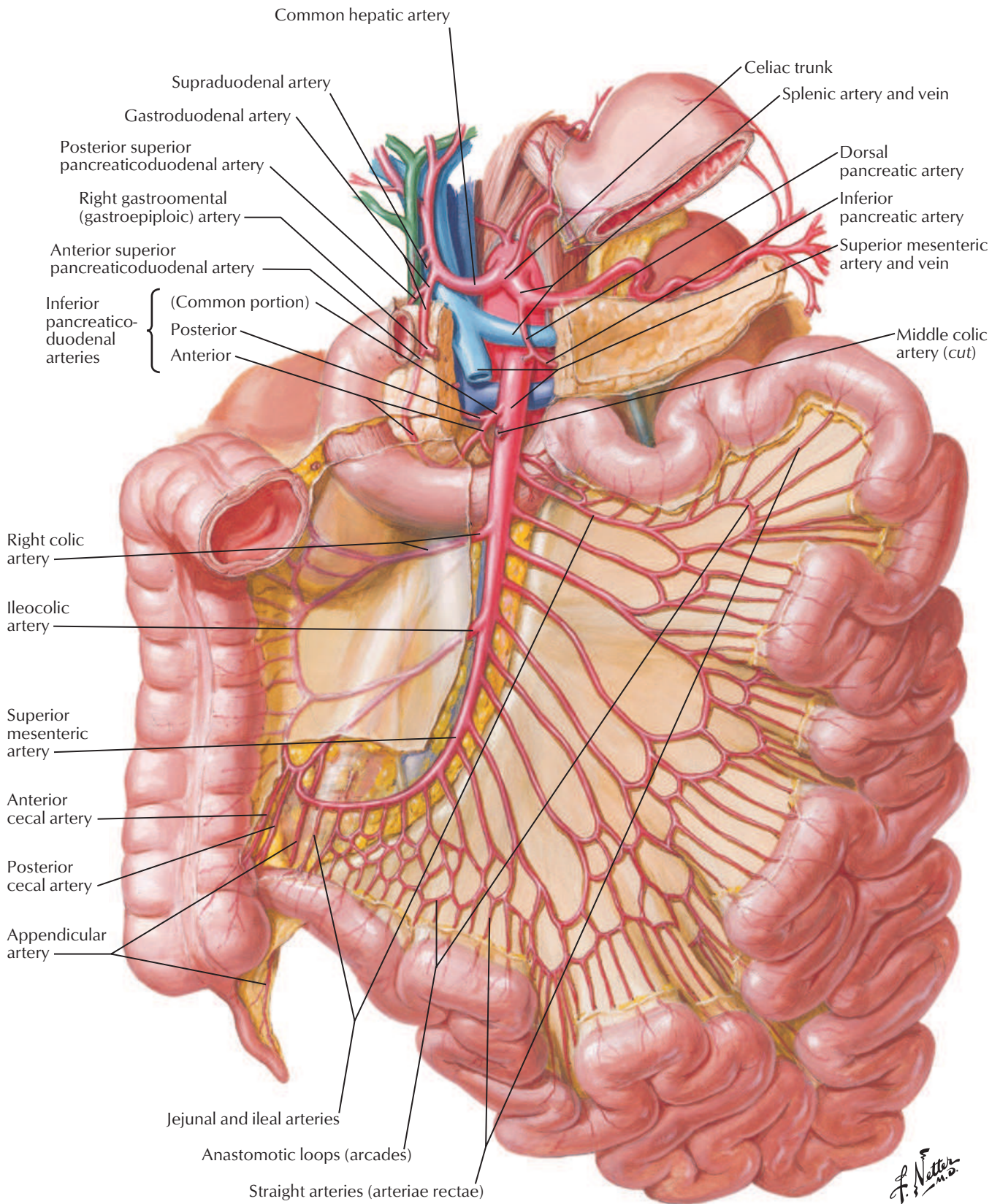
Selective digital subtraction angiogram, celiac trunk



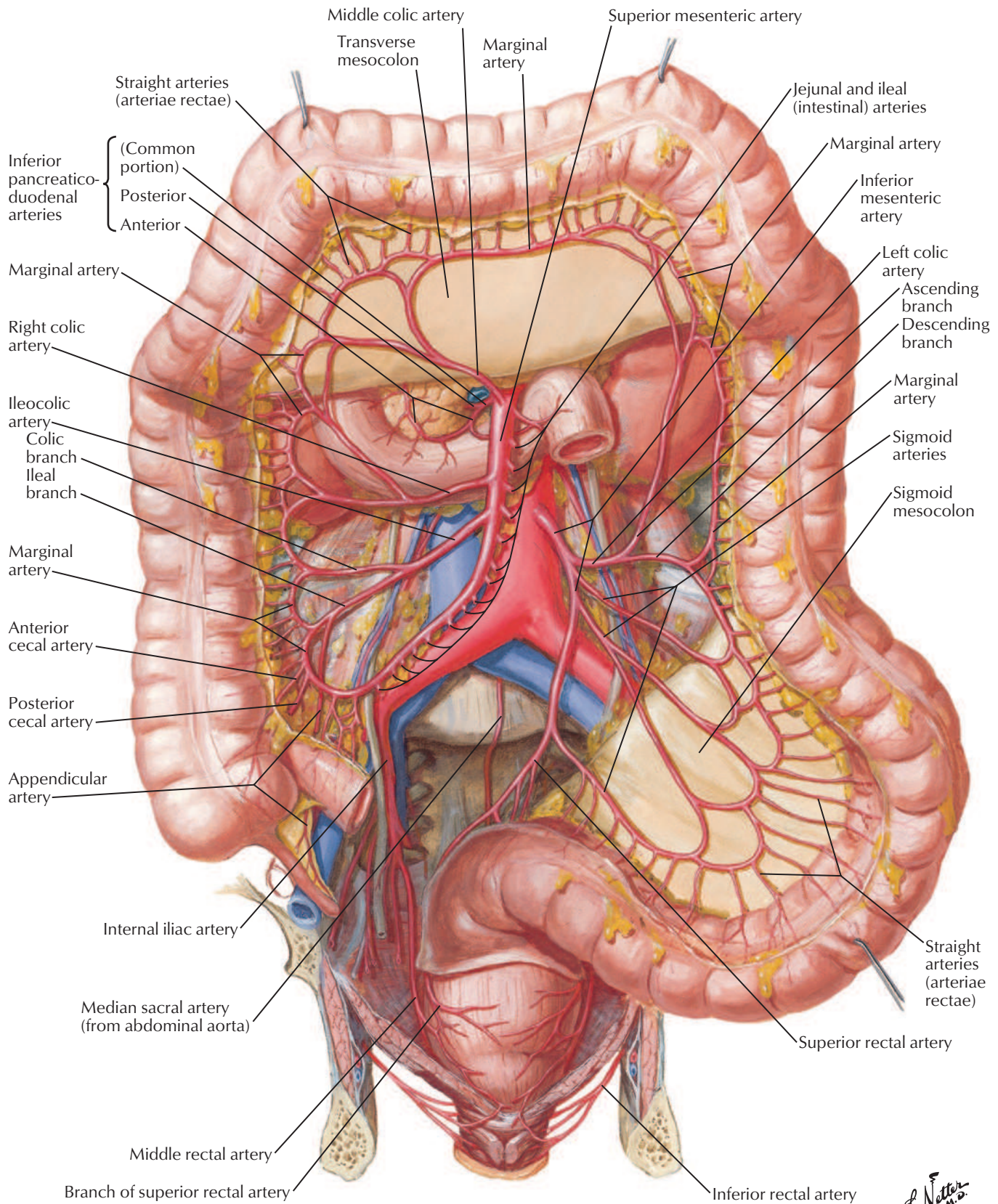
Duodenum and head of pancreas reflected to left



Arteries of Small Intestine

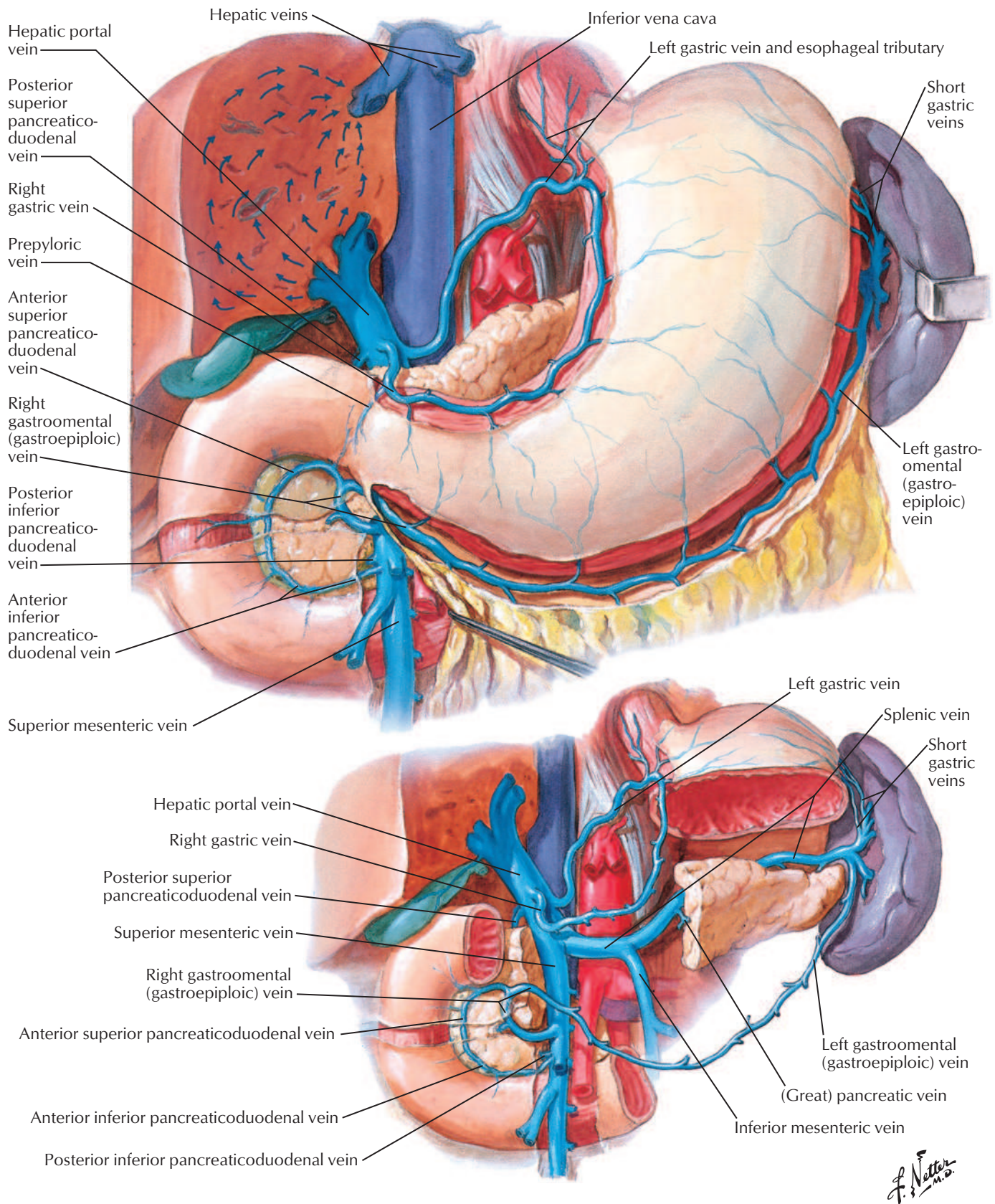


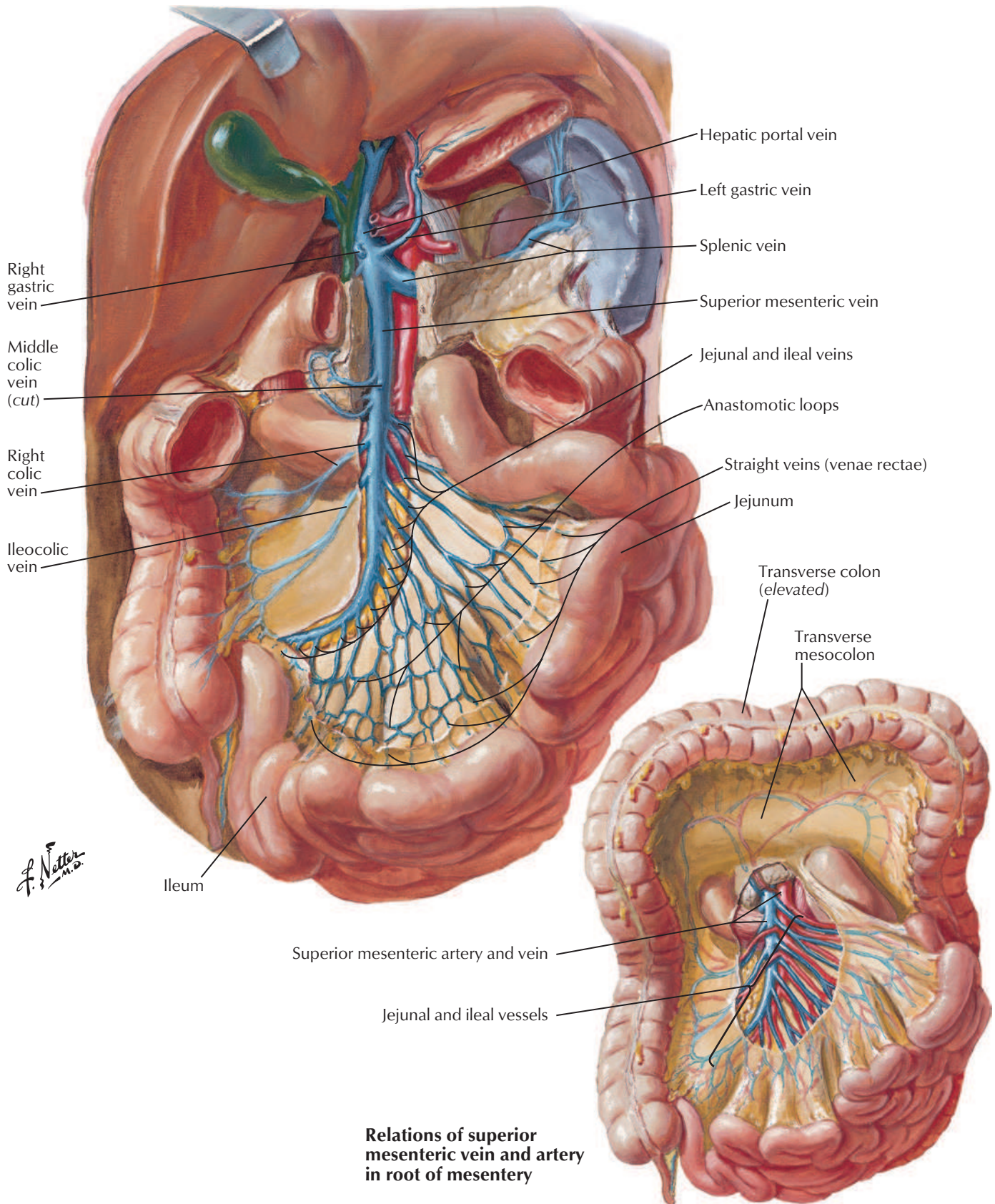
F. Netter M.D.

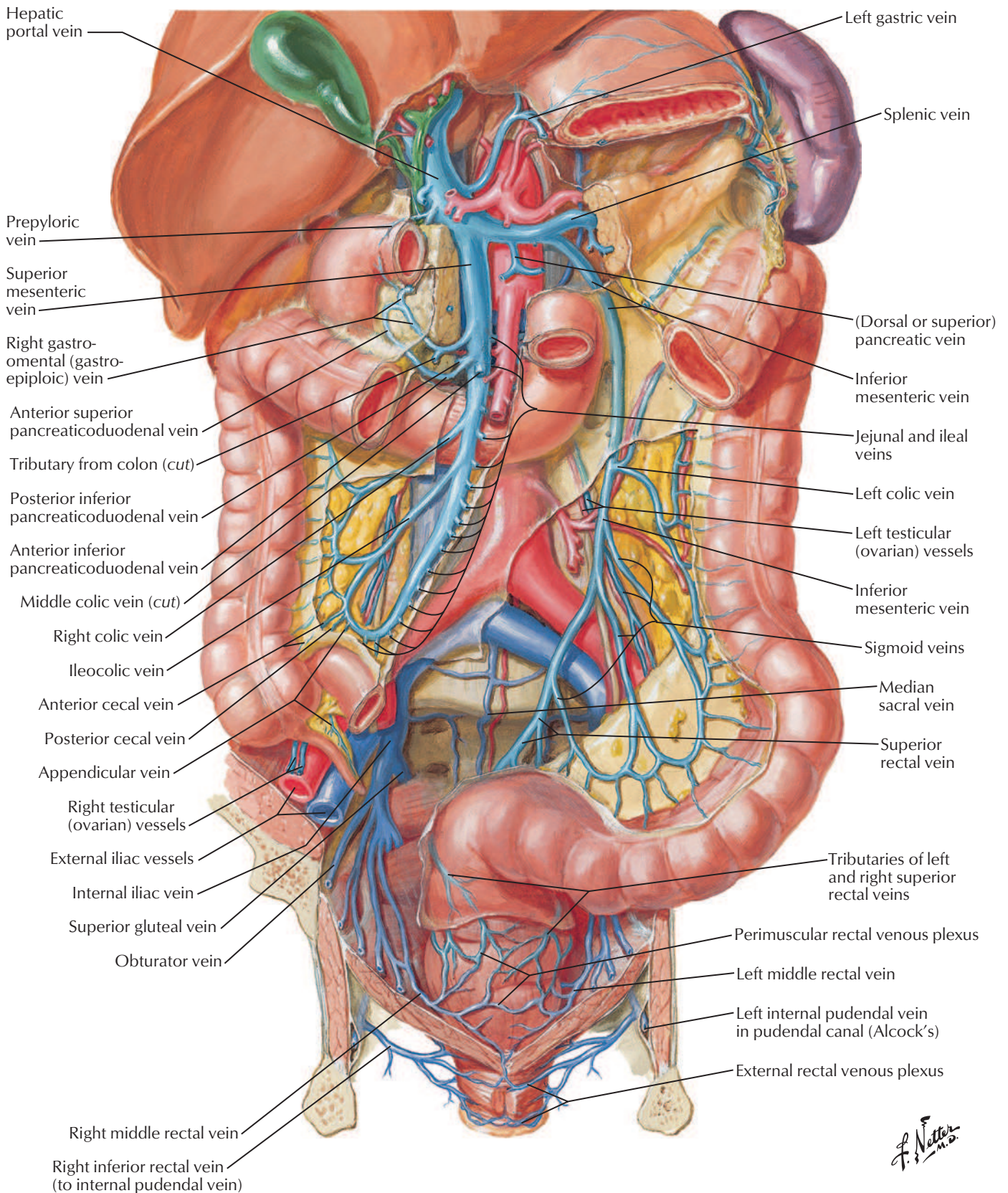


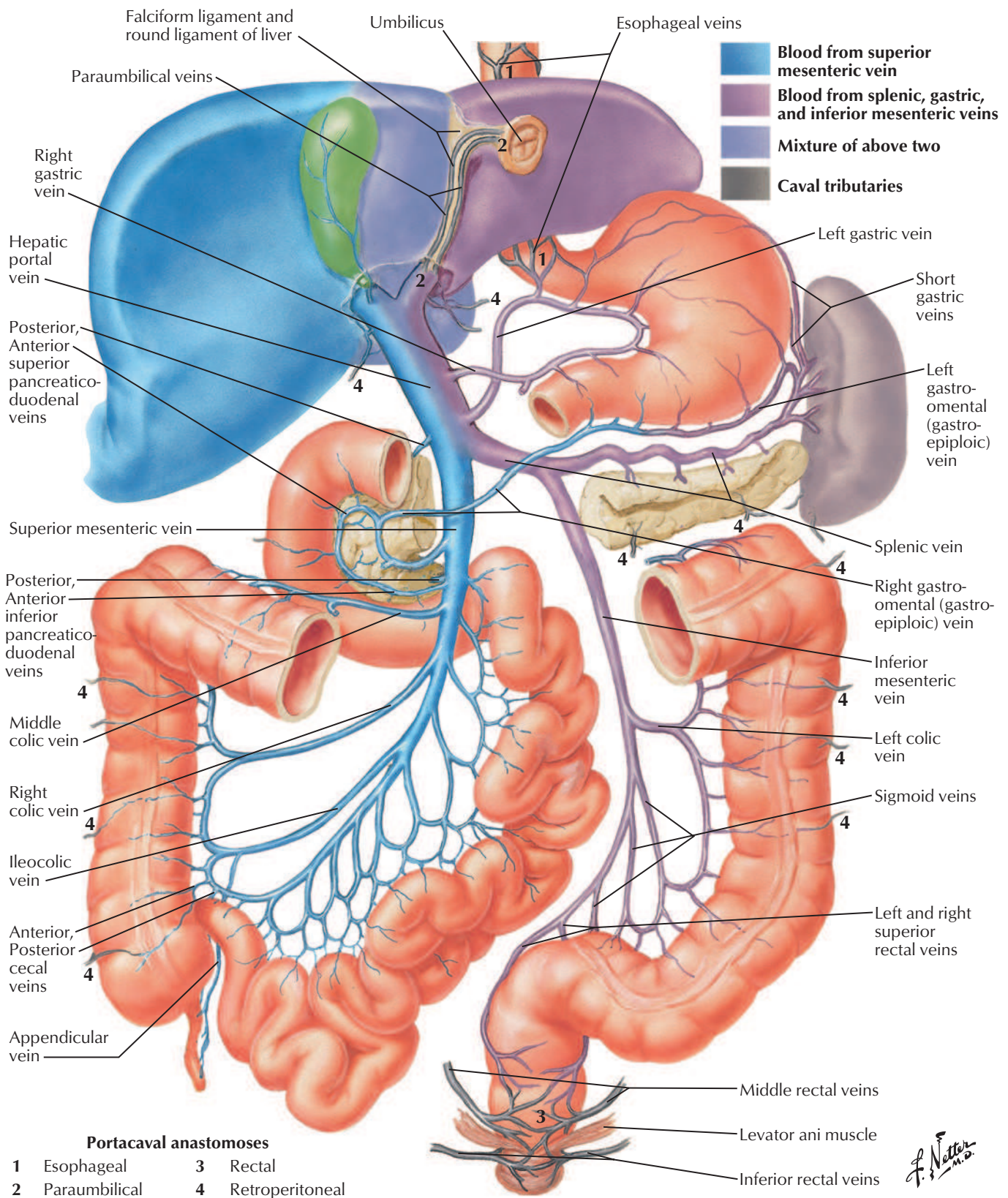
F. Netter M.D.

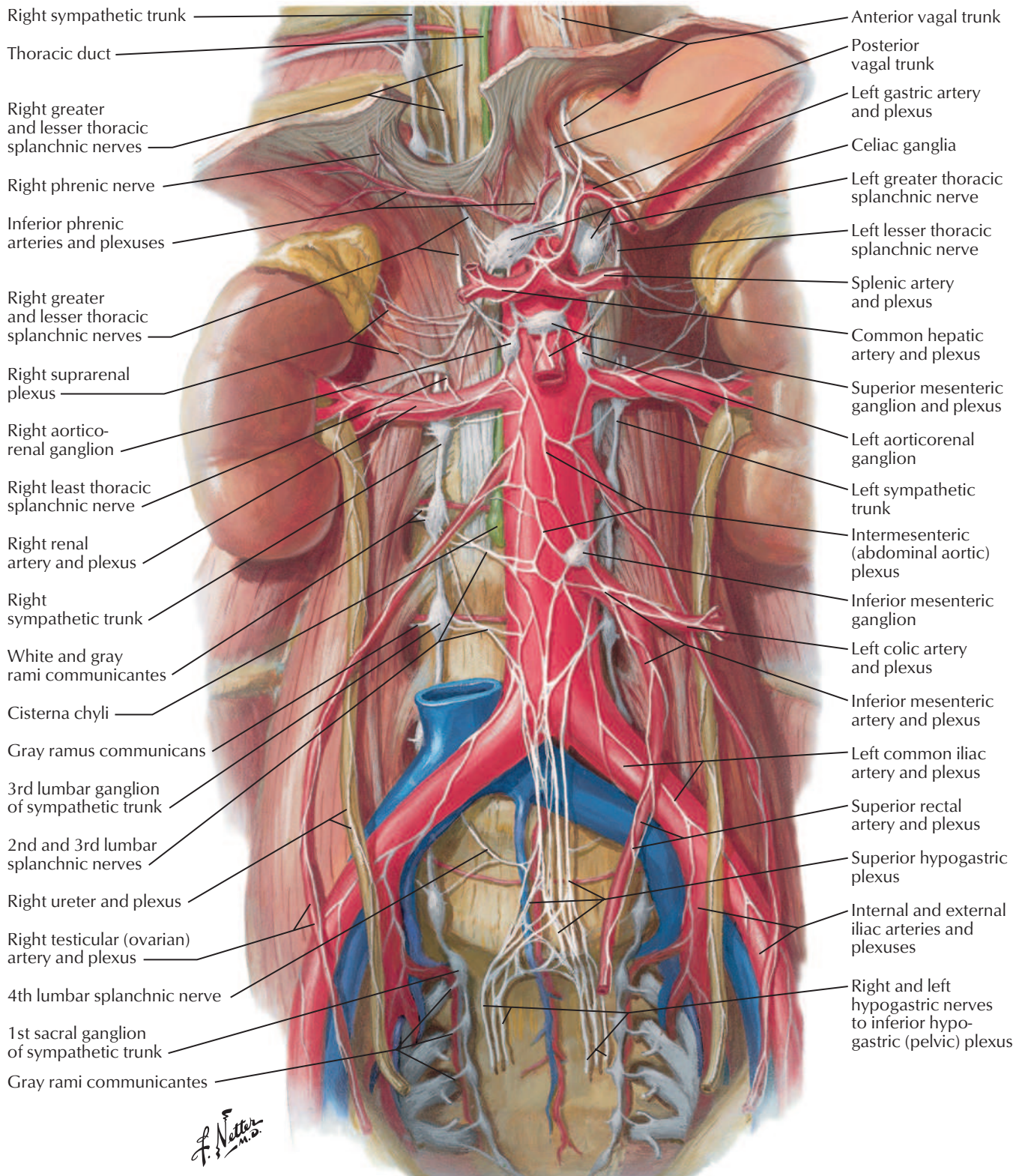
Veins of Stomach, Duodenum, Pancreas, and Spleen

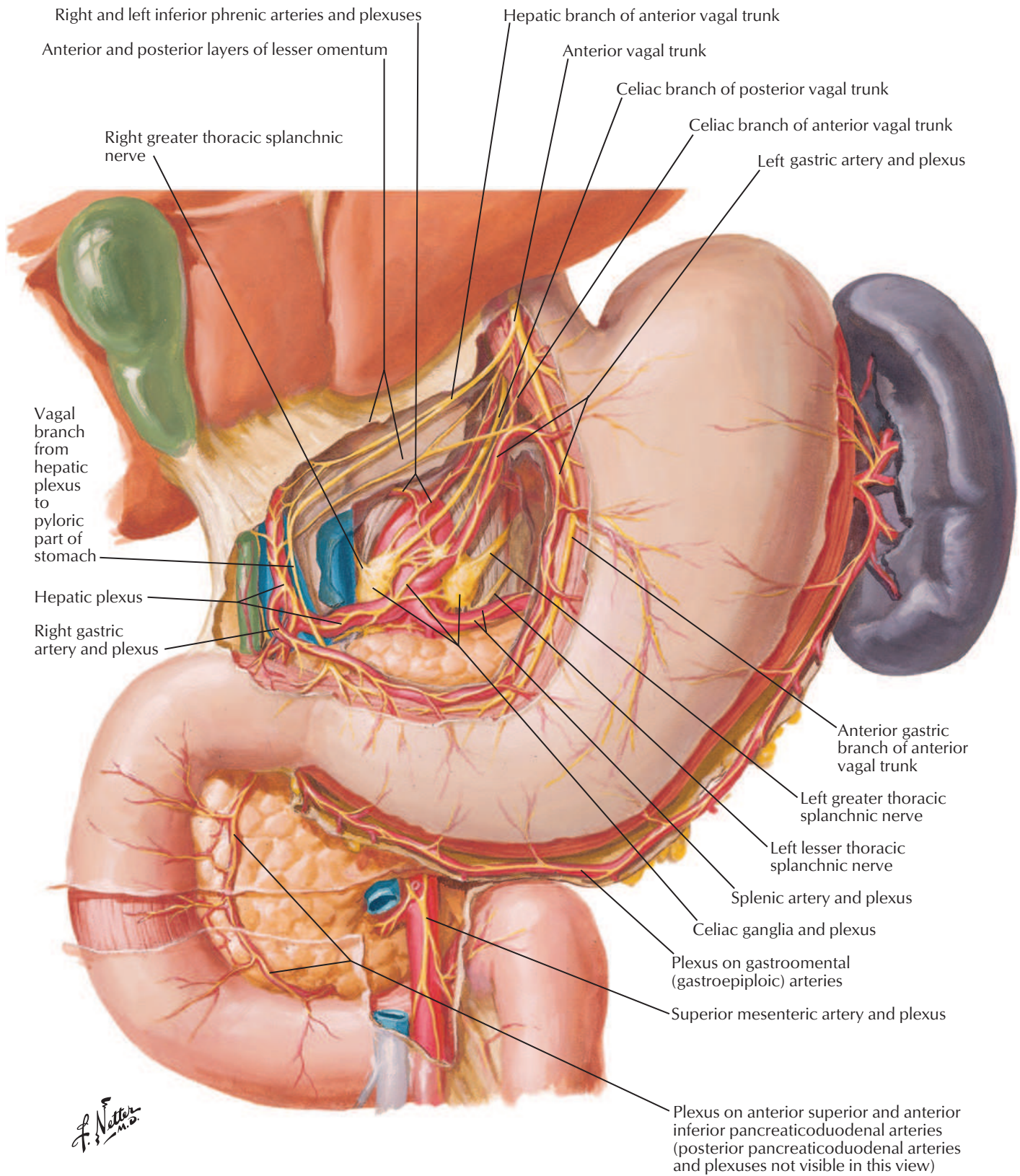




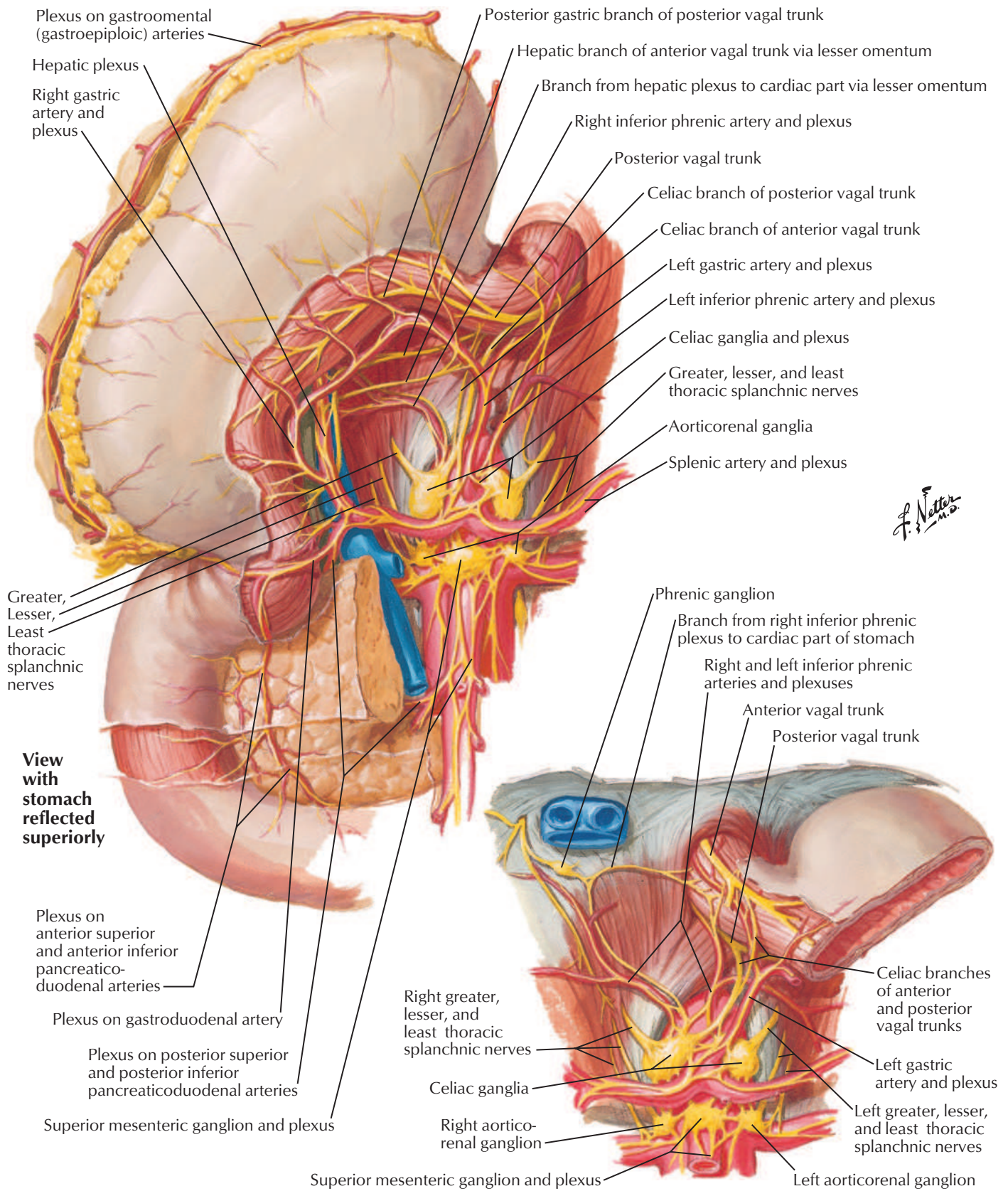




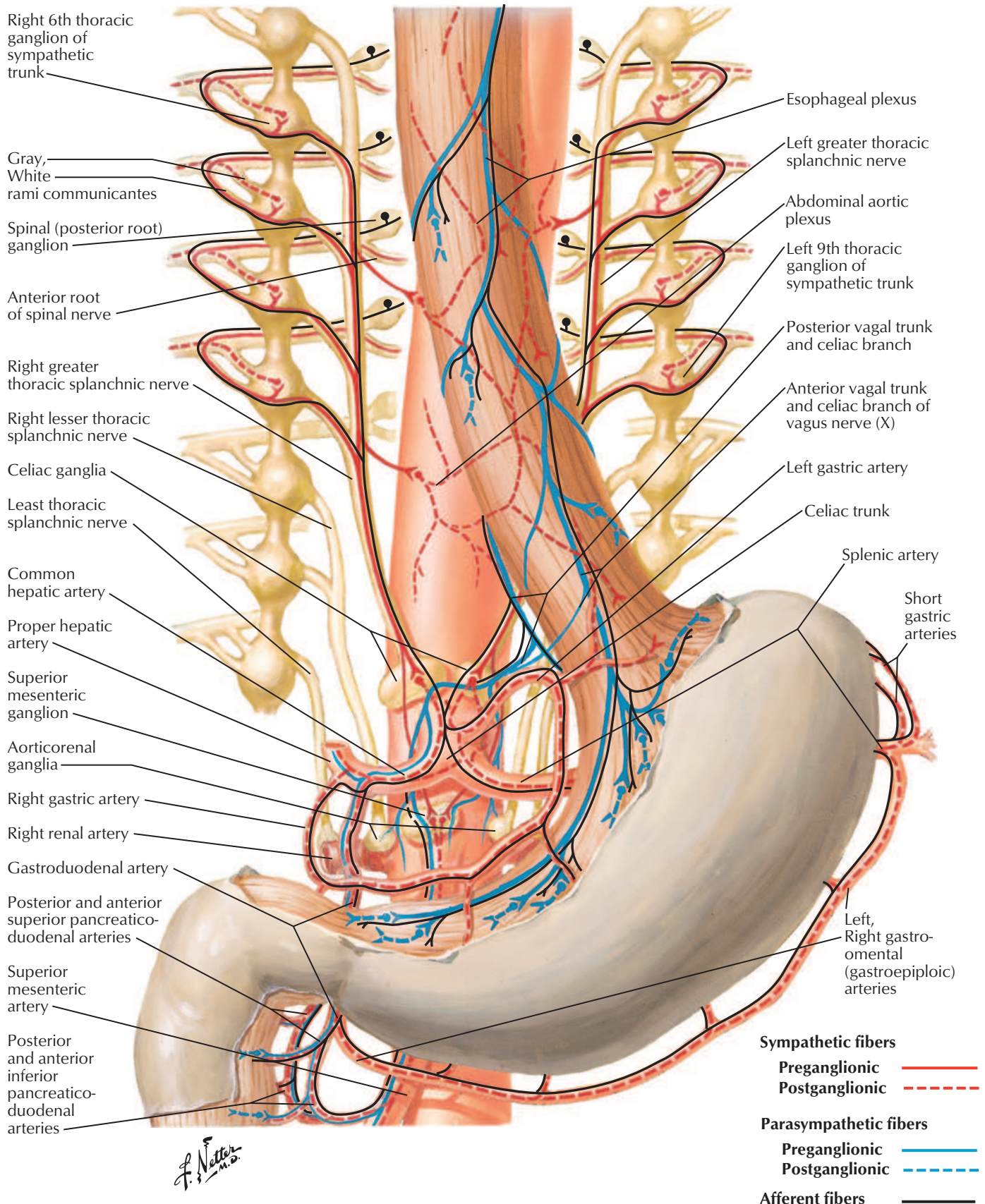


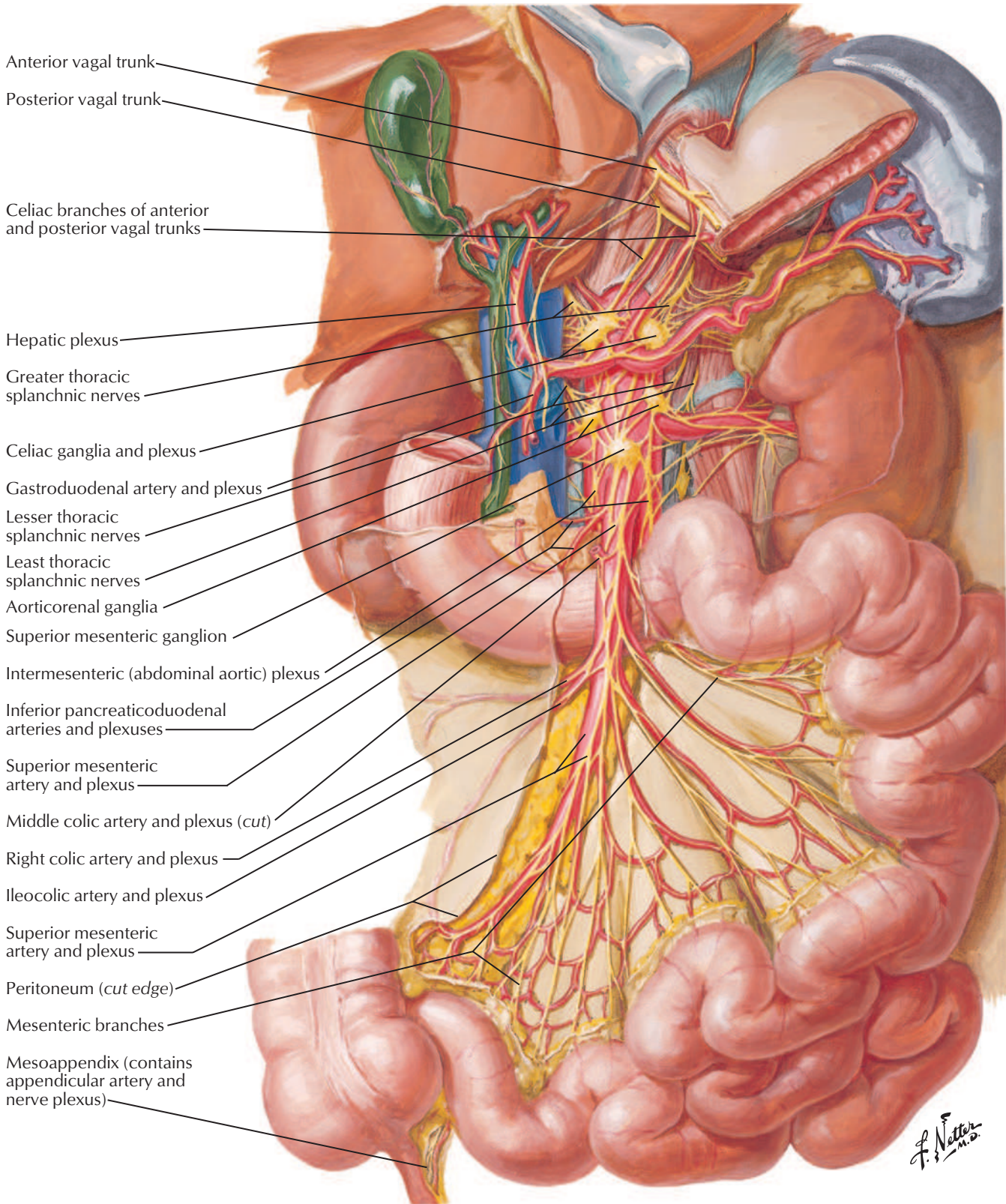


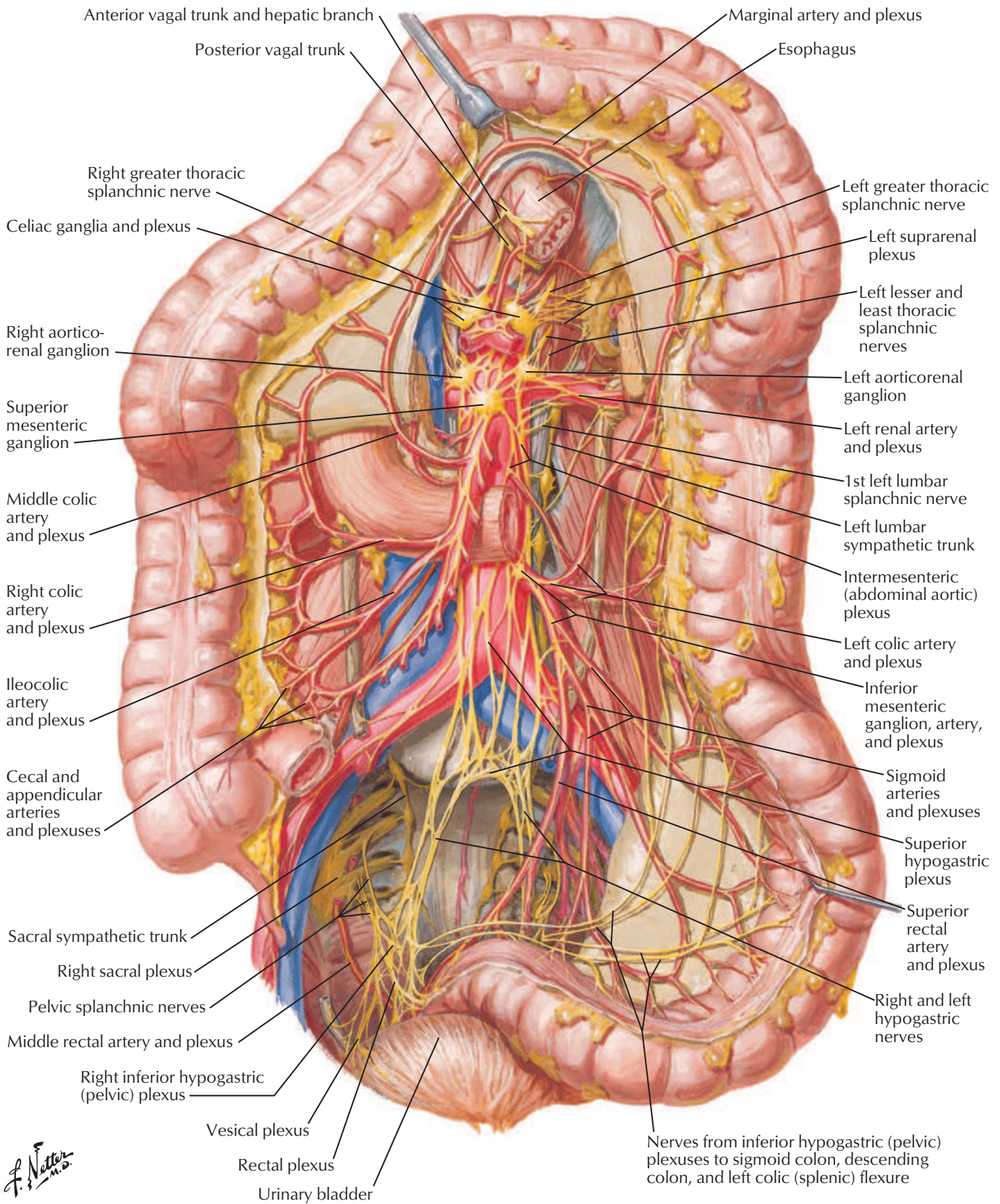
Autonomic Innervation of Stomach and Duodenum (continued)



F. Netter M.D.



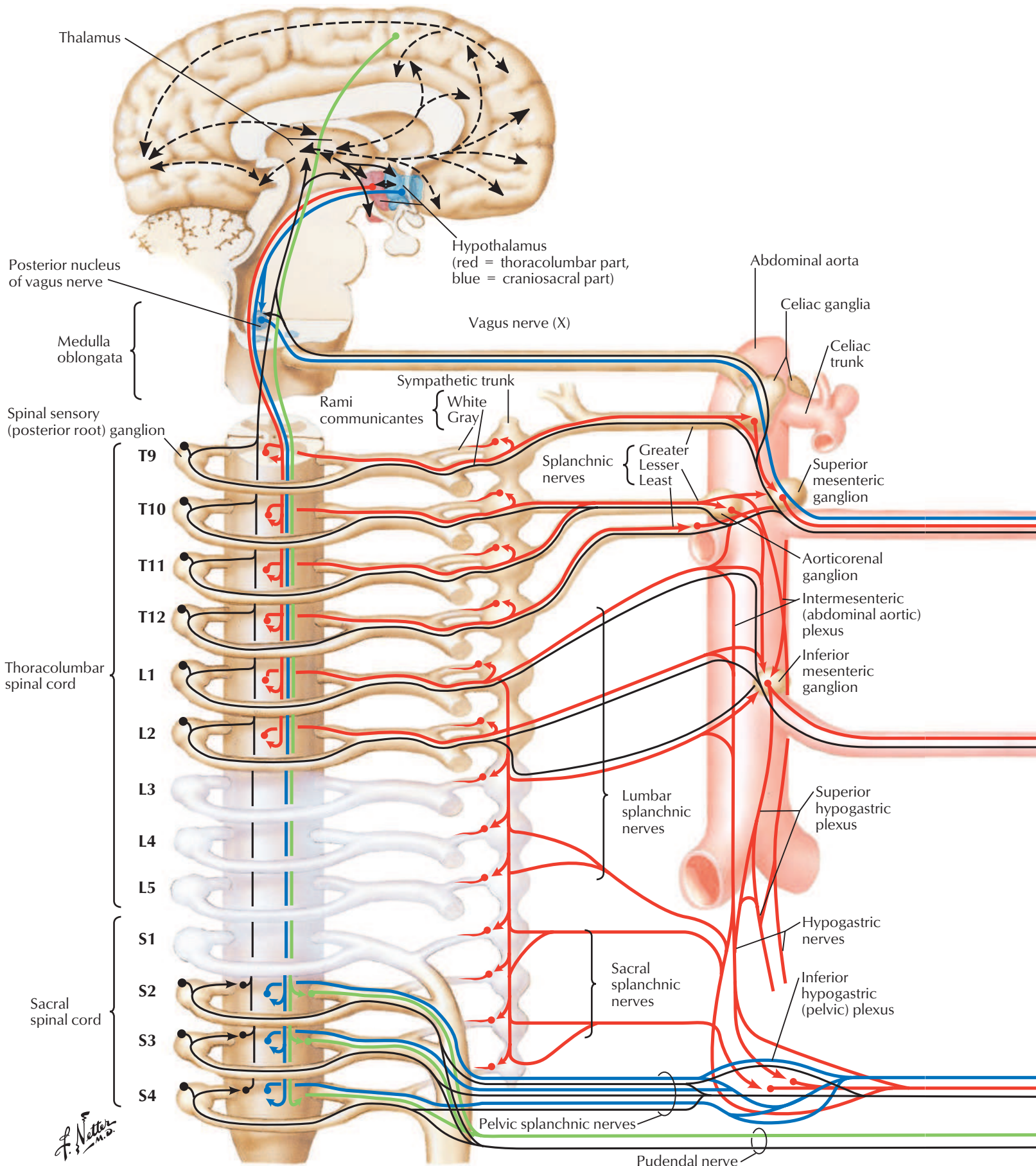




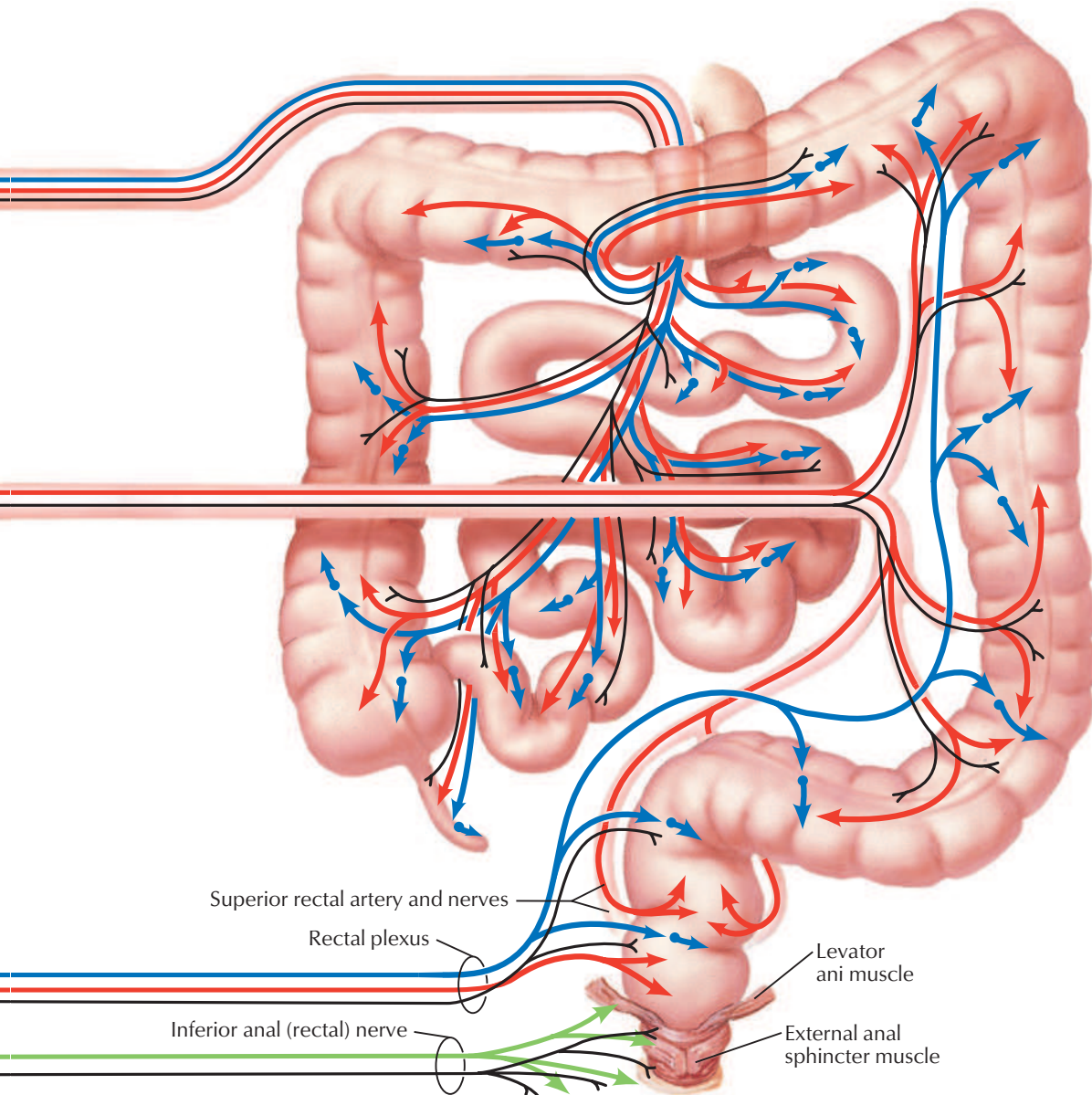
F. Netter M.D.

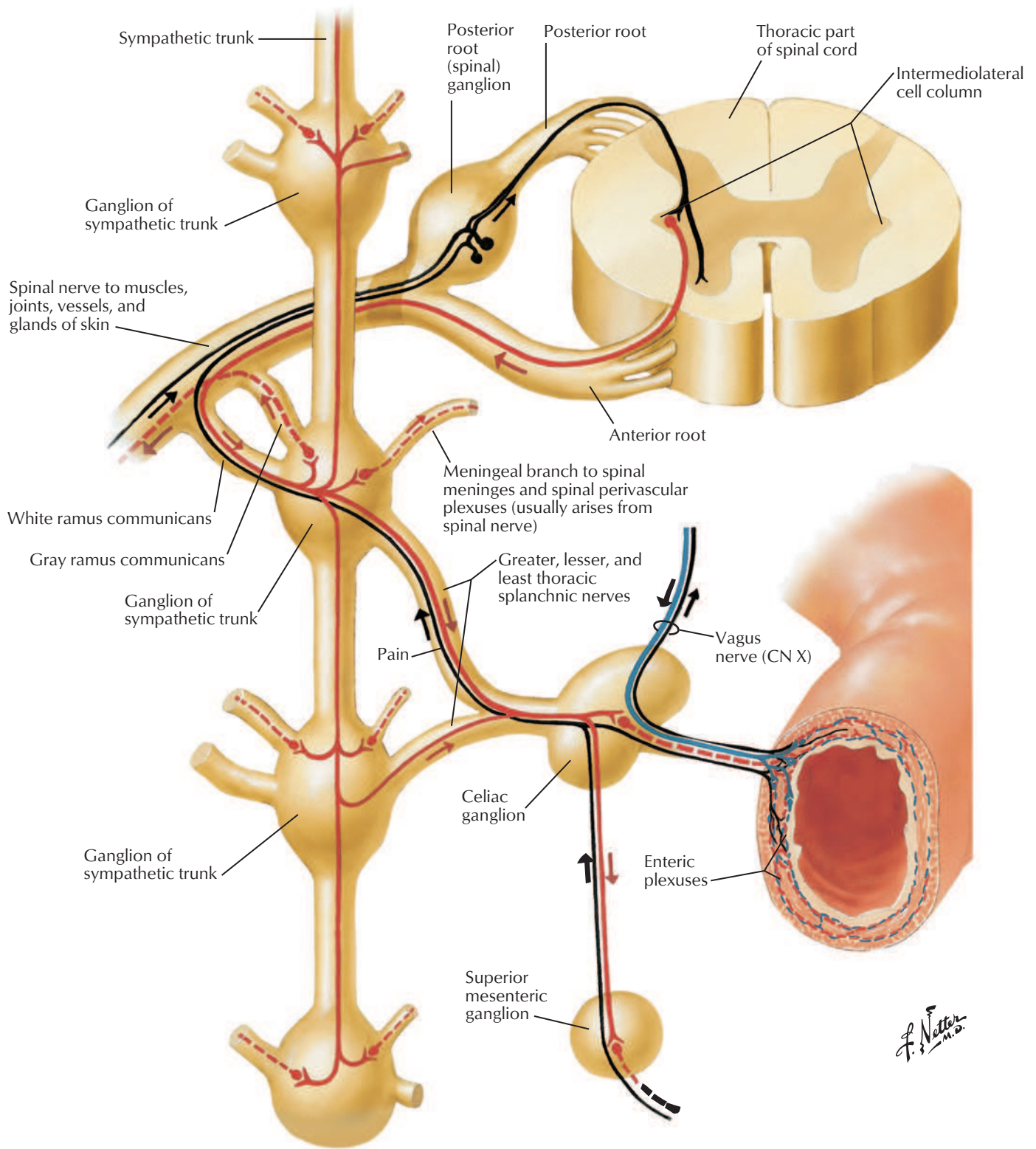
Autonomic Innervation of Intestines: Schema

See also [Plates 172, 173](#)



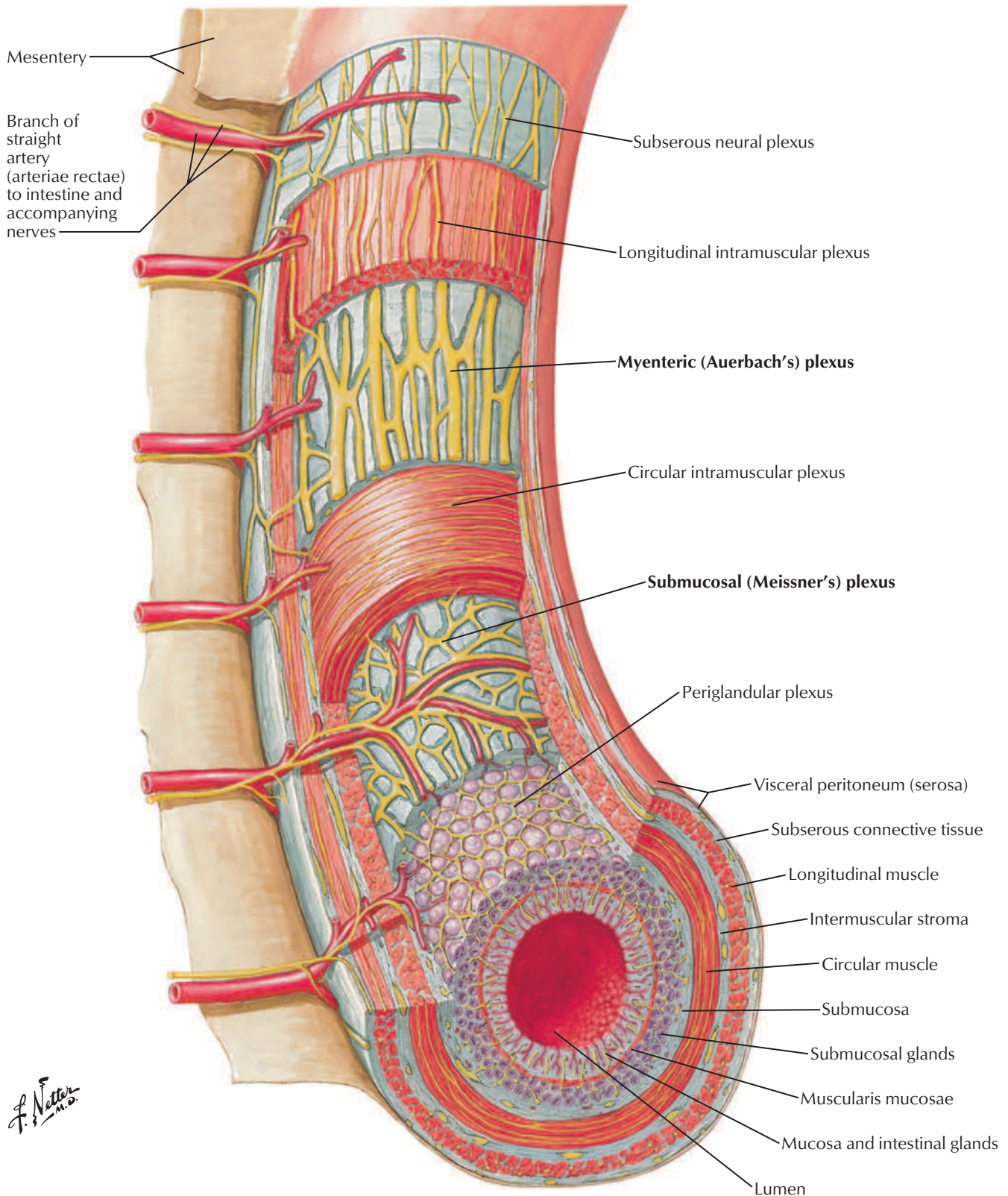
- Sympathetic efferents ———
- Parasympathetic efferents ———
- Somatic efferents ———
- Afferents and CNS connections ———
- Indefinite paths - - - - -





F. Netter M.D.

Sympathetic fibers	{	Preganglionic	— (solid red)	Parasympathetic fibers	{	Preganglionic	— (solid blue)	Afferent fibers	— (solid black)
		Postganglionic	- - - (dashed red)			Postganglionic	- - - (dashed blue)		

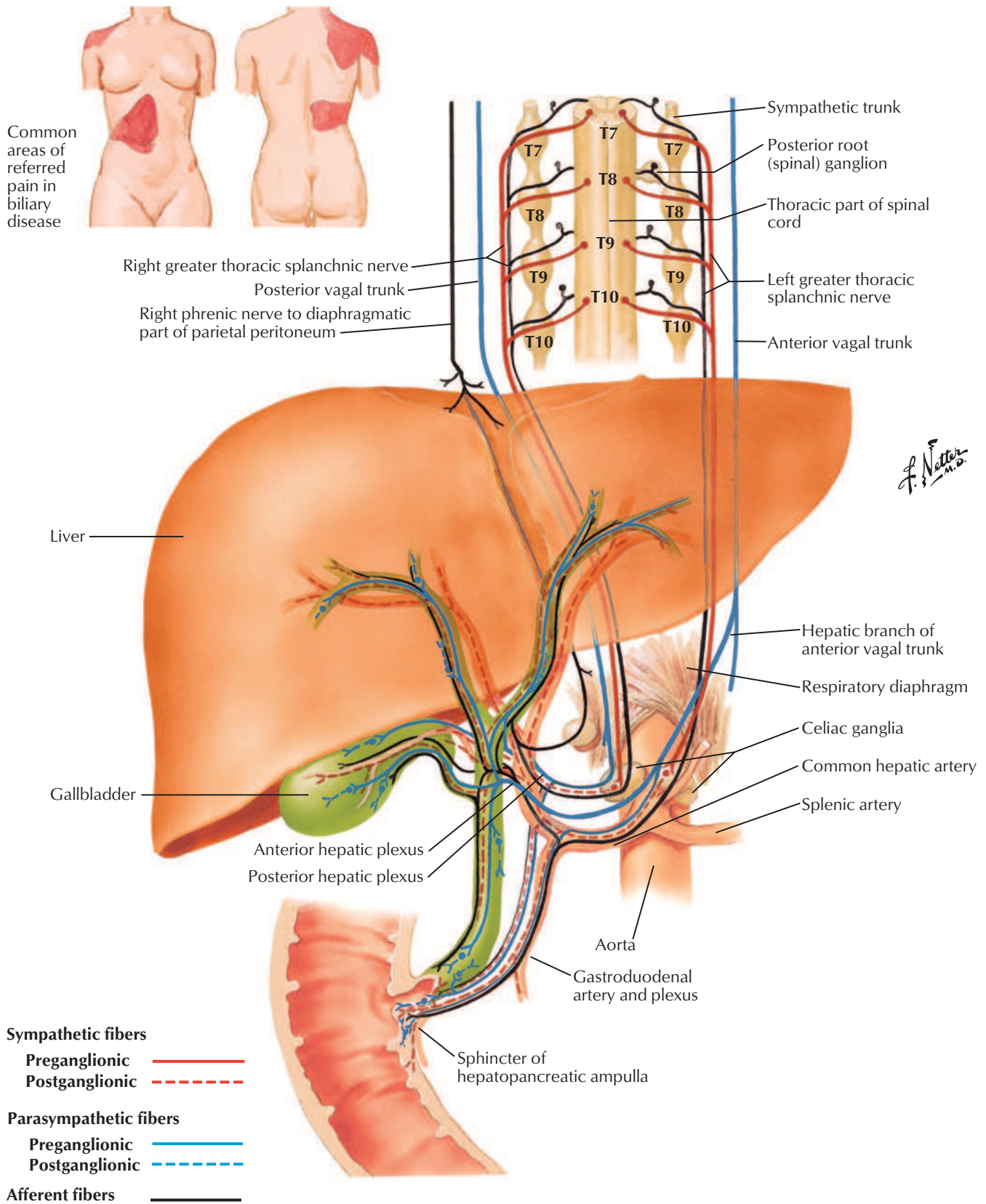


F. Netter M.D.

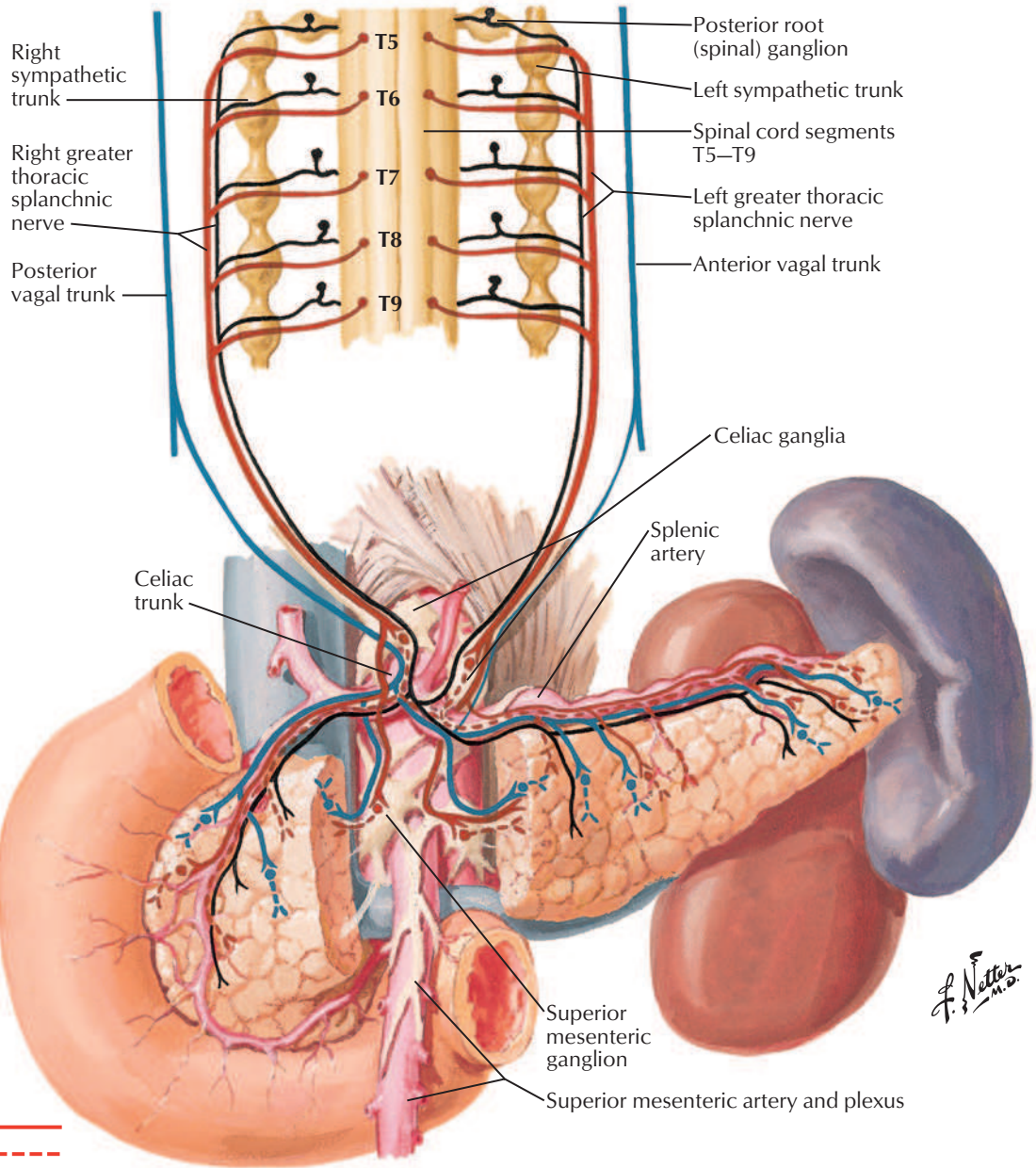
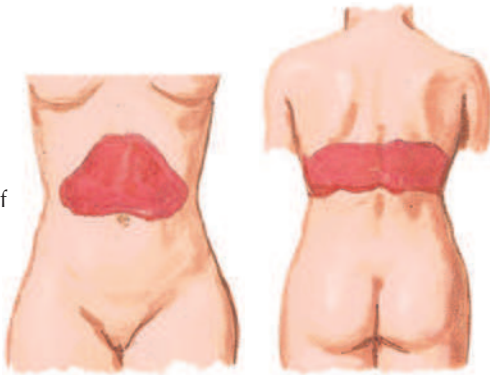
Note: Intestinal wall is shown much thicker than in actuality.

Autonomic Innervation of Liver: Schema

See also [Plates 172, 173](#)

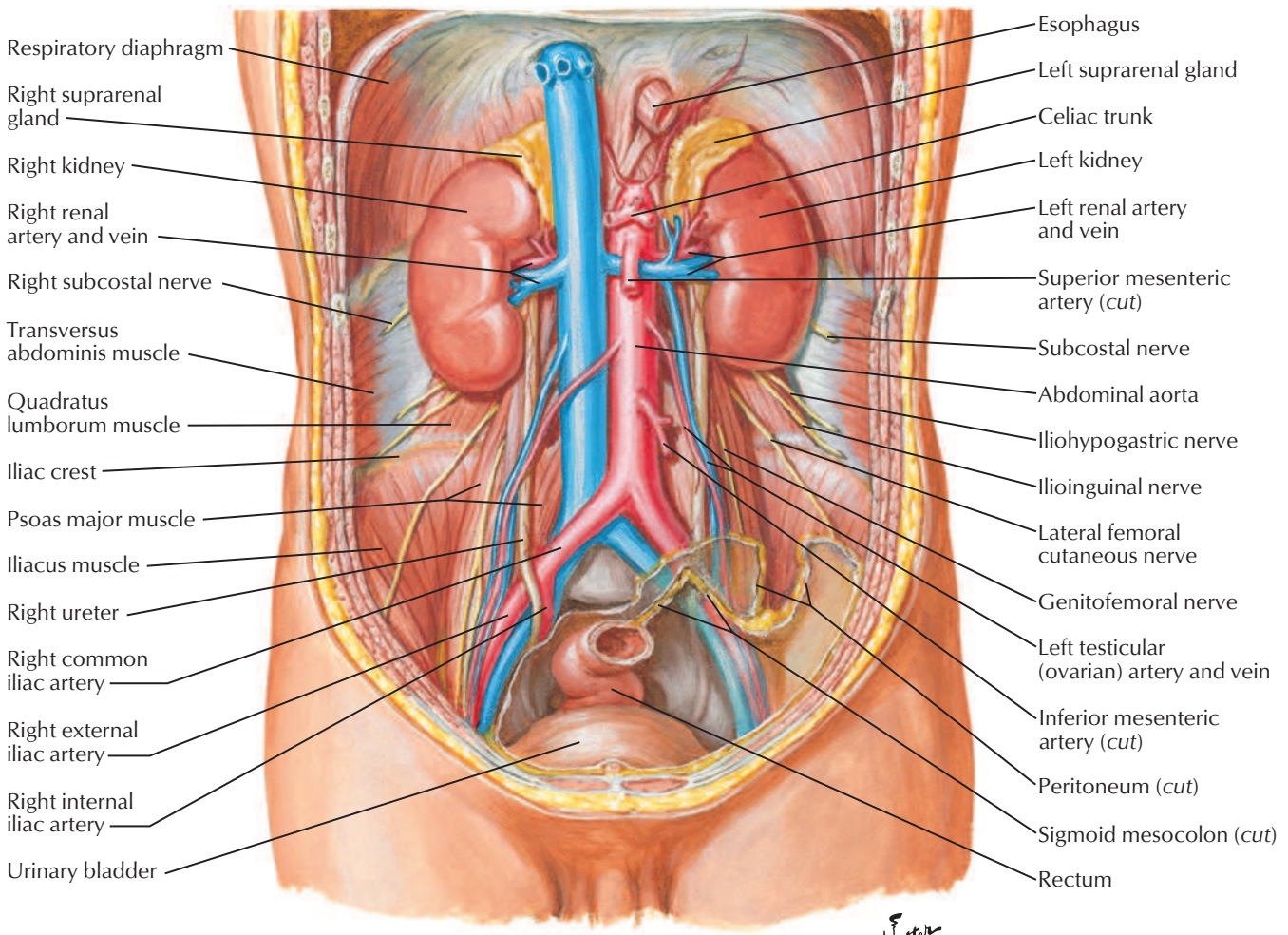


Common areas of pancreatic pain

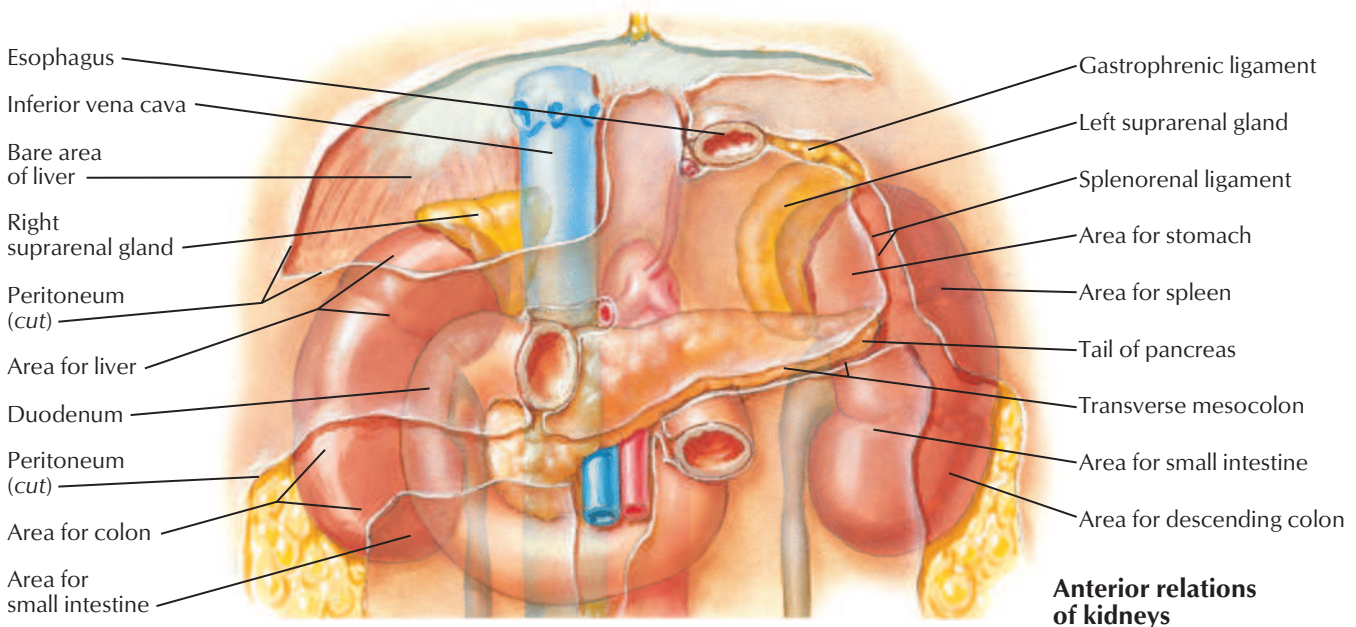


- Sympathetic fibers**
- Preganglionic ———— (solid red line)
- Postganglionic - - - - - (dashed red line)
- Parasympathetic fibers**
- Preganglionic ———— (solid blue line)
- Postganglionic - - - - - (dashed blue line)
- Afferent fibers** ———— (solid black line)

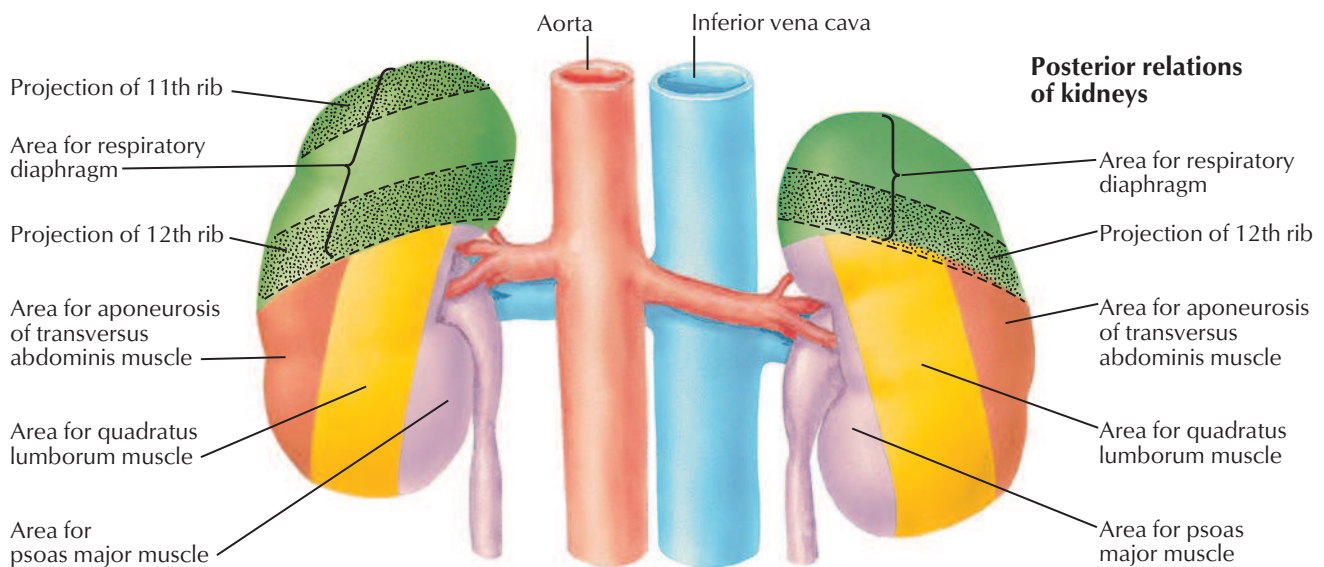
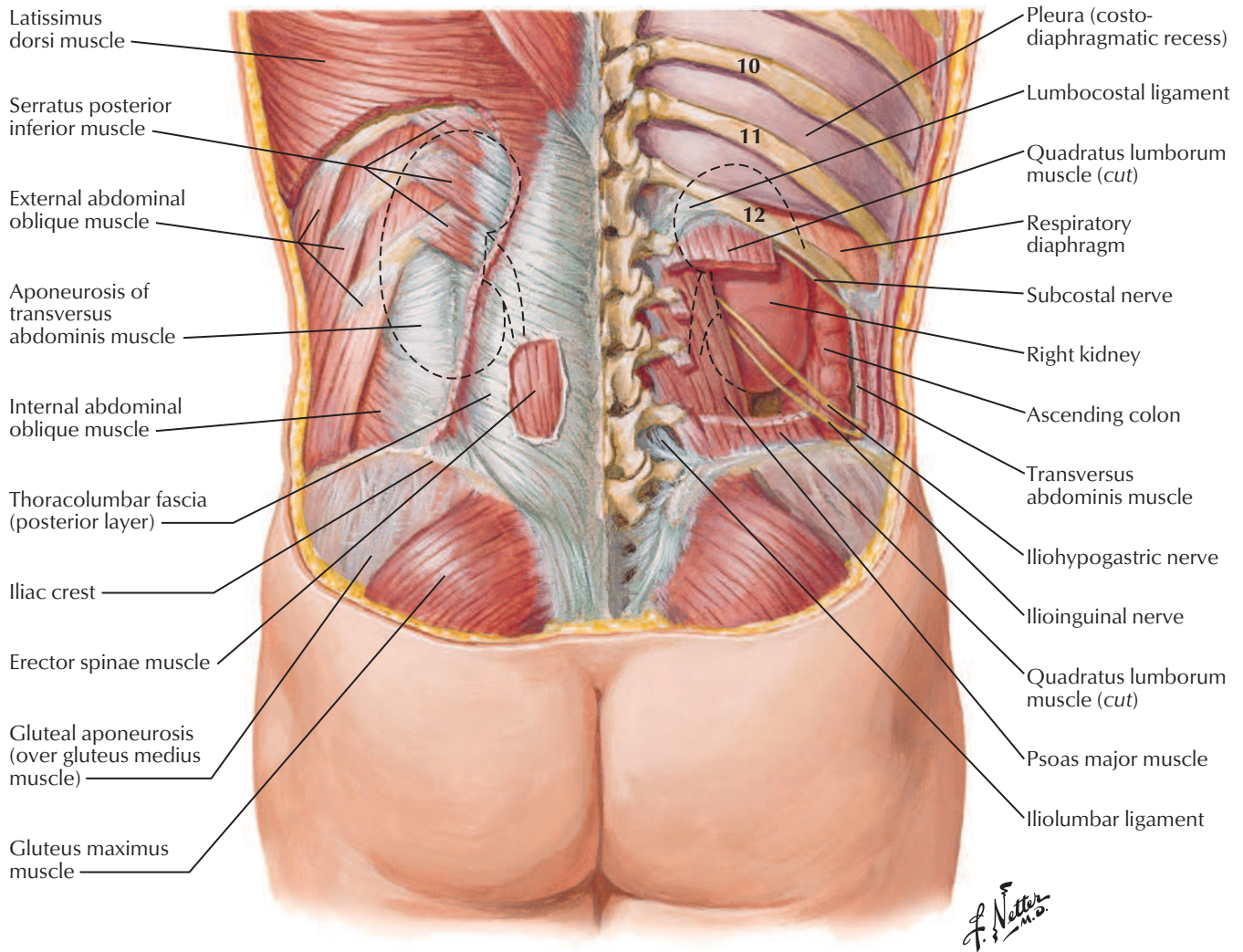
F. Netter M.D.



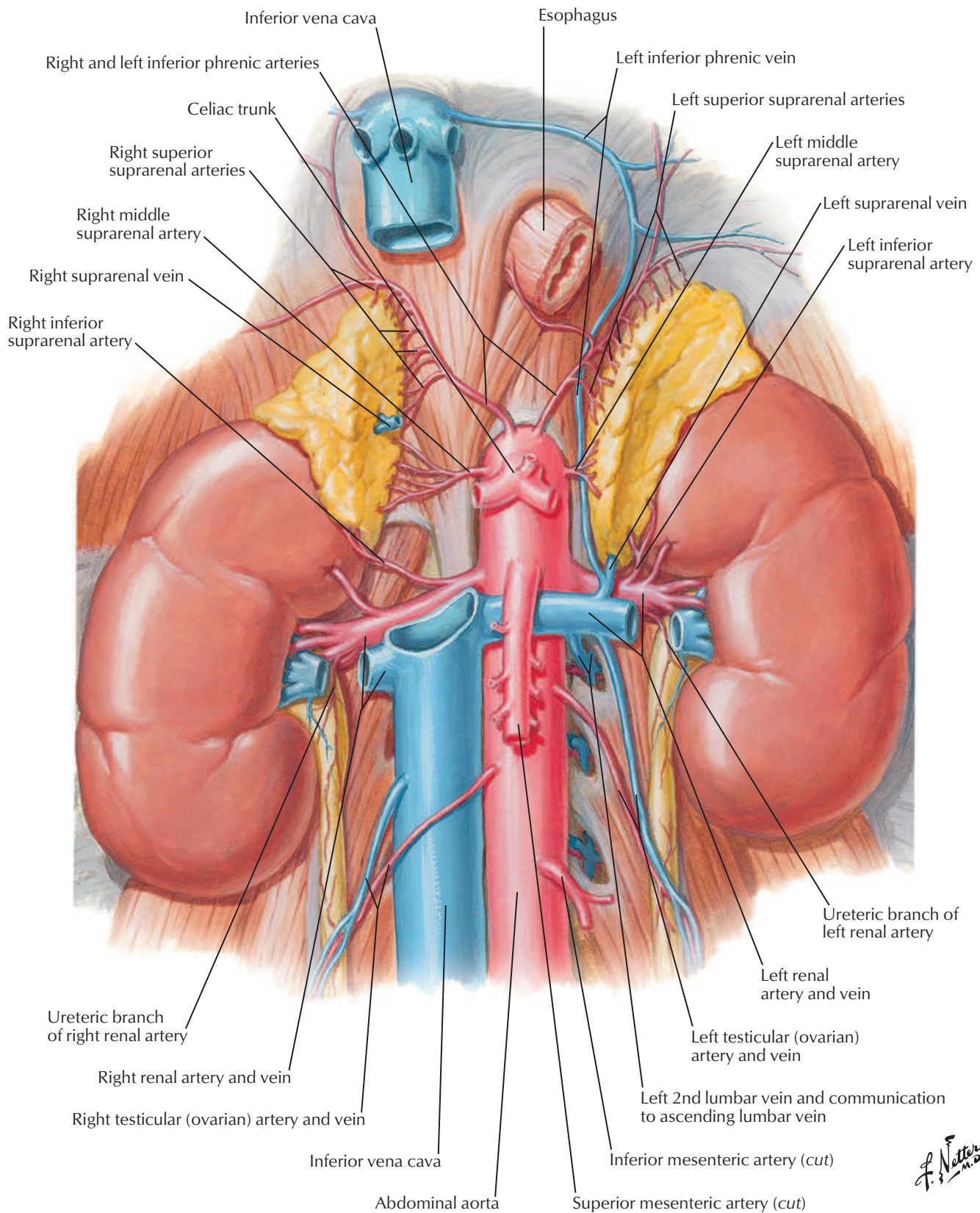
F. Netter M.D.

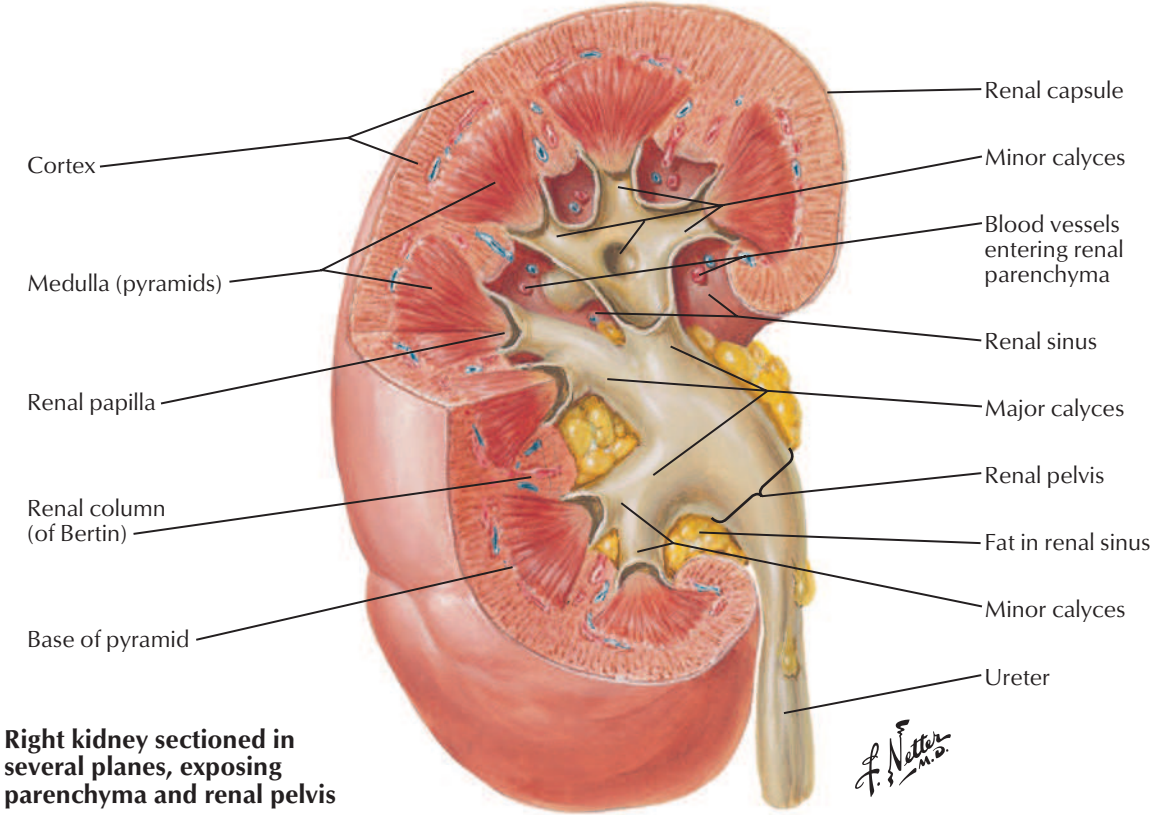
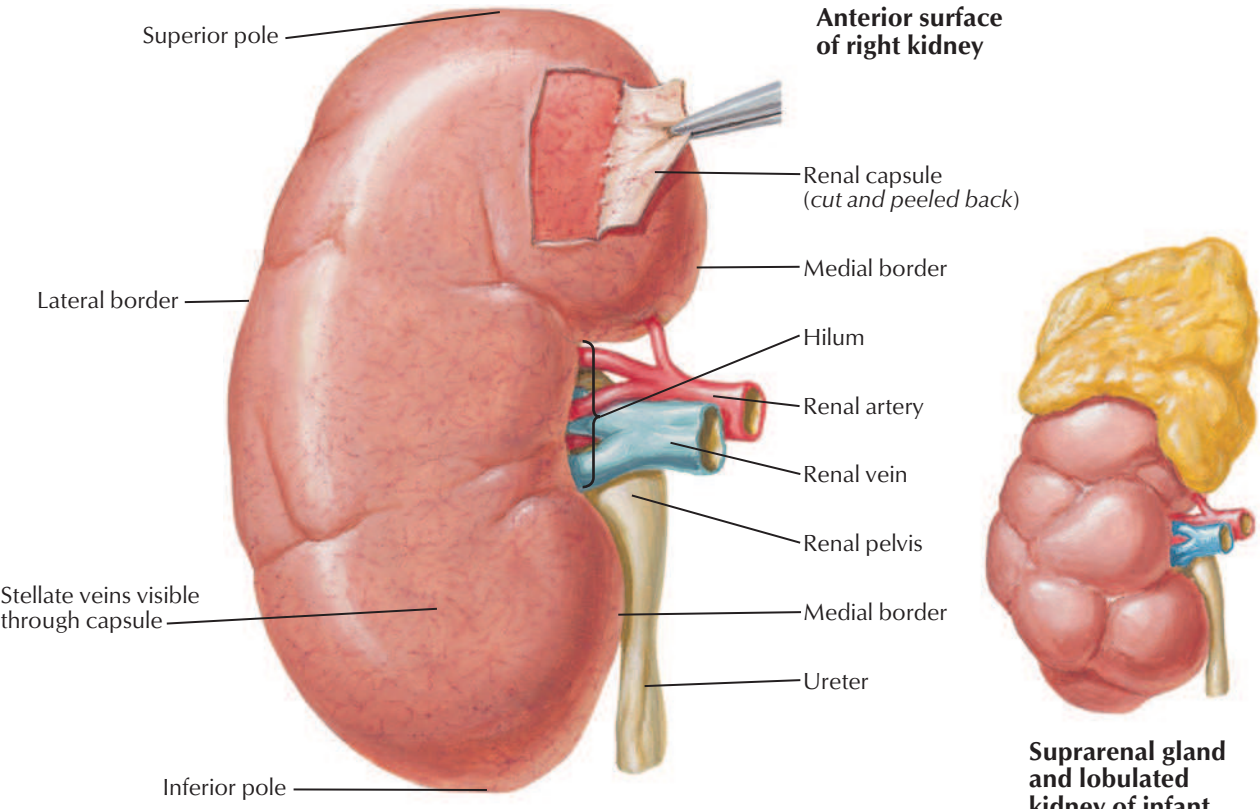


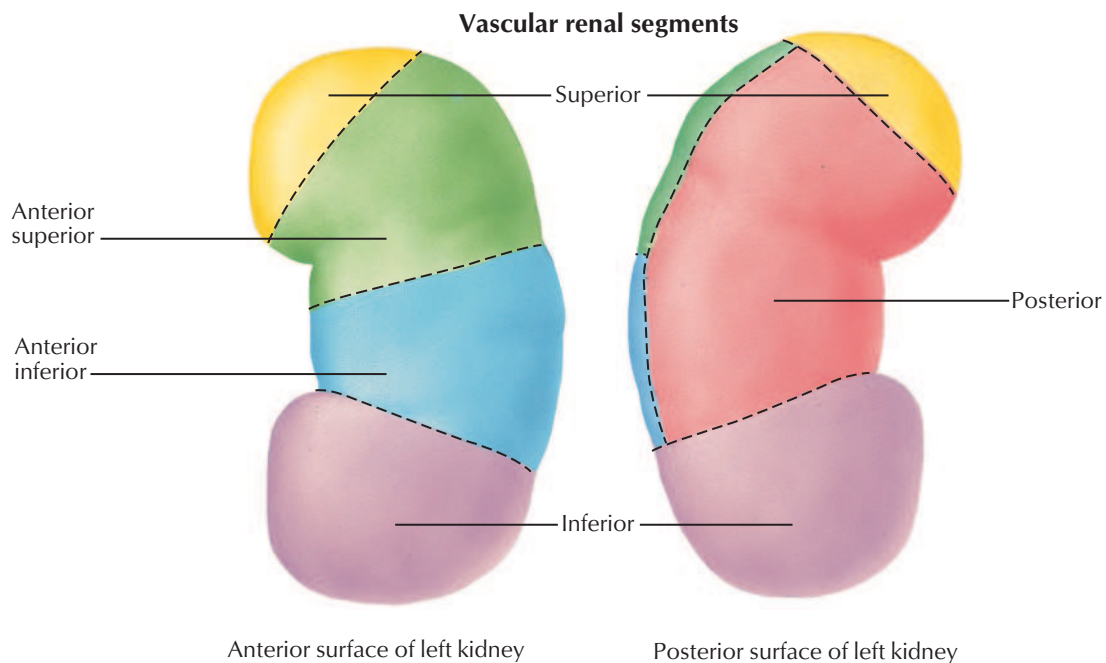
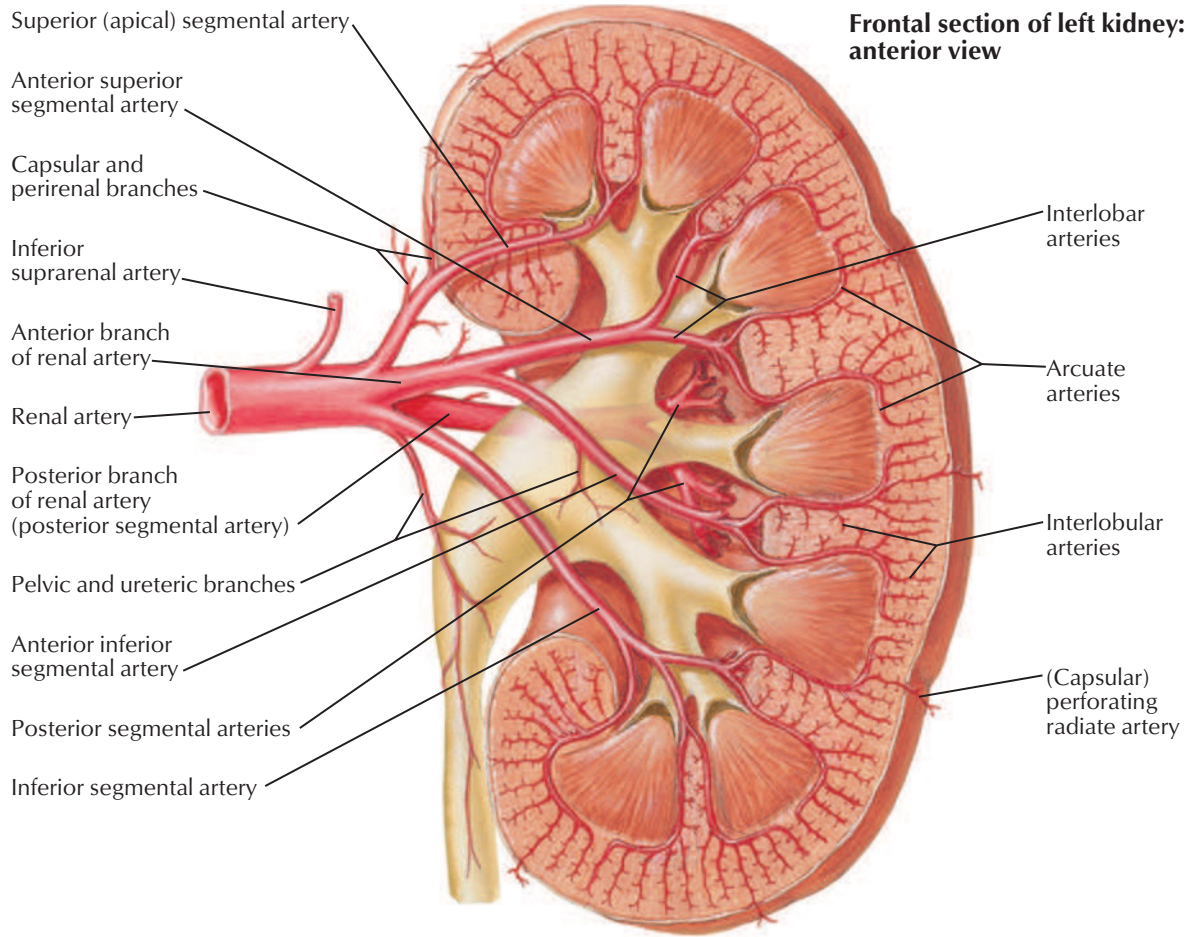
Anterior relations of kidneys



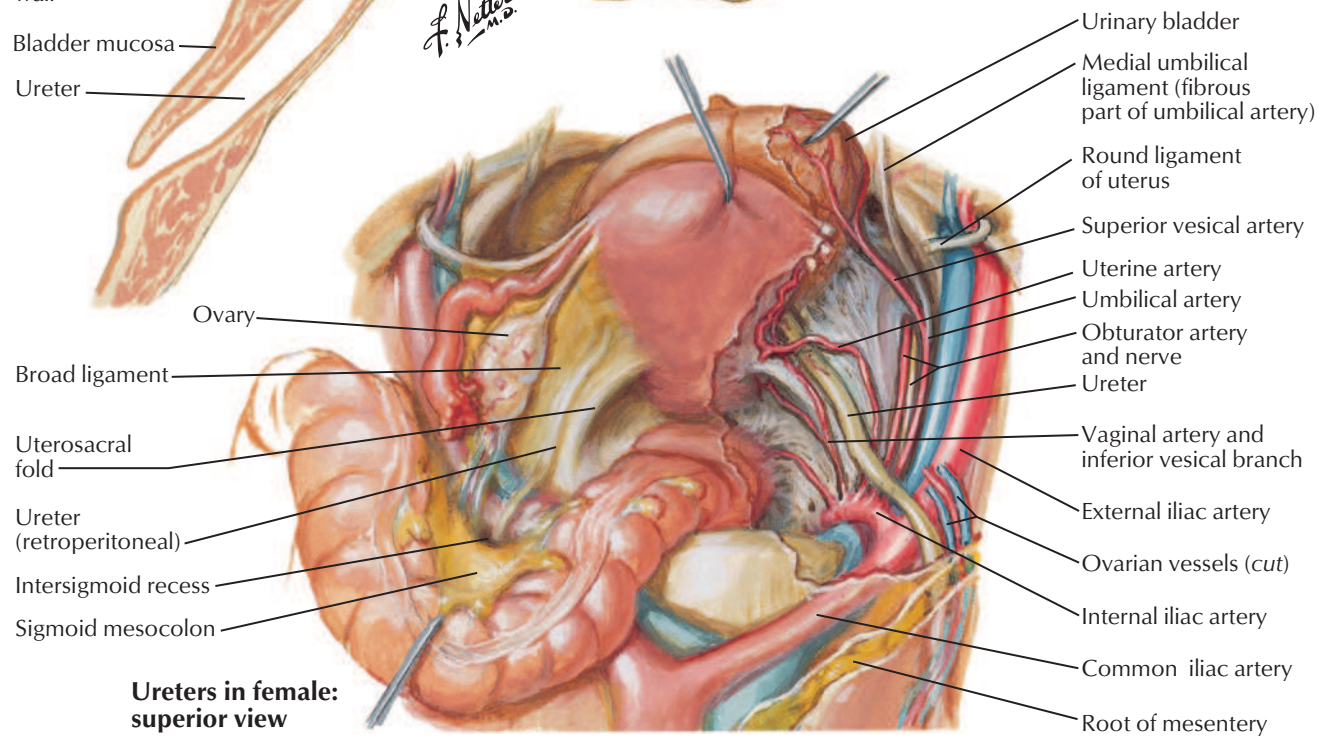
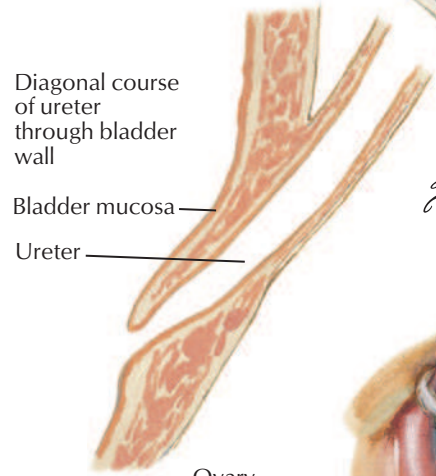
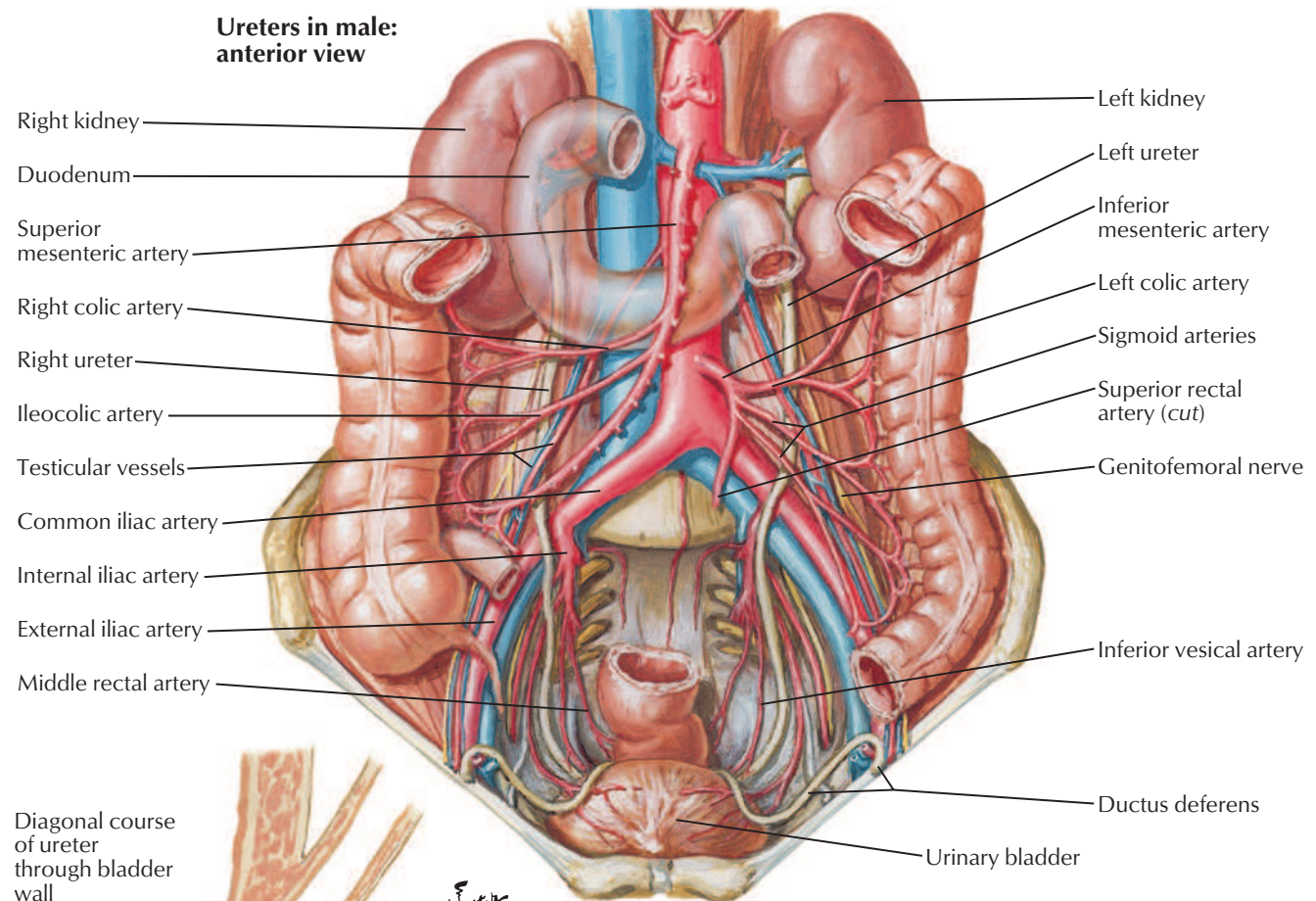
Renal Artery and Vein in Situ



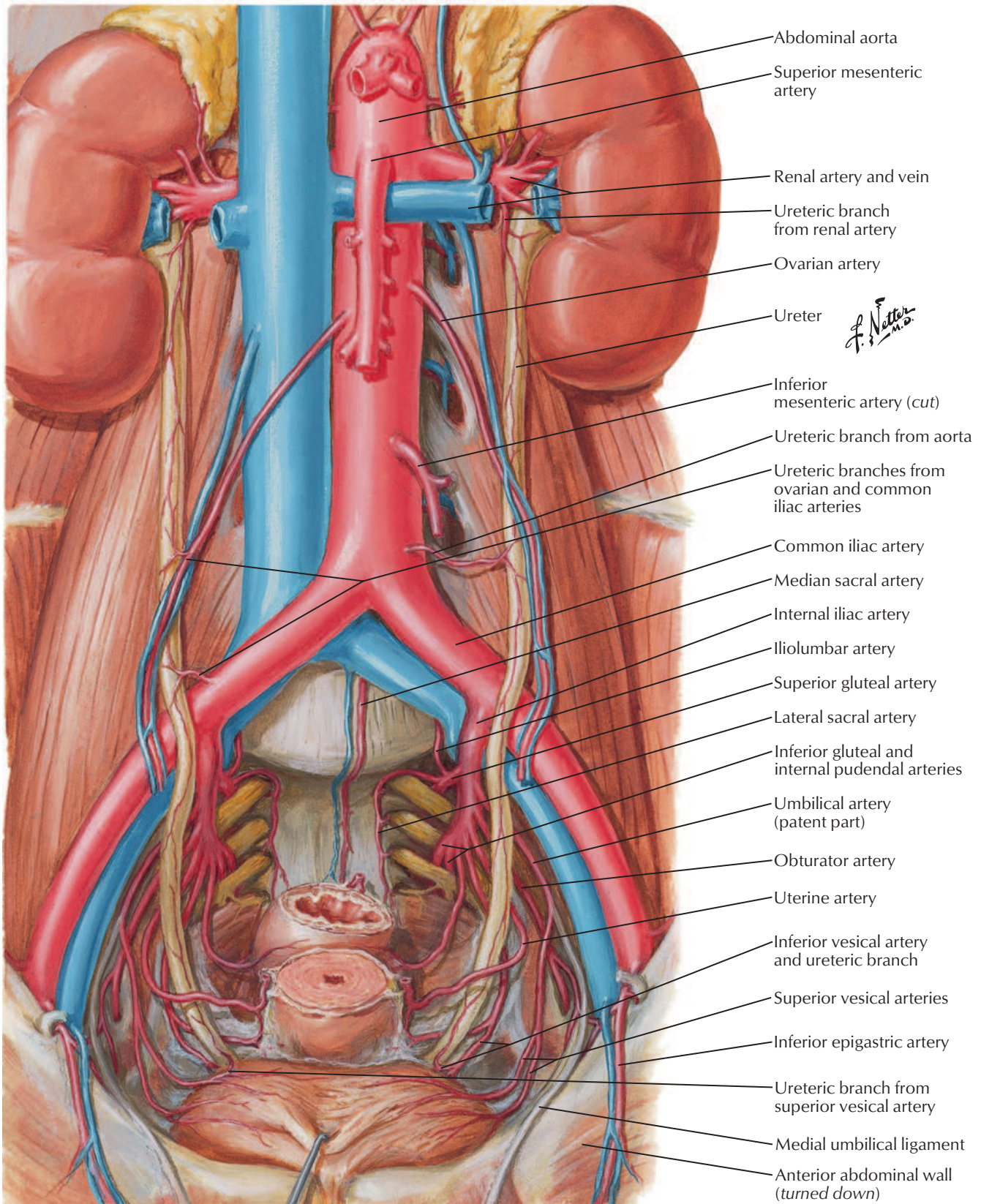


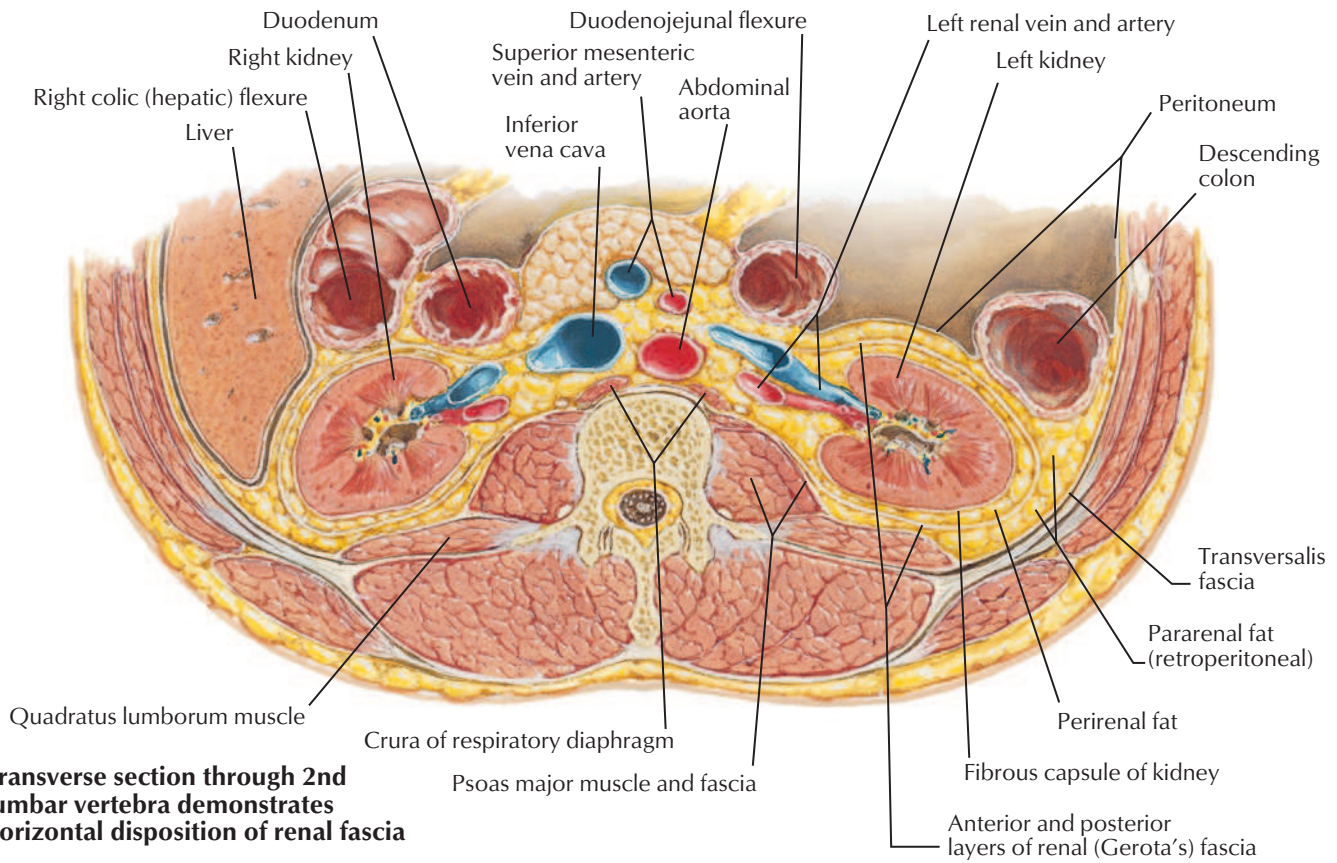


See also [Plates 344, 346, 348](#)

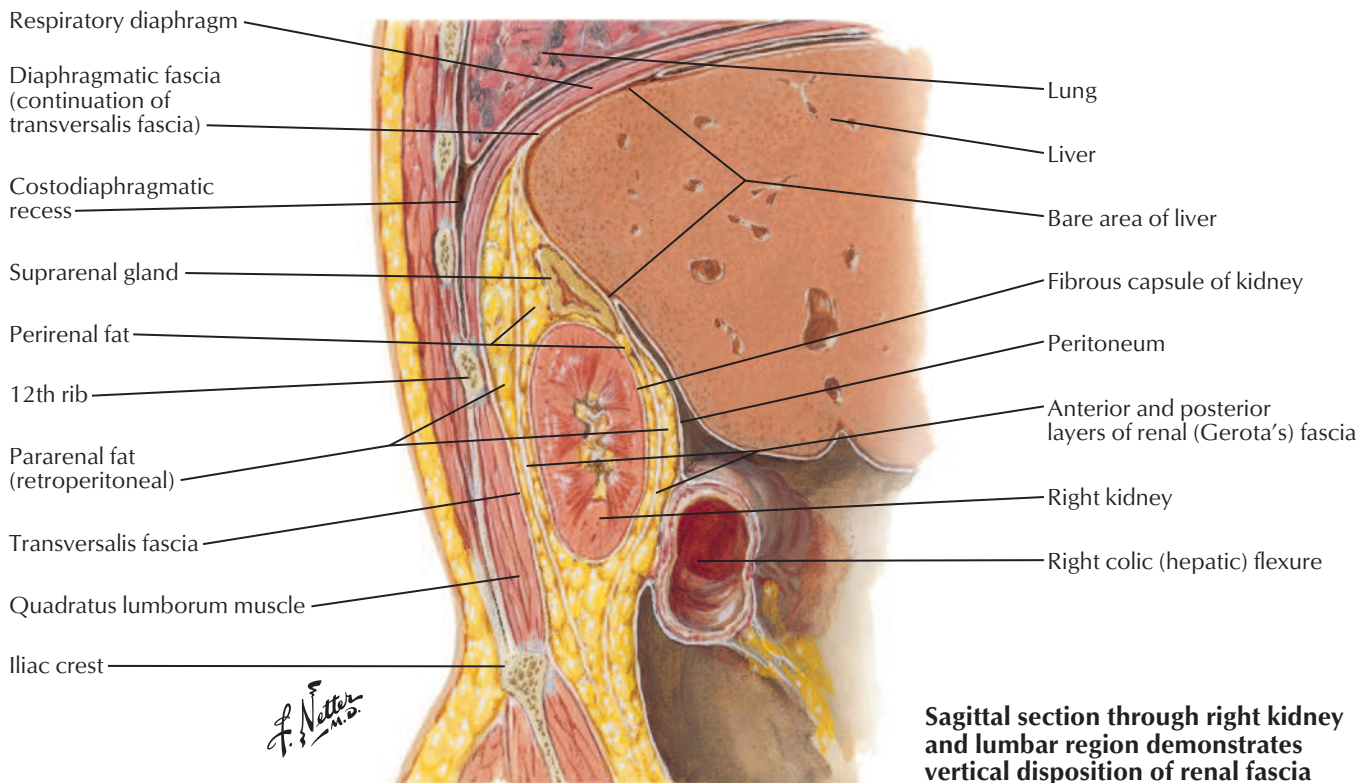


Ureters in female: superior view





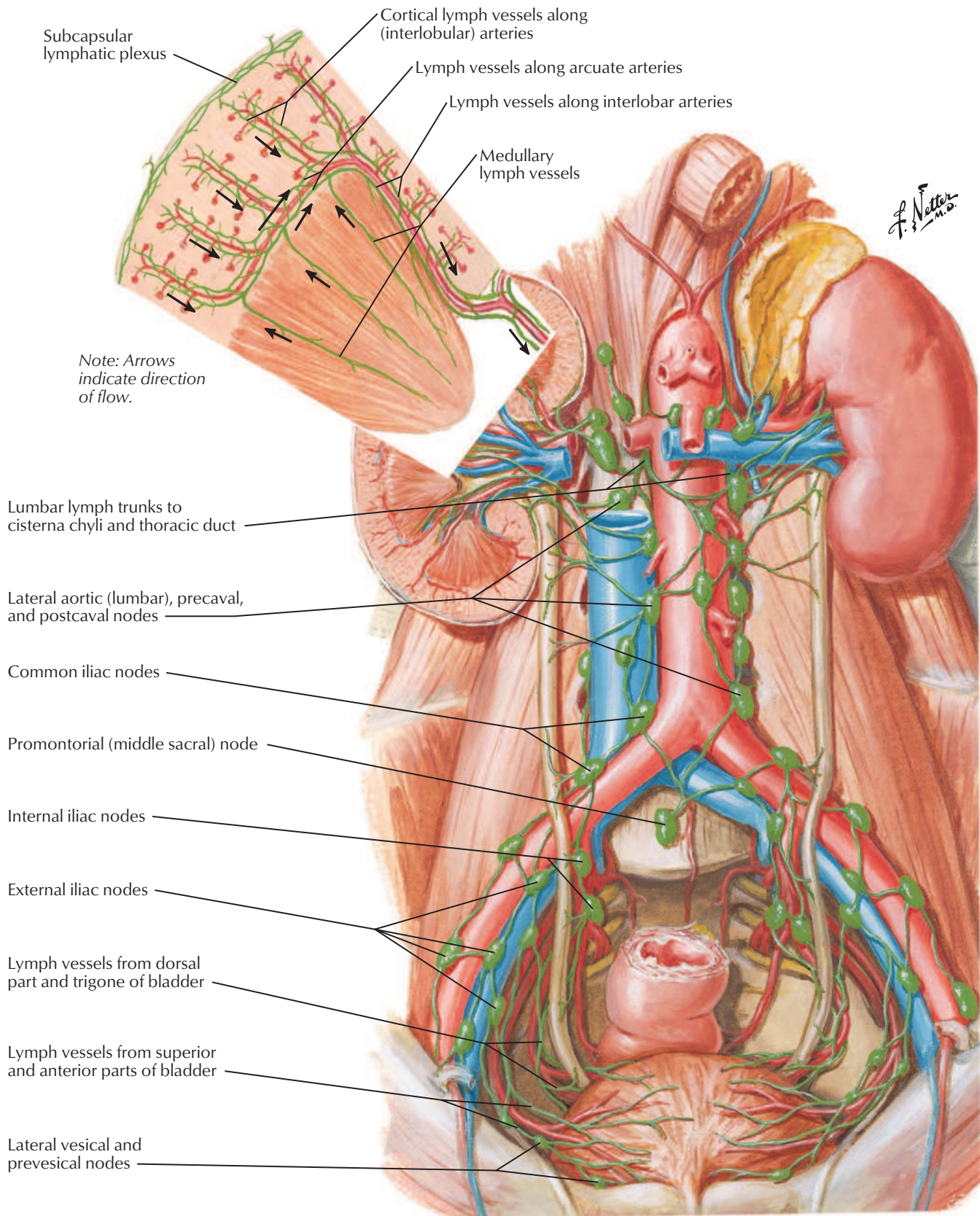
Transverse section through 2nd lumbar vertebra demonstrates horizontal disposition of renal fascia

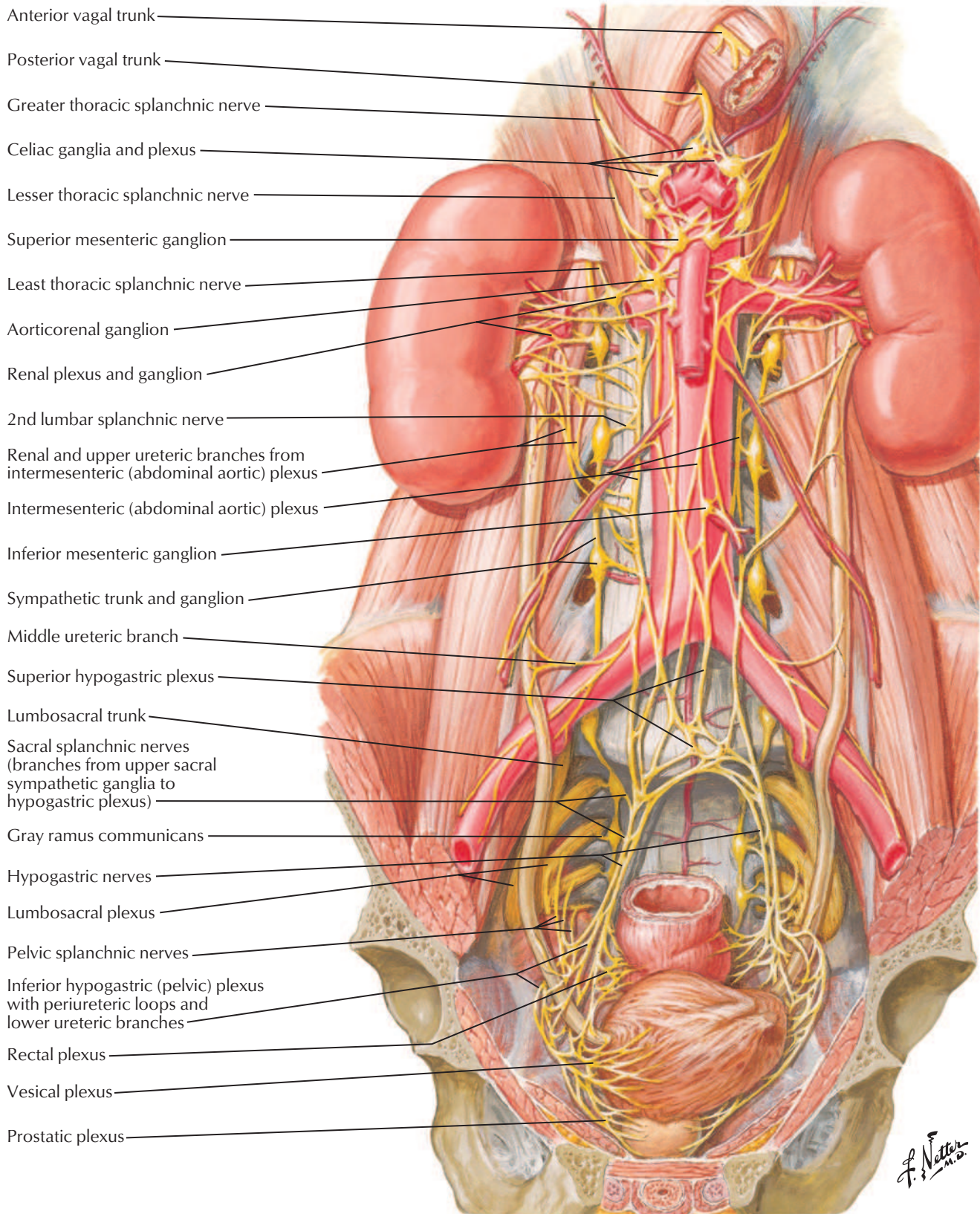


Sagittal section through right kidney and lumbar region demonstrates vertical disposition of renal fascia

Lymph Vessels and Nodes of Kidneys and Urinary Bladder

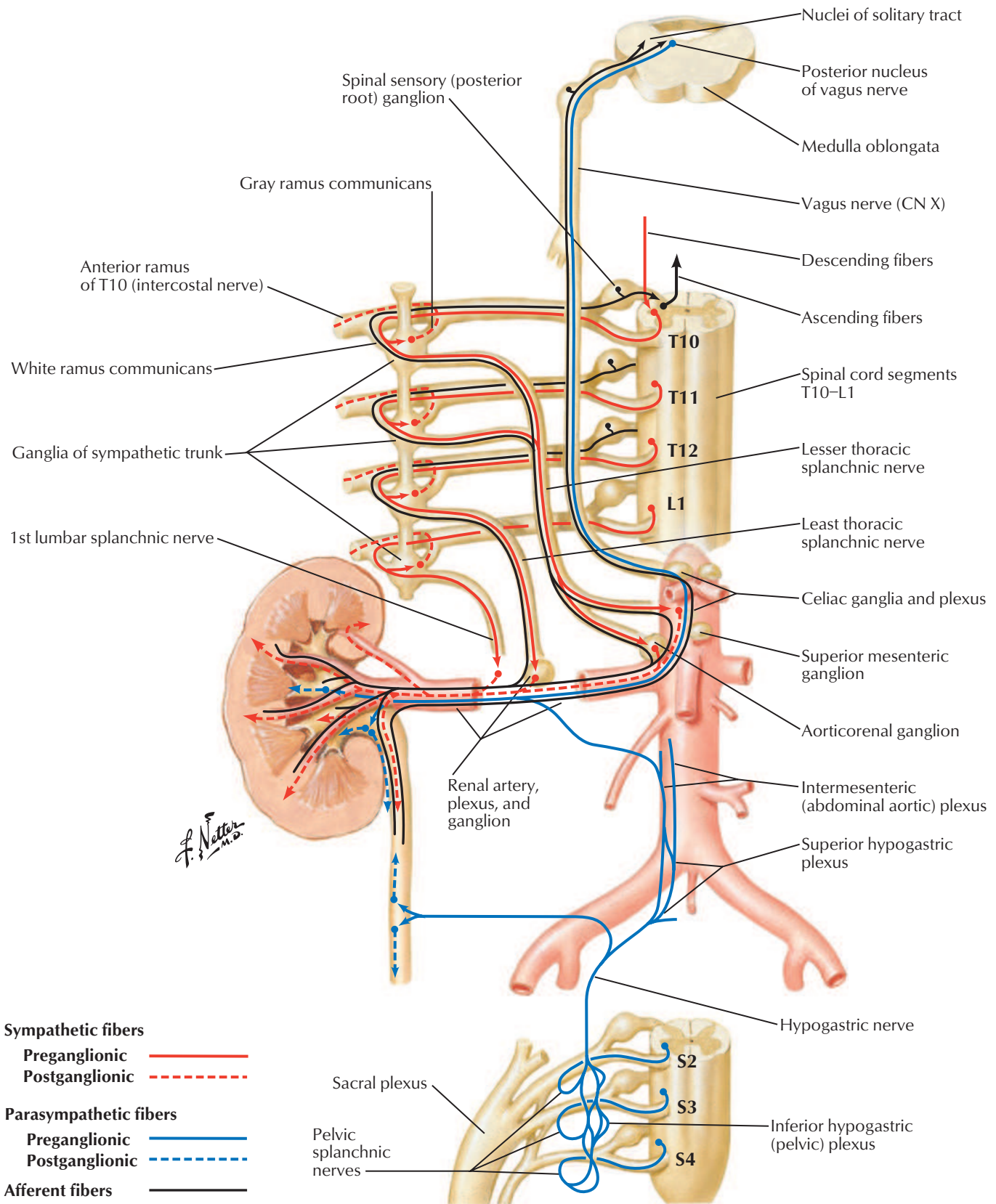
See also [Plates 388, 390](#)

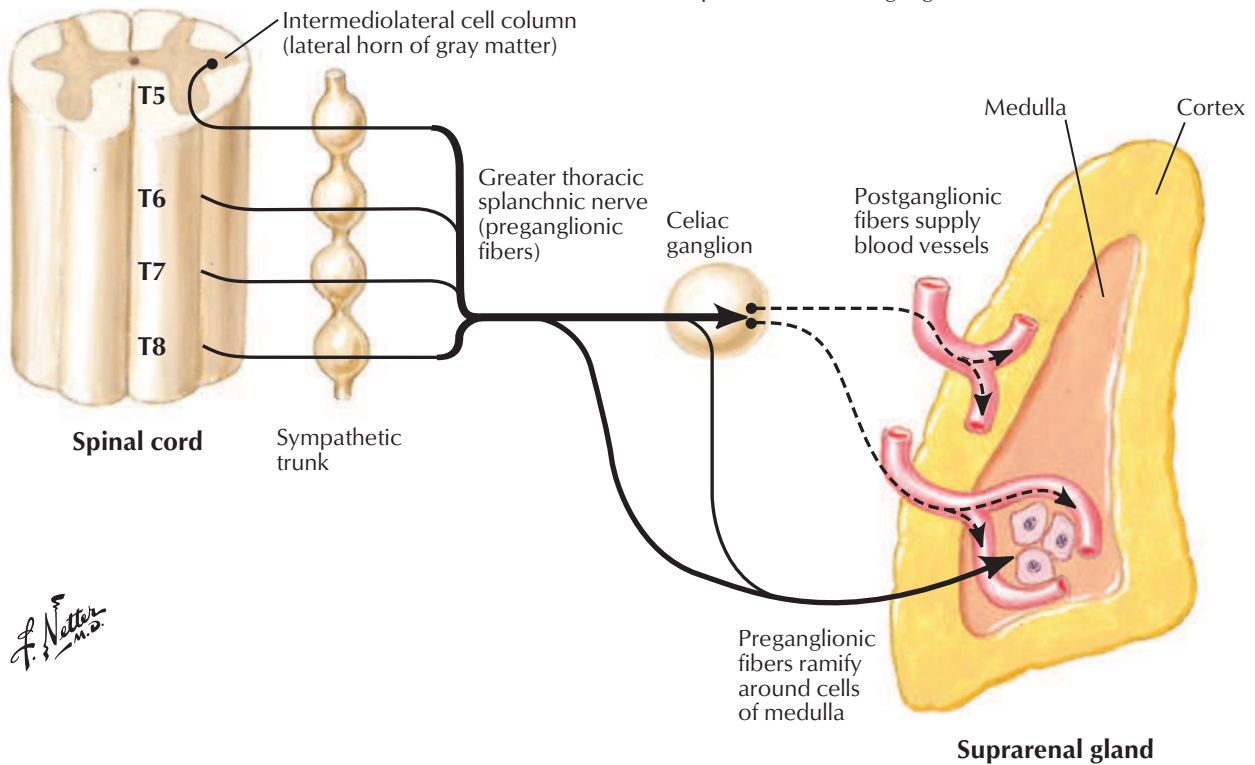
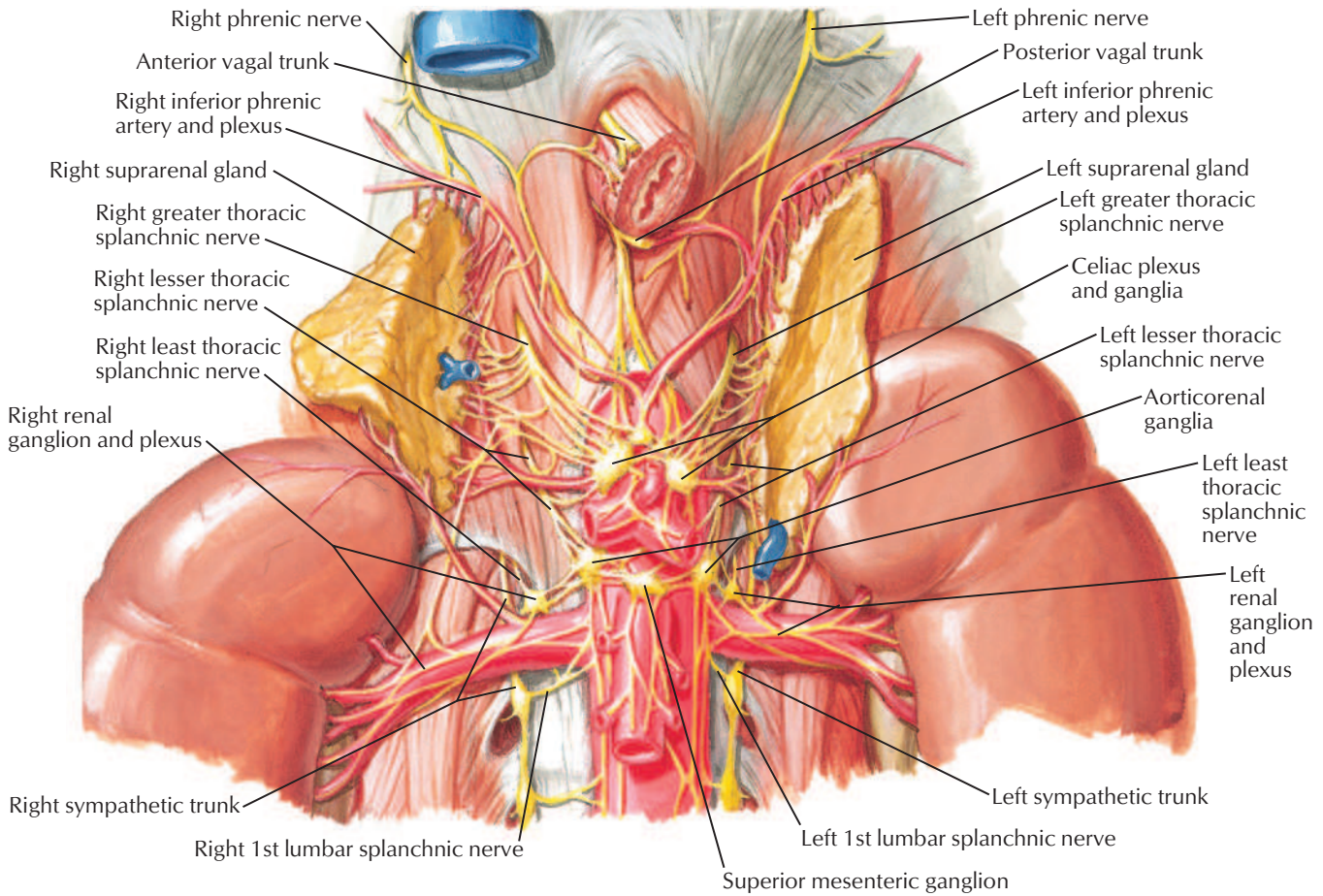




Autonomic Innervation of Kidneys and Upper Ureters: Schema

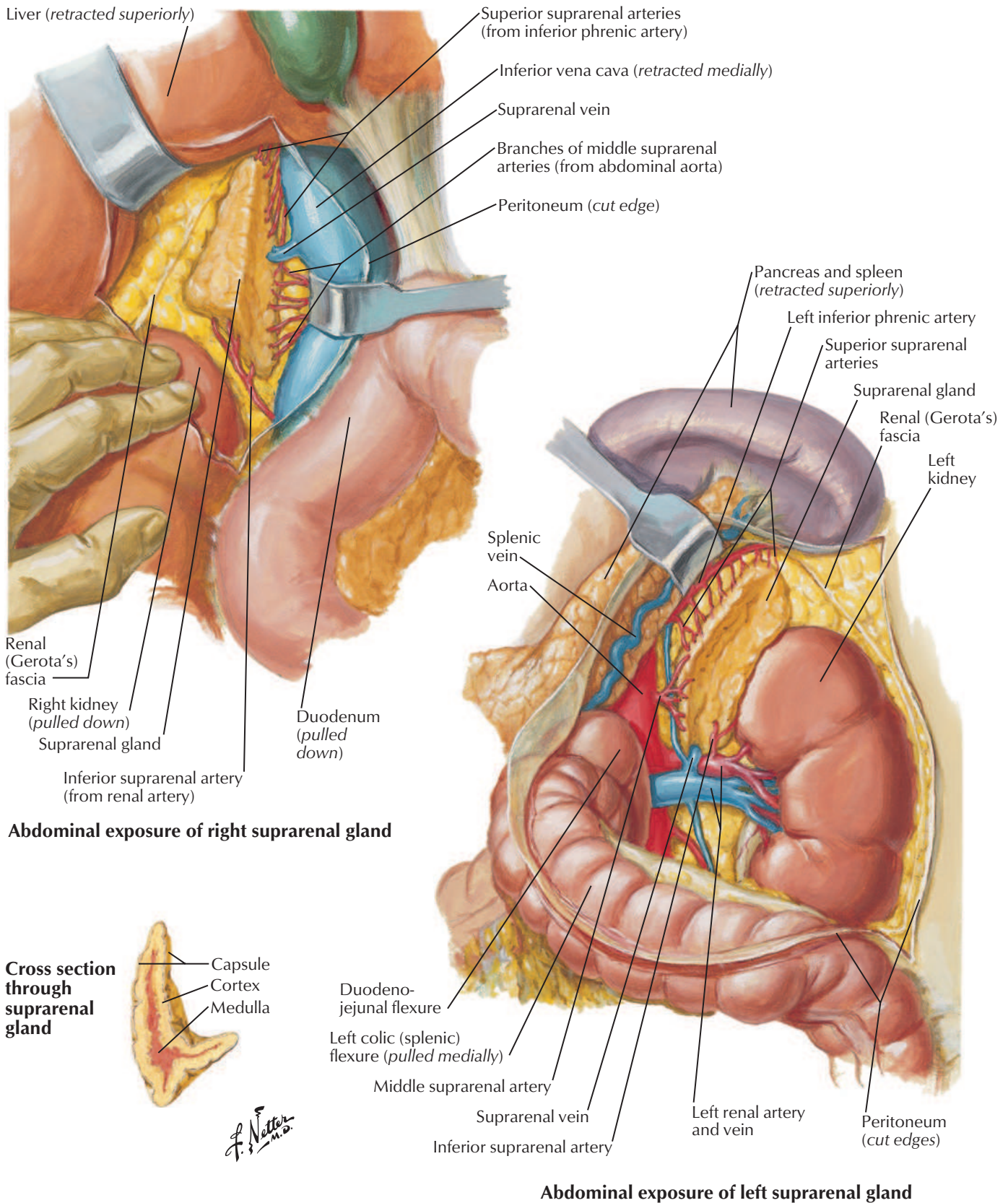
See also [Plates 172, 173, 399](#)

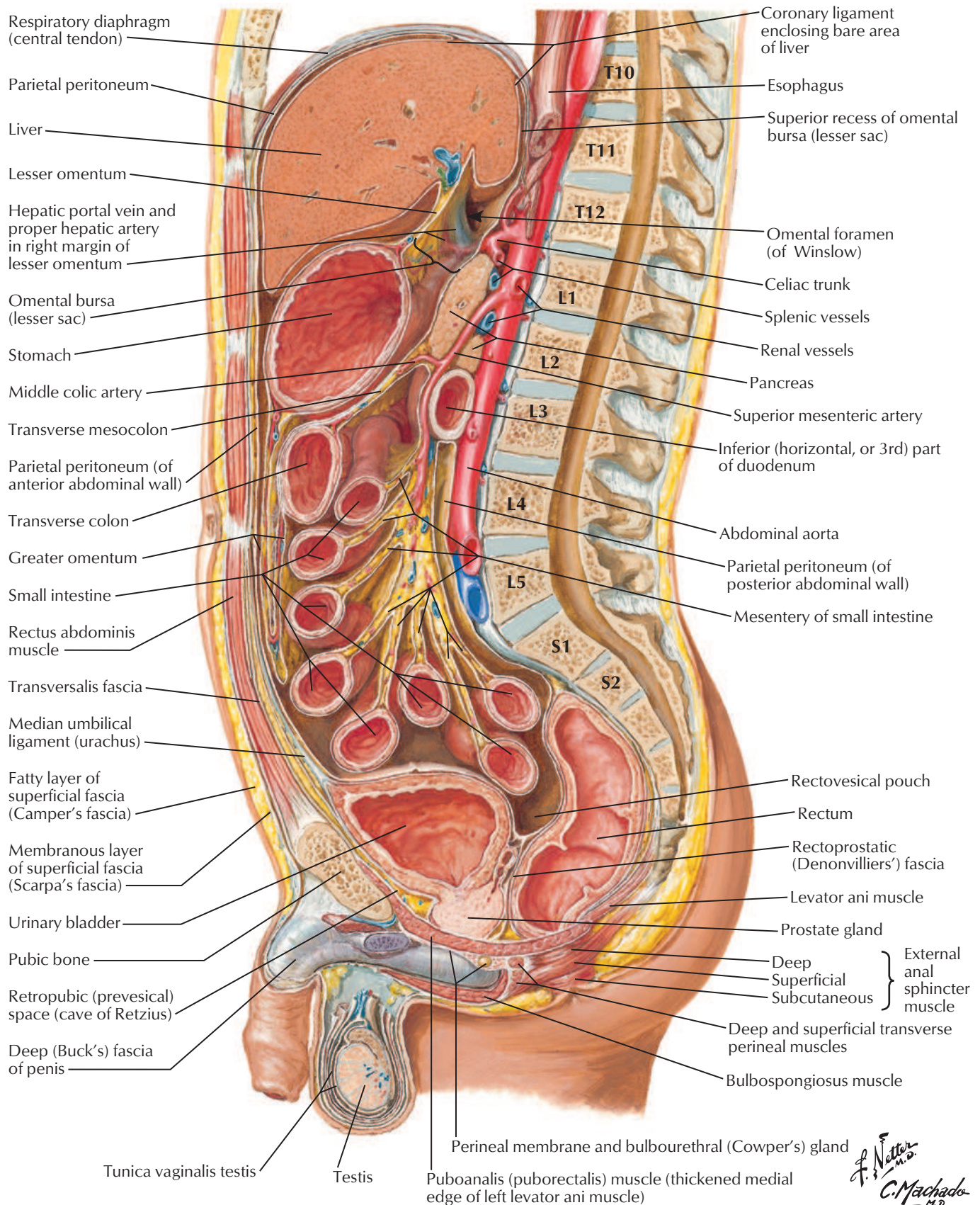




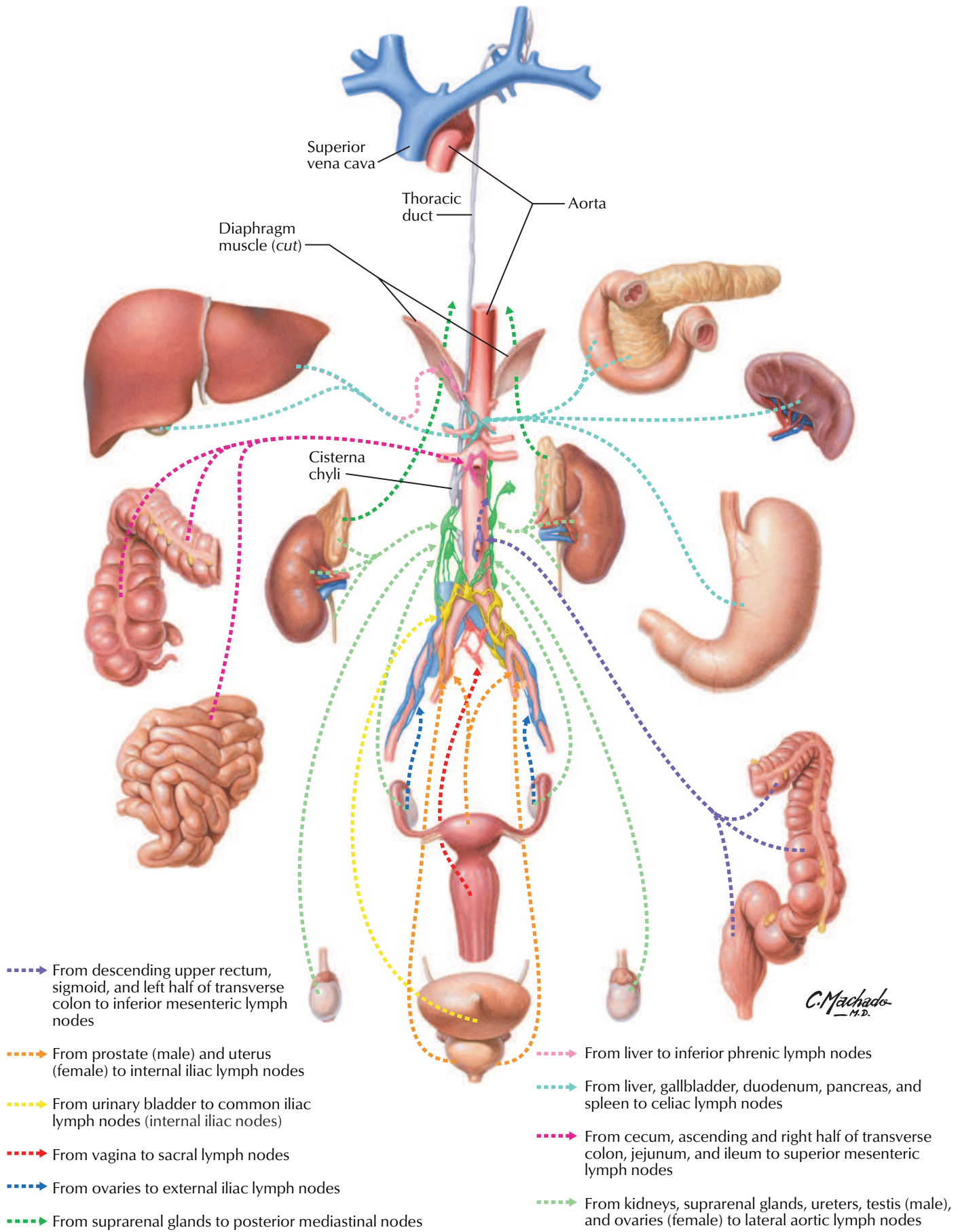
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Arteries and Veins of Suprarenal Glands in Situ





Abdominal and Pelvic Lymphatics: Schema

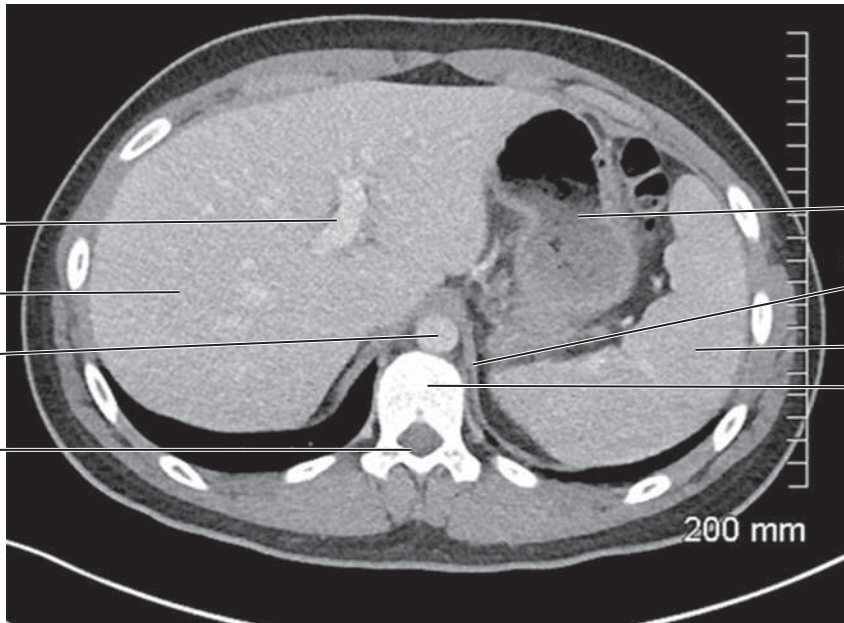


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- - - - - From descending upper rectum, sigmoid, and left half of transverse colon to inferior mesenteric lymph nodes
- - - - - From prostate (male) and uterus (female) to internal iliac lymph nodes
- - - - - From urinary bladder to common iliac lymph nodes (internal iliac nodes)
- - - - - From vagina to sacral lymph nodes
- - - - - From ovaries to external iliac lymph nodes
- - - - - From suprarenal glands to posterior mediastinal nodes
- - - - - From liver to inferior phrenic lymph nodes
- - - - - From liver, gallbladder, duodenum, pancreas, and spleen to celiac lymph nodes
- - - - - From cecum, ascending and right half of transverse colon, jejunum, and ileum to superior mesenteric lymph nodes
- - - - - From kidneys, suprarenal glands, ureters, testis (male), and ovaries (female) to lateral aortic lymph nodes

Axial CT image of abdomen with intravenous contrast enhancement

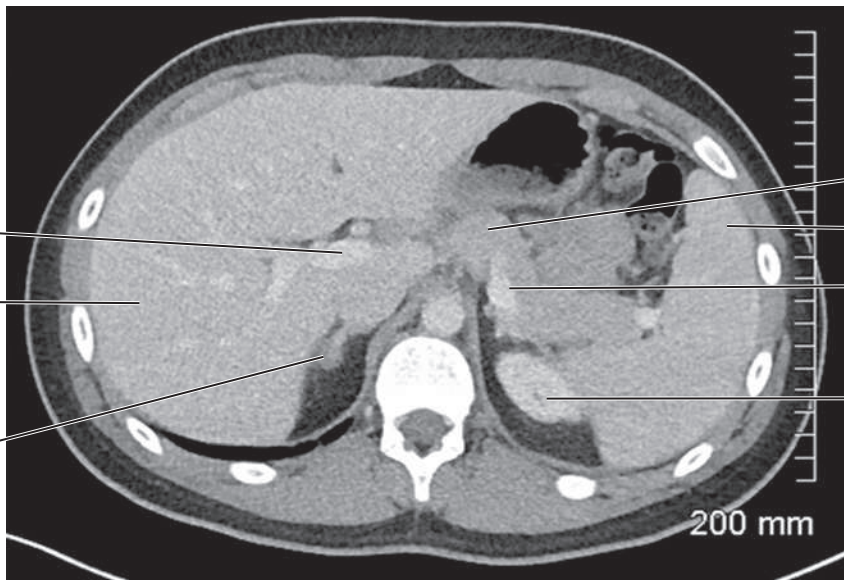
- Hepatic portal vein
- Liver
- Aorta
- Spinal canal



- Stomach
- Left diaphragm crus
- Spleen
- Vertebral body

Axial CT image of upper abdomen with intravenous contrast enhancement

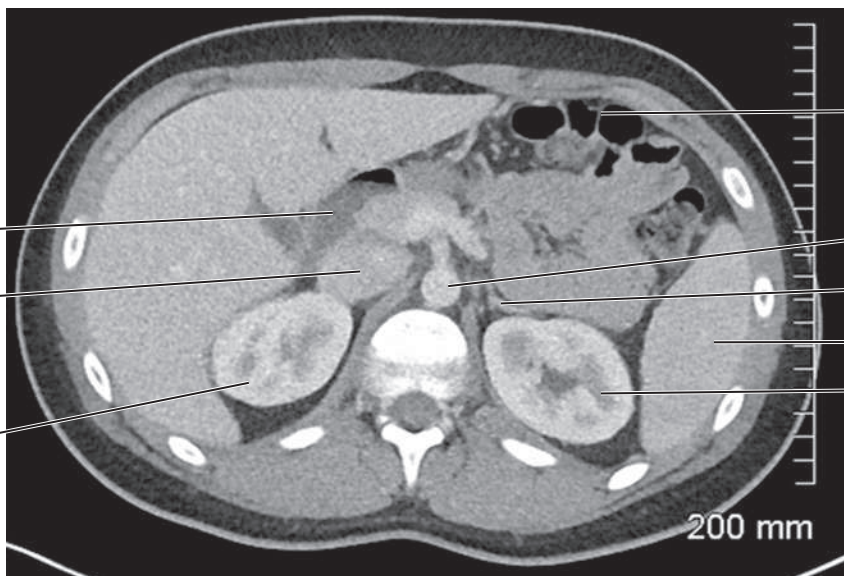
- Hepatic portal vein
- Liver
- Right adrenal gland



- Body of pancreas
- Spleen
- Splenic vein
- Left suprarenal gland

Axial CT image of midabdomen with intravenous contrast enhancement

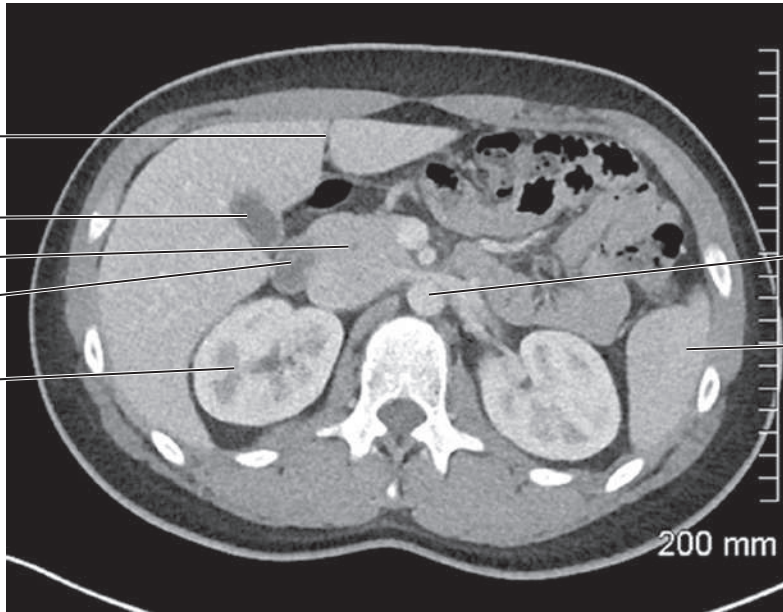
- Duodenum
- Inferior vena cava
- Right kidney



- Colon, splenic flexure
- Aorta
- Left adrenal
- Spleen
- Left kidney

Axial CT image of midabdomen with intravenous contrast enhancement

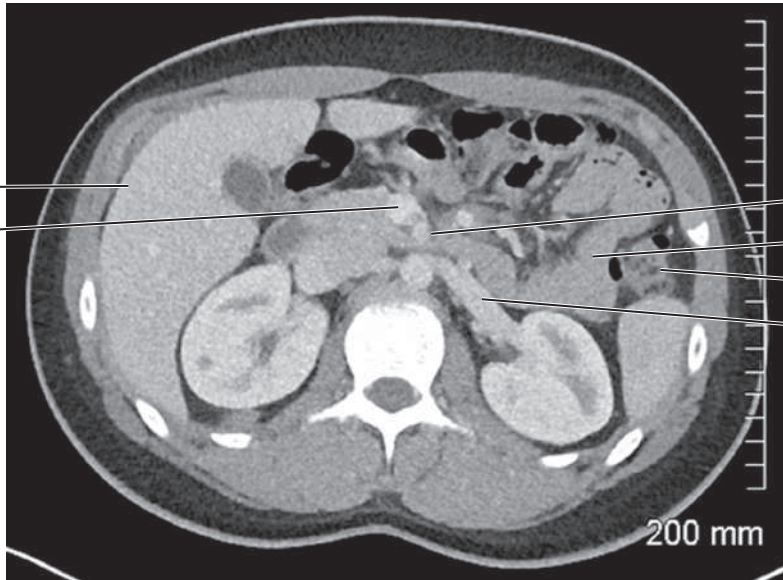
- Falciform ligament
- Gallbladder
- Head of pancreas
- Duodenum
- Right kidney



- Aorta
- Spleen

Axial CT image of abdomen with intravenous contrast enhancement

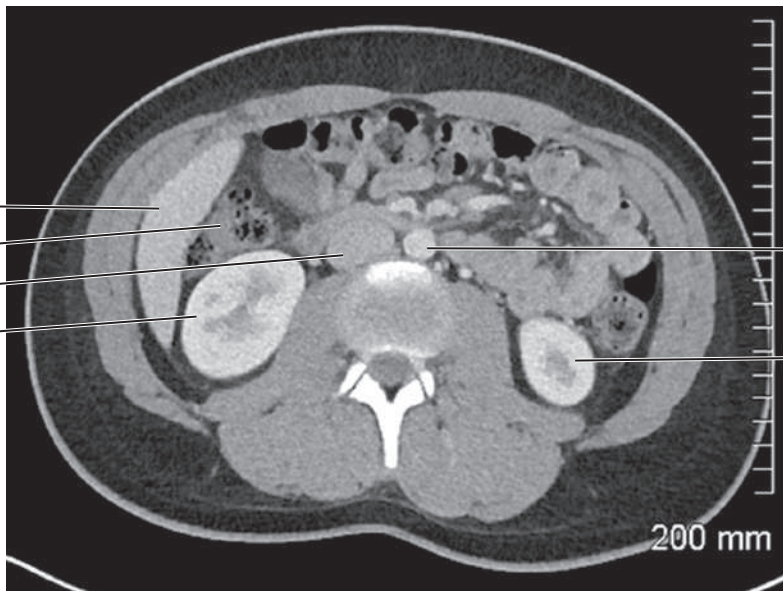
- Liver
- Superior mesenteric vein



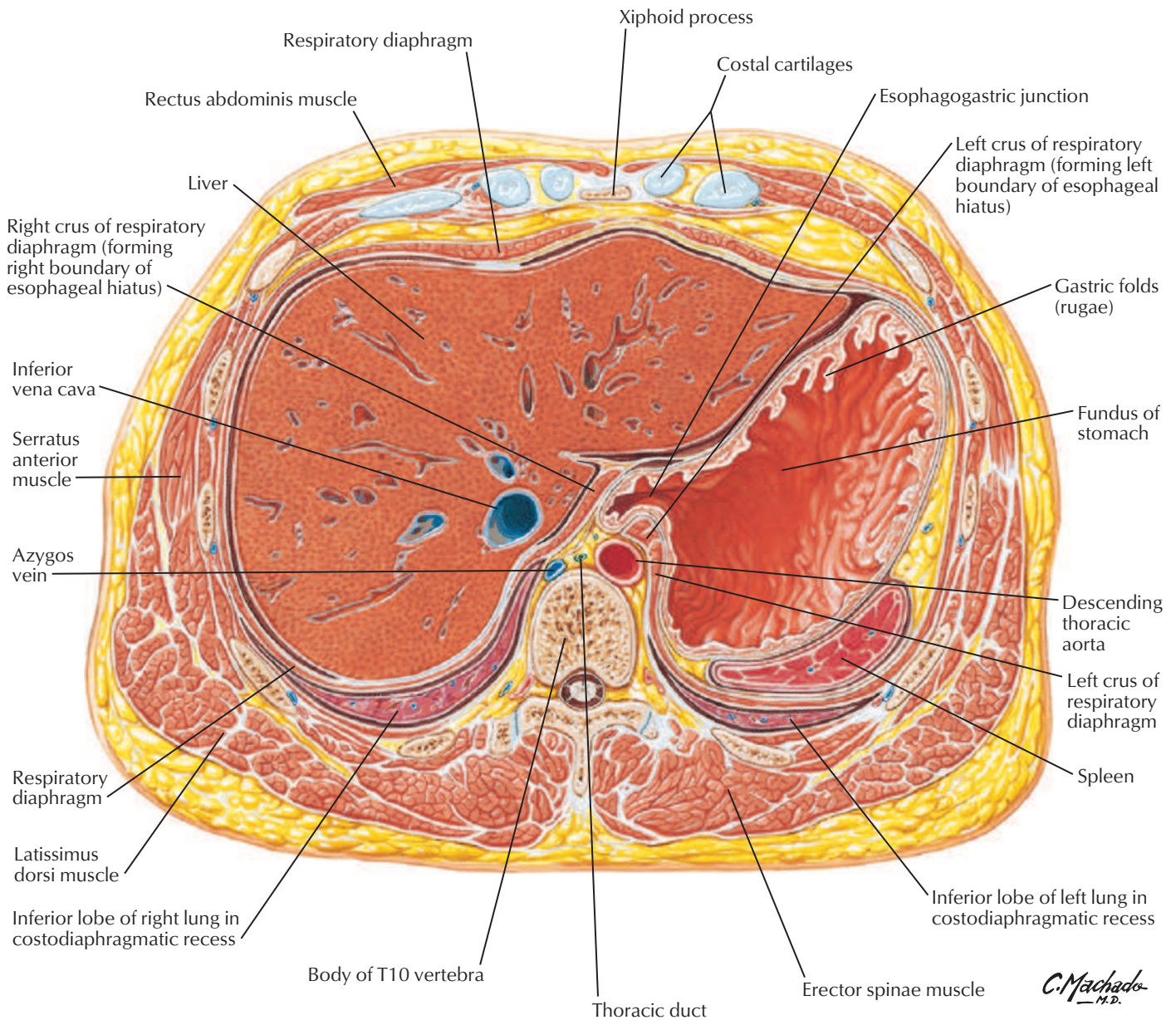
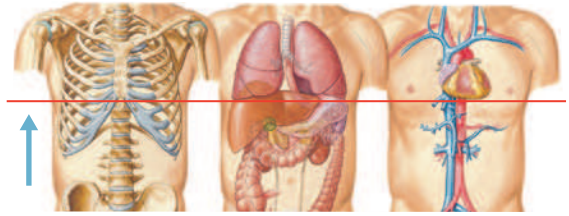
- Superior mesenteric artery
- Jejunum
- Descending colon
- Left renal vein

Axial CT image of abdomen with intravenous contrast enhancement

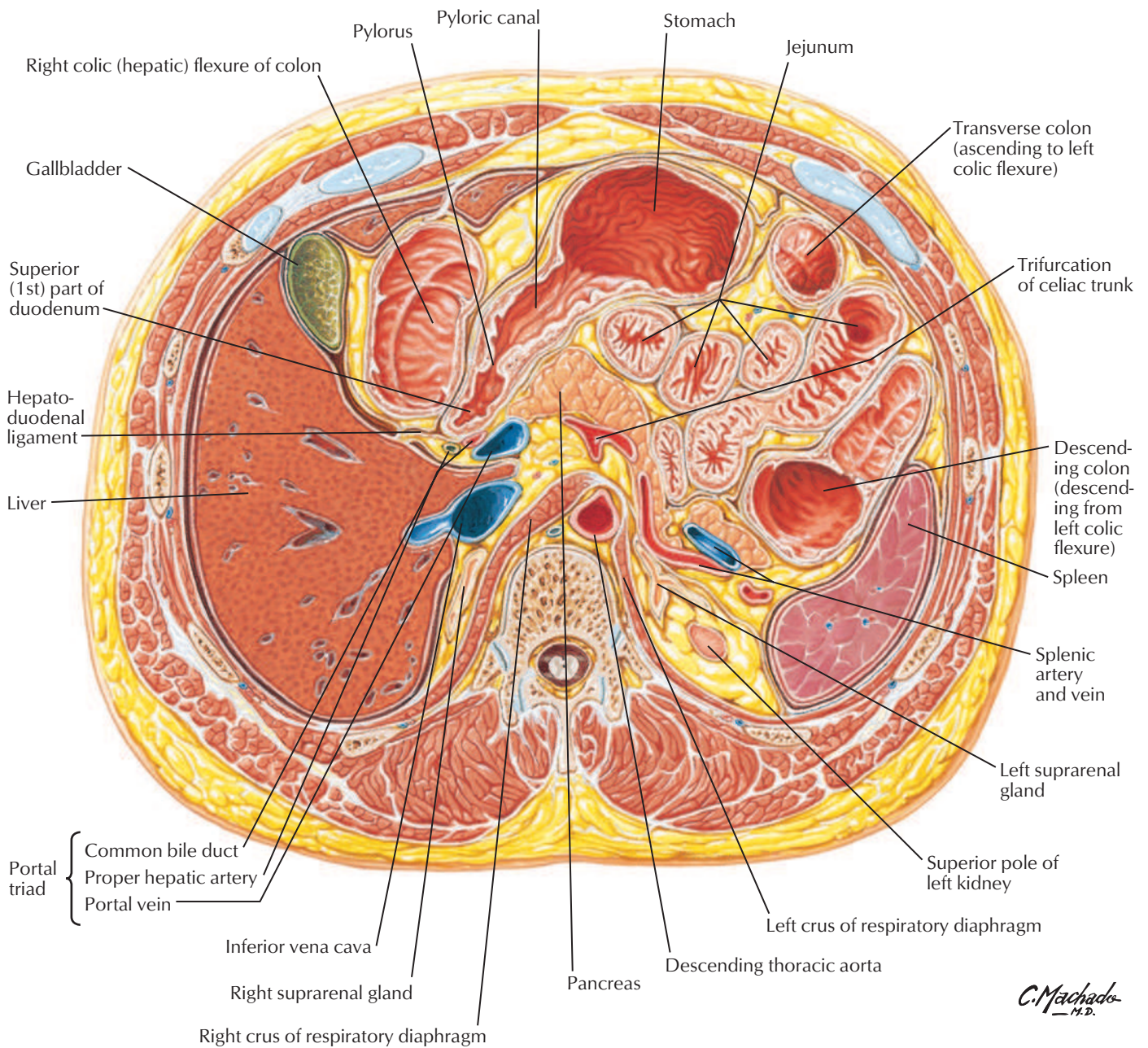
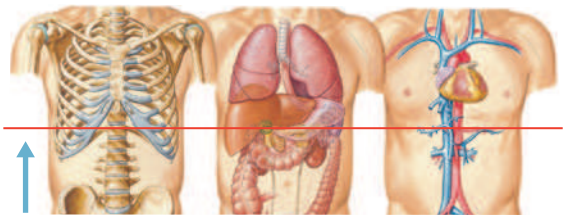
- Right lobe of liver
- Hepatic flexure, colon
- Inferior vena cava
- Right kidney



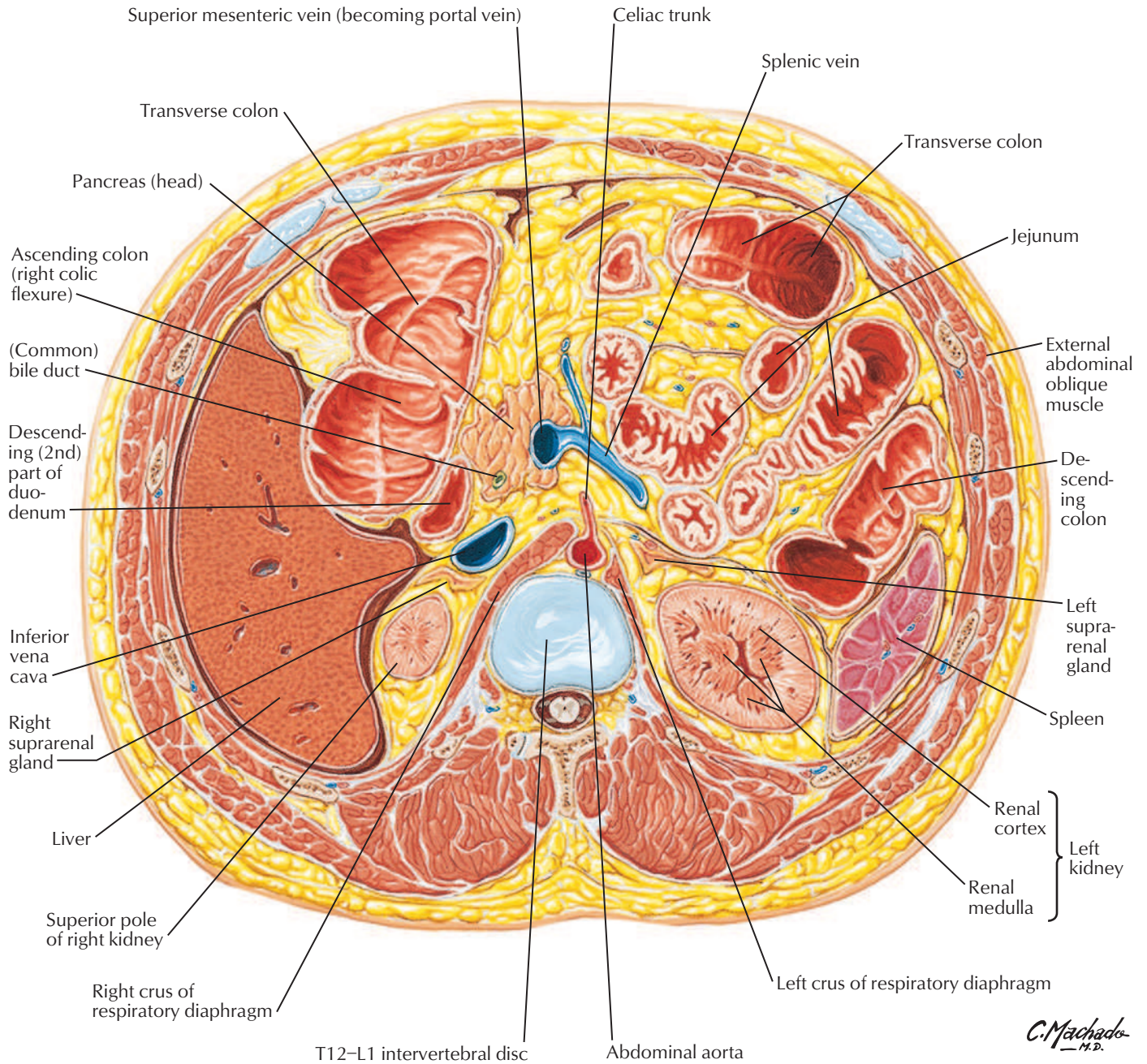
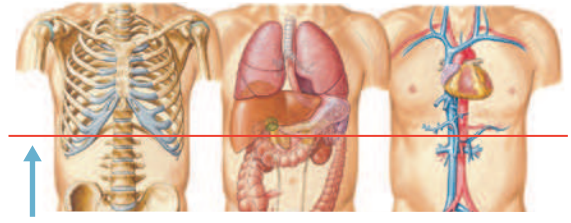
- Aorta
- Left kidney



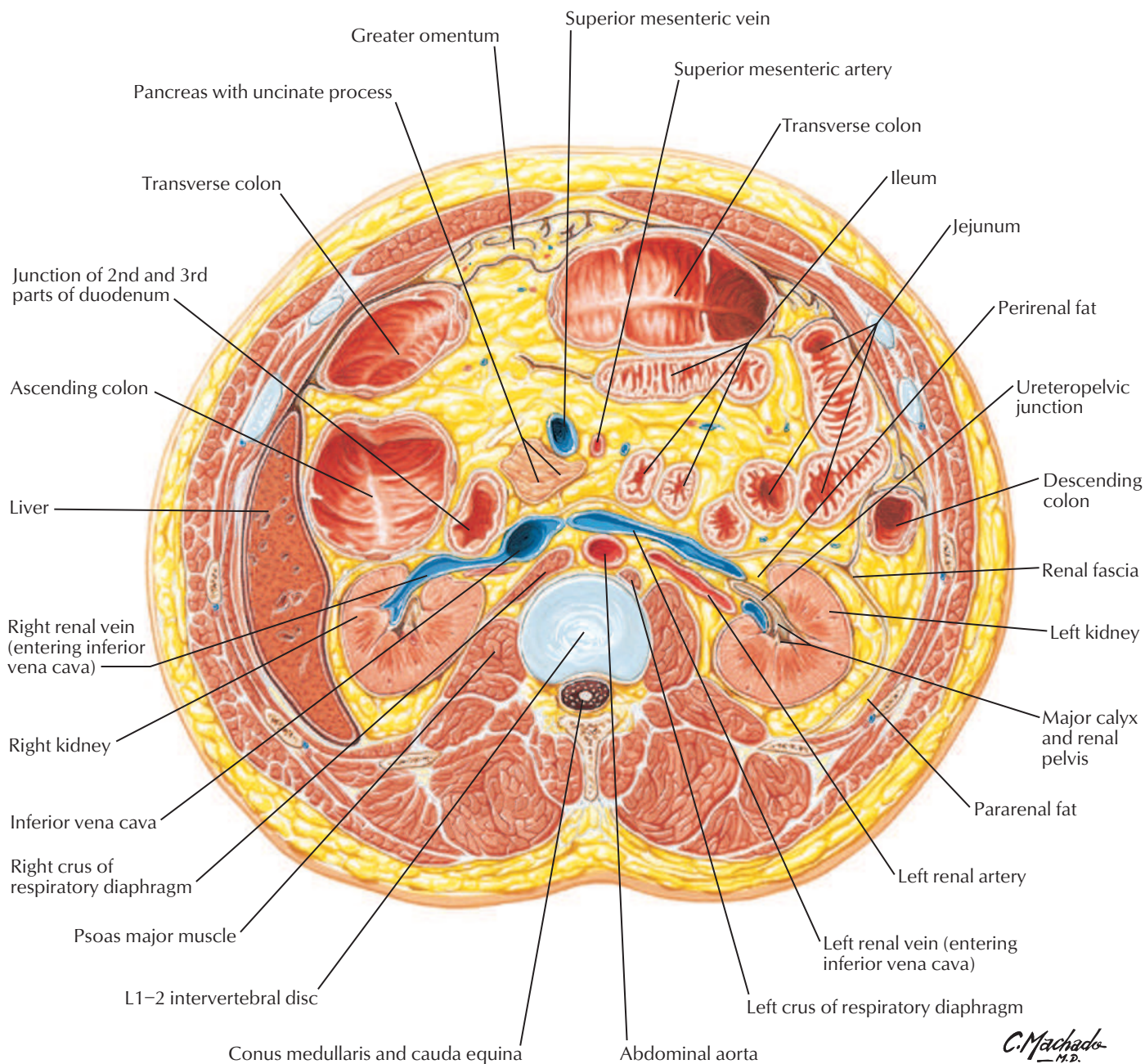
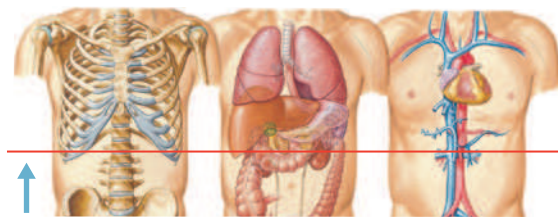
Cross Section at T12, Inferior to Xiphoid

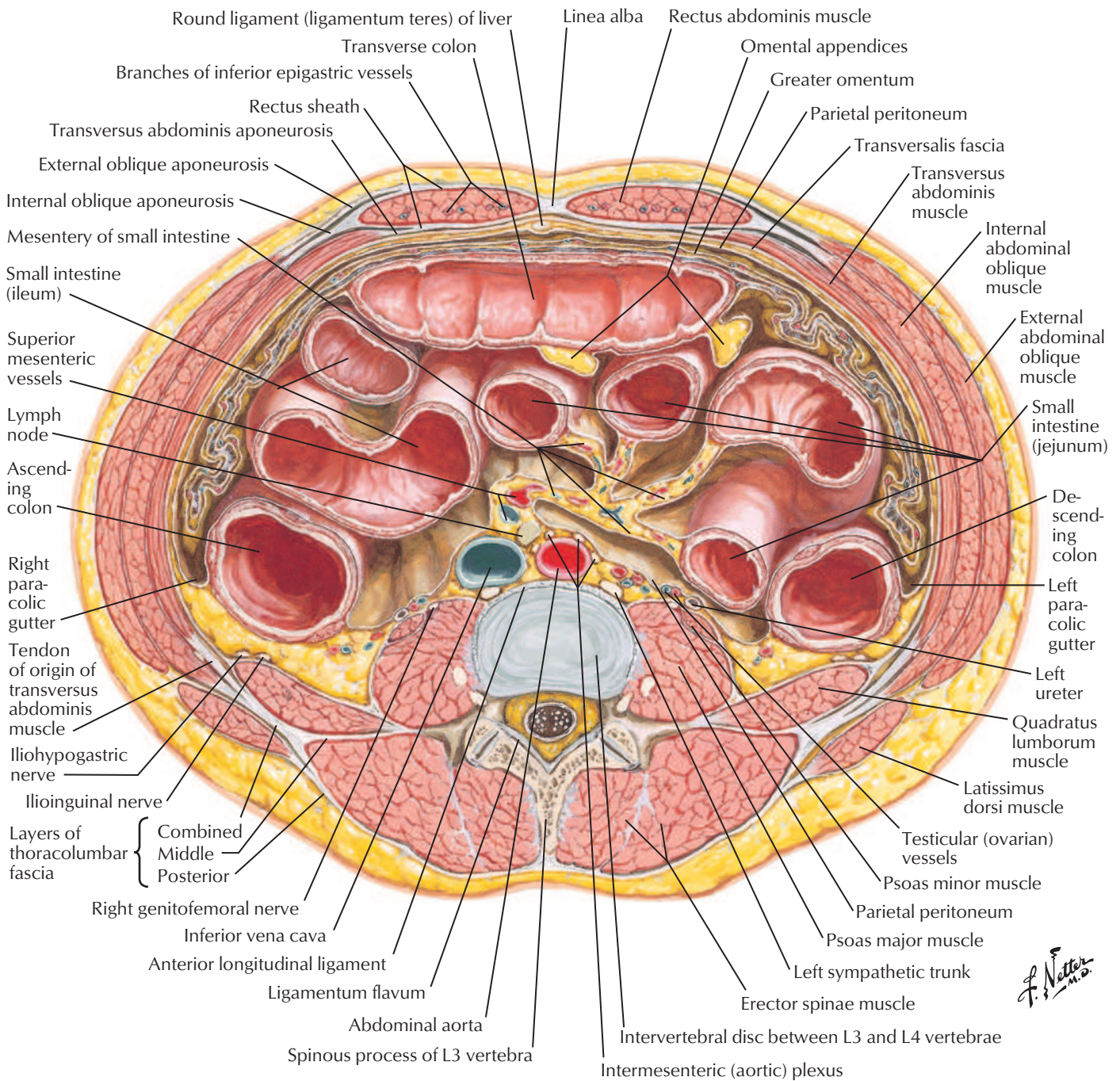
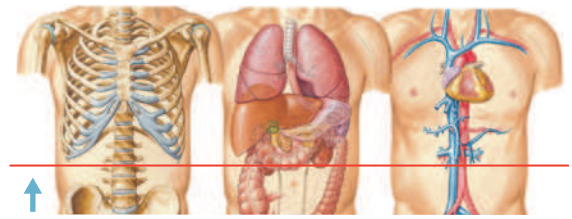


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Cross Section at L1–2, Intervertebral Disc





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ANATOMICAL STRUCTURES CLINICAL IMPORTANCE		PLATE NUMBERS
 INTEGUMENTARY SYSTEM		
Umbilicus	Landmark for locating transumbilical plane, which is used to divide abdomen into quadrants; marks position of T10 dermatome; used to locate McBurney's point; common site for hernias in abdominal wall	249, 251
 SKELETAL SYSTEM		
Xiphoid process, pubic symphysis	Palpable landmarks used to locate median plane, which is used to divide abdomen into quadrants	249
Anterior superior iliac spine (ASIS)	Palpable landmark used to locate McBurney's point; tenderness over McBurney's point is indication of appendicitis	250, 282
 MUSCULAR SYSTEM		
Linea alba	Site used for abdominal wall incisions because there is lack of significant neurovascular branches in this region	249, 254
Inguinal ligament	Surface landmark that marks division between abdominal wall and thigh	249, 253
Inguinal (Hesselbach's) triangle	Weak area on anterior abdominal wall where abdominal contents may herniate, producing direct inguinal hernia	256, 262
Deep (internal) inguinal ring	Opening on anterior abdominal wall where abdominal contents may herniate, producing indirect inguinal hernia	262, 263
Femoral ring	Opening medial to external iliac vessels where abdominal contents may herniate, producing femoral hernia	264
Esophageal hiatus of diaphragm	Widening of this opening allows stomach to protrude into mediastinum, causing gastroesophageal reflux	269, 271
 DIGESTIVE SYSTEM		
Liver	Palpable inferior to right costal margin	270, 276
Gastroesophageal junction	Transient relaxations or decreased tone of lower esophageal sphincter can cause gastric esophageal reflux disease (GERD)	277, 328
Stomach, duodenum	Site of peptic ulcer formation	276, 277
Appendix	Prone to inflammation and rupture	280, 282
Colon	Common site of diverticula; colonoscopy is performed to screen for colon cancer	283
Gallbladder	Palpable at junction of right costal margin and midclavicular line; may become inflamed (cholecystitis) and cause pain; gallstones can block biliary ducts	284, 309
 URINARY SYSTEM		
Kidney	Maintain fluid and electrolyte balance; may develop renal calculi (kidney stones)	314
 ENDOCRINE SYSTEM		
Pancreas	Due to its retroperitoneal position, pain from pancreas is typically referred to the back; cancer of head of pancreas can compress common bile duct	288, 310

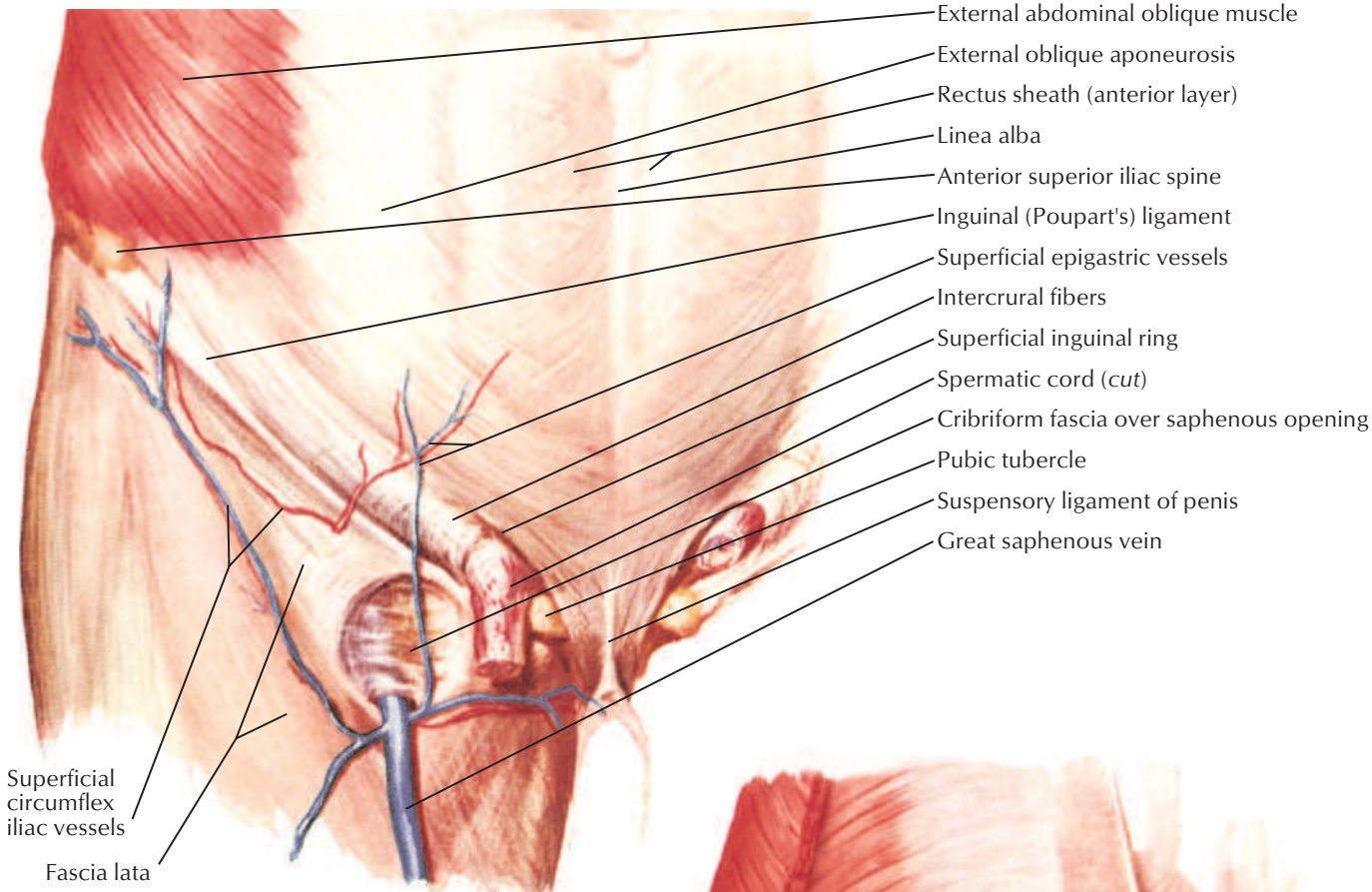
Table 5.1

ANATOMICAL STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 NERVOUS SYSTEM		
Ilioinguinal and genitofemoral nerves	Mediate cremasteric reflex, which tests integrity of L1 spinal nerve	269
Intercostal, subcostal, and iliohypogastric nerves	Convey well-localized pain sensations from abdominal wall and parietal peritoneum; pain in dermatomal distribution indicates problem with spinal nerves (e.g., herpes zoster infection)	260
Renal artery sympathetic fibers	Medically resistant hypertension can be treated in some patients by denervating sympathetic fibers traveling along renal arteries	300, 321
Celiac ganglion	Some patients with medically intractable pain from chronic pancreatitis undergo celiac ganglion block	301, 310
Sympathetic splanchnic nerves	Convey pain sensations from abdominal viscera that are often referred to other sites; quadrant in which pain is located and site of radiation provide clues to source of pain	303, 306
Iliohypogastric nerve	Nephrectomy through quadratus lumborum can damage iliohypogastric nerve, with resultant anesthesia above pubis	312
 CARDIOVASCULAR SYSTEM		
Arterial anastomoses of anterior abdominal wall	Anastomosis between epigastric arteries and internal thoracic arteries and between circumflex arteries and intercostal and lateral thoracic arteries	258
Venous anastomoses of anterior abdominal wall	Anastomosis between epigastric veins and internal thoracic veins and between circumflex and thoracoepigastric veins and lateral thoracic veins	259
Paraumbilical veins	May become dilated in patients with portal hypertension, producing caput medusa	259, 299
Cystic artery	Ligated during cholecystectomy	291
Superior mesenteric artery	May compress 3rd part of duodenum in thin patient or patient who has recently lost a lot of weight	291, 294
Intestinal arteries	Areas without significant collateral circulation between major vessels (watershed areas) are at risk for ischemia	294, 295
Marginal artery anastomosis	Marginal artery connects right, middle, and left colic arteries, providing important anastomosis for collateral circulation	295
Esophageal veins	May become dilated with portal hypertension, resulting in esophageal varices	296, 299
Hepatic portal vein	Reduced blood flow through liver (e.g., due to cirrhosis) may produce portal hypertension and dilation of tributaries of portal vein; blood may return to heart at sites of portosystemic anastomosis	298, 299
Superior rectal vein	Has anastomoses with systemic rectal veins that may become dilated with portal hypertension	298, 299
Abdominal aorta	Common site for aneurysm in abdomen, especially inferior to renal arteries	317
 LYMPHATIC SYSTEM		
Spleen	May be ruptured by fracture of ribs 9 to 11; splenic enlargement is assessed by palpation	273, 289

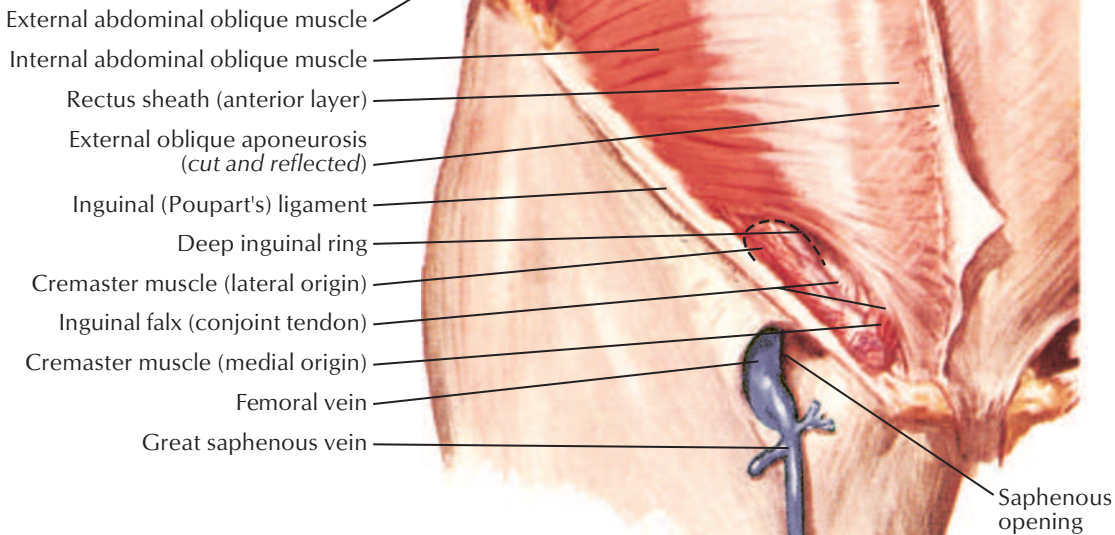
*Selections were based largely on clinical data as well as commonly covered clinical correlations in gross anatomy courses.

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Respiratory diaphragm	Posterior abdominal wall	Xiphoid process, lower six costal cartilages, L1–L3 vertebrae	Converges into central tendon	Phrenic nerve	Pericardiophrenic, musculophrenic, superior and inferior phrenic arteries	Draws central tendon down and forward during inspiration
External abdominal oblique	Anterior abdominal wall	External surfaces of ribs 5–12	Linea alba, pubic tubercle, anterior half of iliac crest	Anterior rami of six inferior thoracic nerves	Superior and inferior epigastric arteries	Compresses and supports abdominal viscera, flexes and rotates trunk
Internal abdominal oblique	Anterior abdominal wall	Thoracolumbar fascia, anterior 2/3 of iliac crest, lateral half of inguinal ligament	Inferior borders of ribs 10–12, linea alba, pubis via conjoint tendon	Anterior rami of six inferior thoracic and first lumbar nerves	Superior and inferior epigastric and deep circumflex iliac arteries	Compresses and supports abdominal viscera, flexes and rotates trunk
Psoas major	Posterior abdominal wall	Transverse processes of lumbar vertebrae, sides of bodies of T12–L5 vertebrae, intervening intervertebral discs	Lesser trochanter of femur	Anterior rami of first three lumbar nerves	Lumbar branches of iliolumbar artery	Acting superiorly with iliacus, flexes hip; acting inferiorly, flexes vertebral column laterally; used to balance trunk in sitting position; acting inferiorly with iliacus, flexes trunk
Psoas minor	Posterior abdominal wall	Vertebral margins of T12–L1 vertebrae, corresponding intervertebral disc	Pectineal line, iliopectineal eminence	Anterior rami of first lumbar nerve	Lumbar branch of iliolumbar artery	Flexes pelvis on vertebral column
Pyramidalis	Anterior abdominal wall	Body of pubis, anterior to rectus abdominis	Linea alba	Iliohypogastric nerve	Inferior epigastric artery	Tenses linea alba
Quadratus lumborum	Posterior abdominal wall	Medial half of inferior border of 12th rib, tips of lumbar transverse processes	Iliolumbar ligament, internal lip of iliac crest	Anterior rami of T12 and first four lumbar nerves	Iliolumbar artery	Extends and laterally flexes vertebral column, fixes 12th rib during inspiration
Rectus abdominis	Anterior abdominal wall	Pubic symphysis, pubic crest	Xiphoid process, costal cartilages 5–7	Anterior rami of six inferior thoracic nerves	Superior and inferior epigastric arteries	Flexes trunk, compresses abdominal viscera
Transversus abdominis	Anterior abdominal wall	Internal surfaces of costal cartilages 7–12, thoracolumbar fascia, iliac crest, lateral third of inguinal ligament	Linea alba with aponeurosis of internal abdominal oblique, pubic crest, and pecten pubis via conjoint tendon	Anterior rami of six inferior thoracic and first lumbar nerves	Deep circumflex iliac and inferior epigastric arteries	Compresses and supports abdominal viscera

Variations in spinal nerve contributions to the innervation of muscles, their arterial supply, their attachments, and their actions are common themes in human anatomy. Therefore, expect differences between texts and realize that anatomical variation is normal.



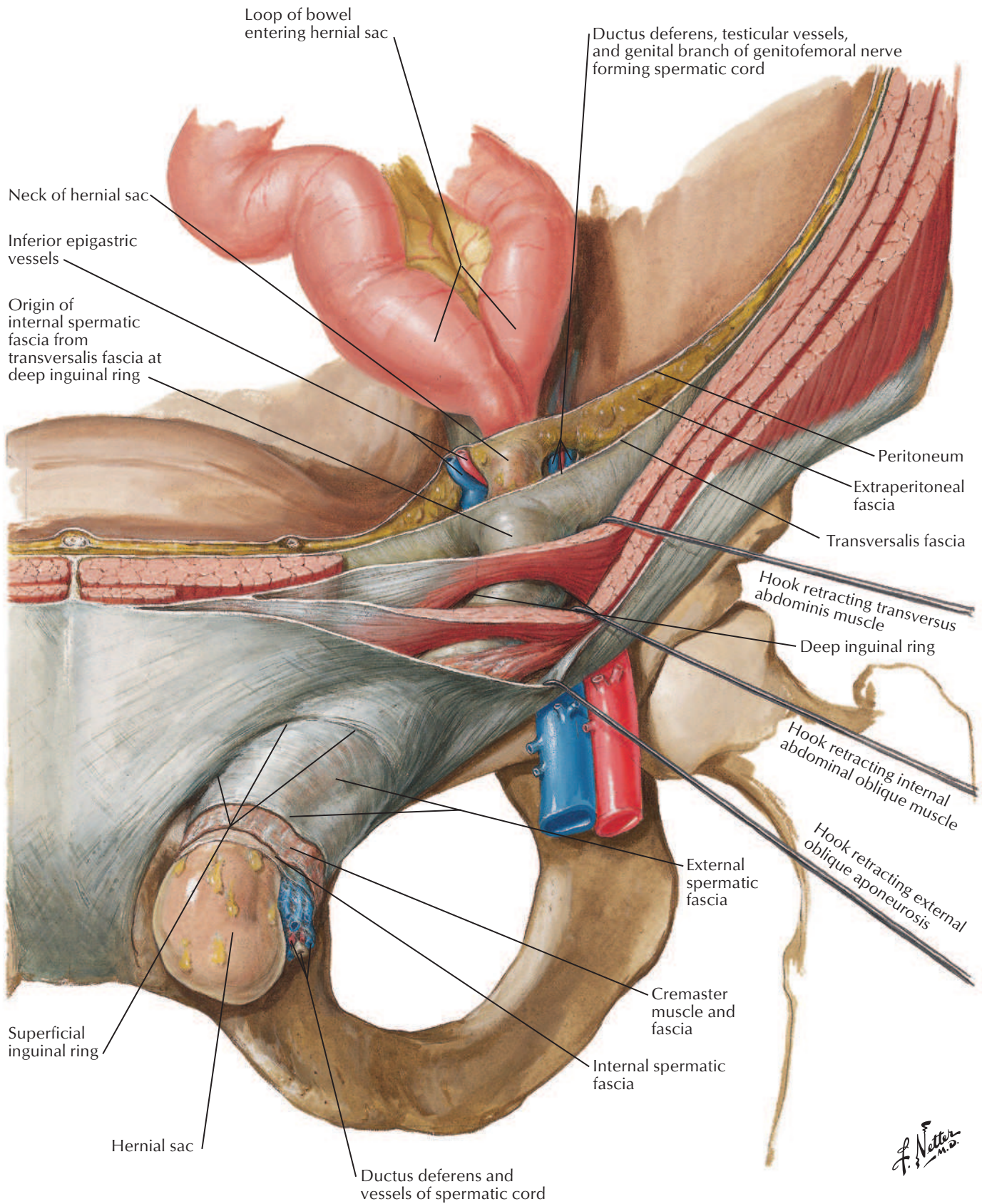
Skin and superficial fascia removed



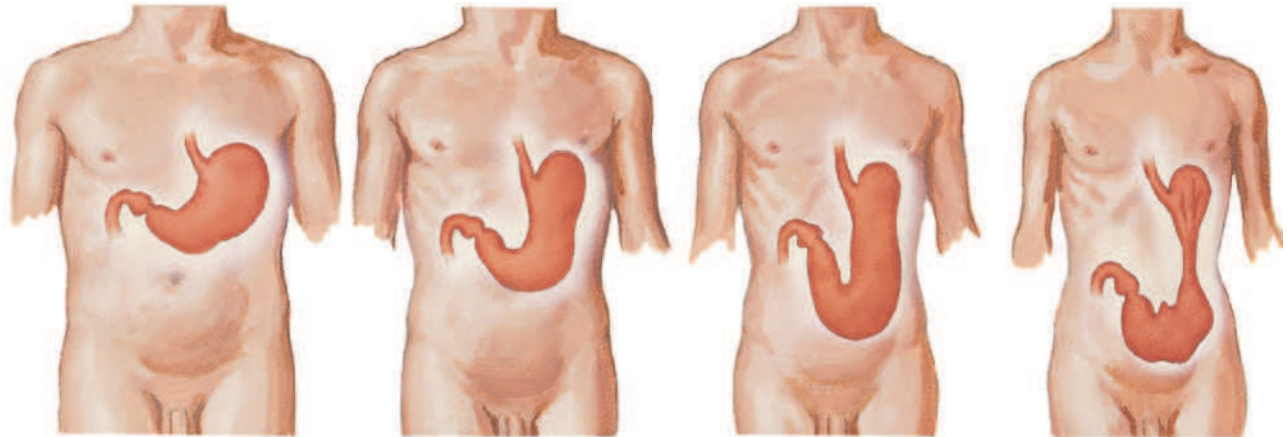
External oblique aponeurosis reflected and cribriform fascia removed

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K. Marzari

Indirect Inguinal Hernia



Variations in position and contour of stomach in relation to body habitus

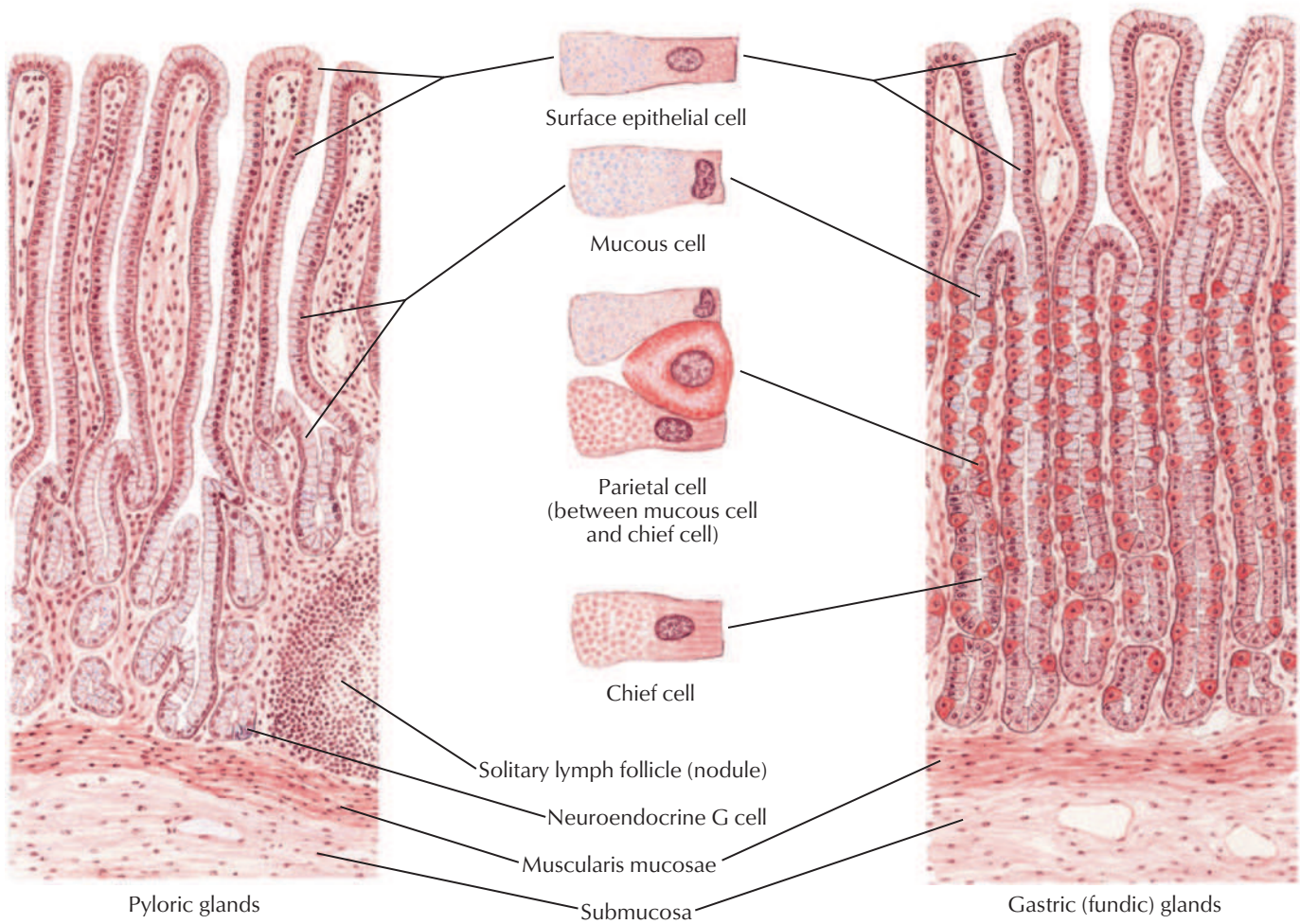


Hypertonic stomach

Orthotonic stomach

Hypotonic stomach

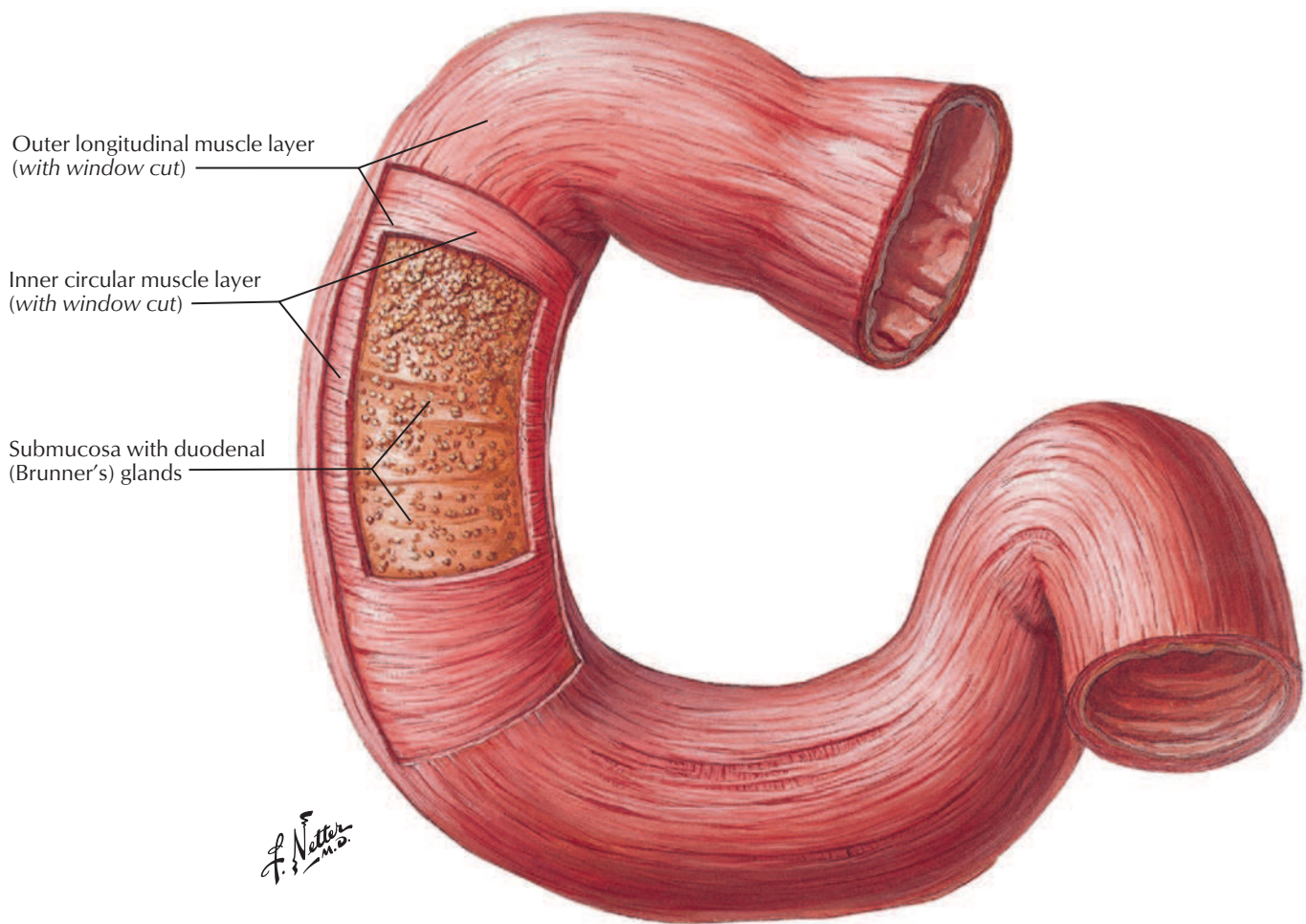
Atonic stomach



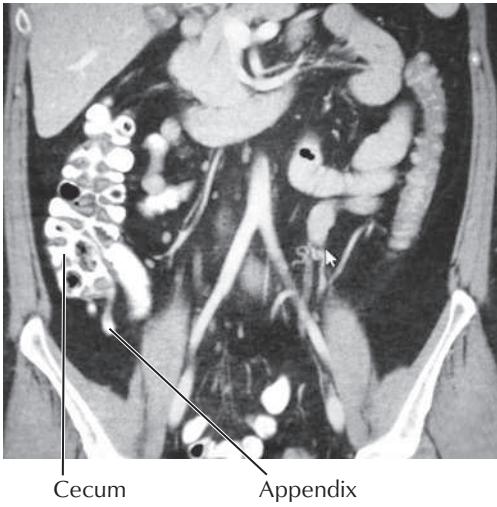
Pyloric glands

Gastric (fundic) glands

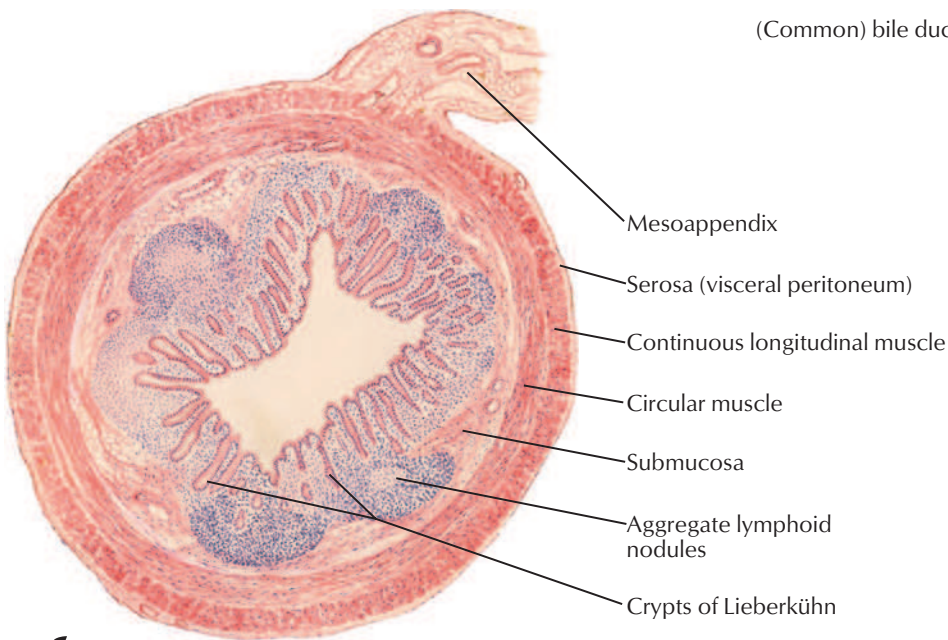
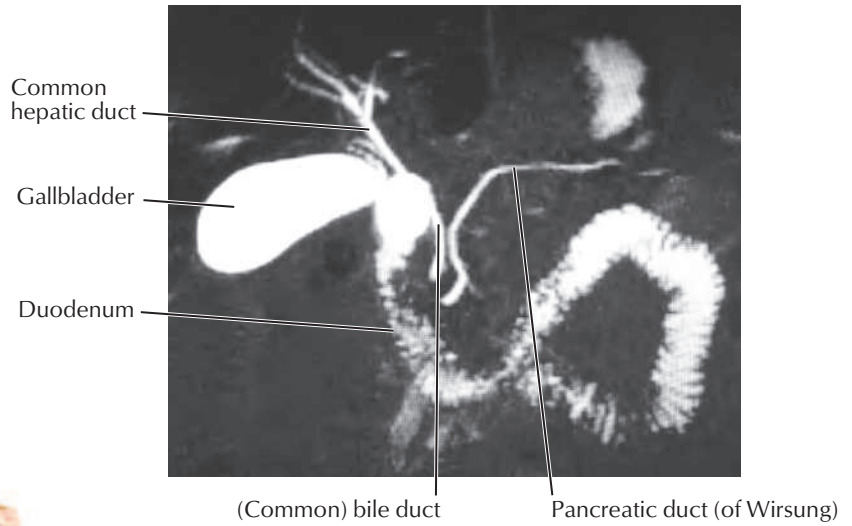
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Coronal CT image with contrast



Magnetic resonance cholangiopancreatography (MRCP)

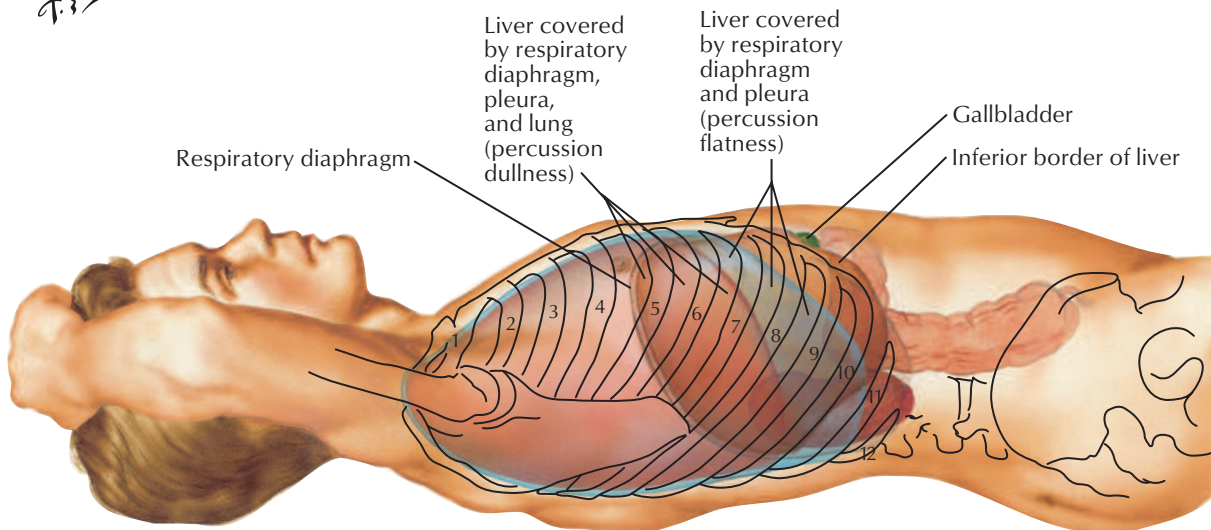
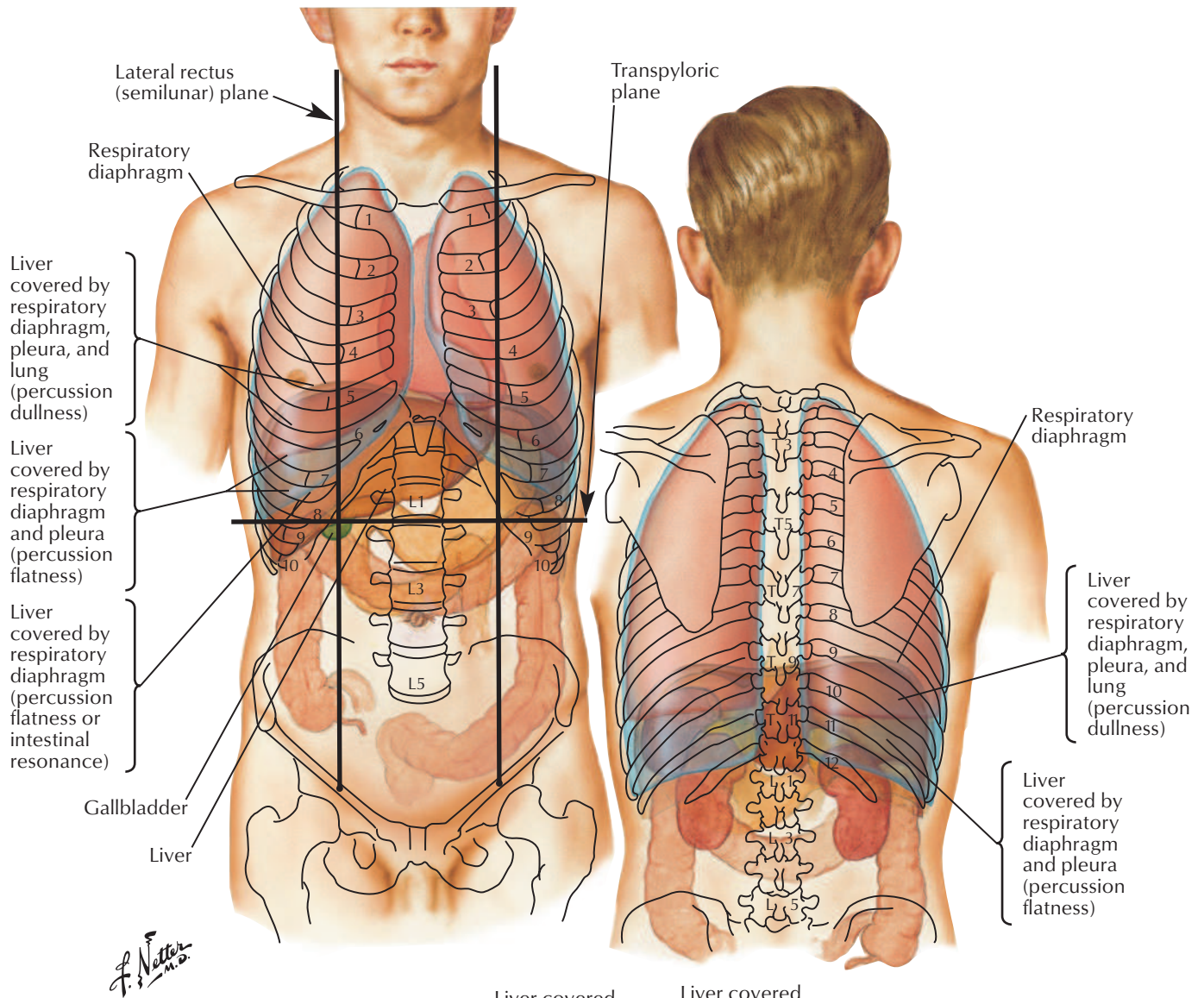


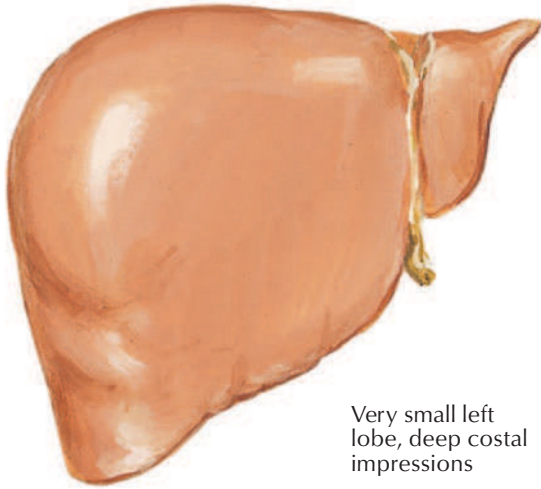
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Ramification of nerve fibers around fine branch of hepatic artery

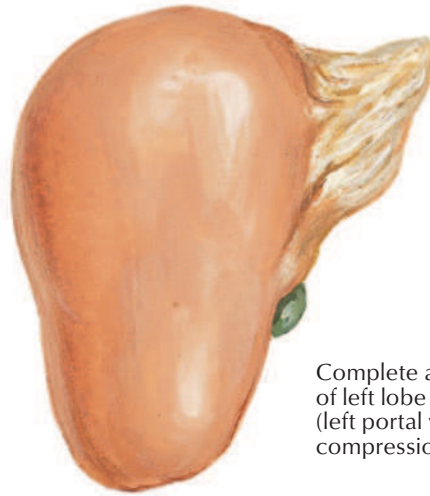


Topography of Liver

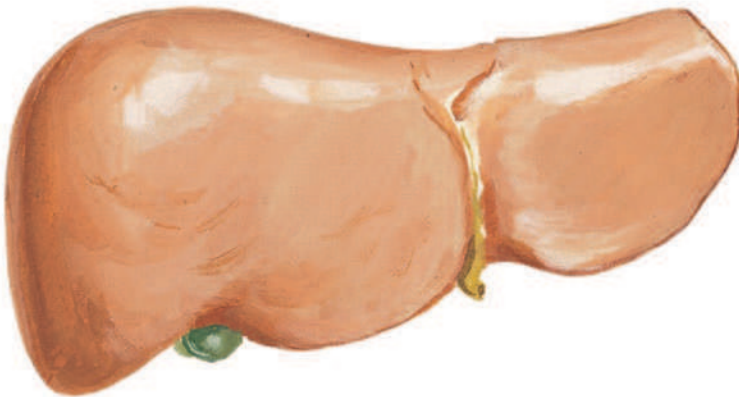




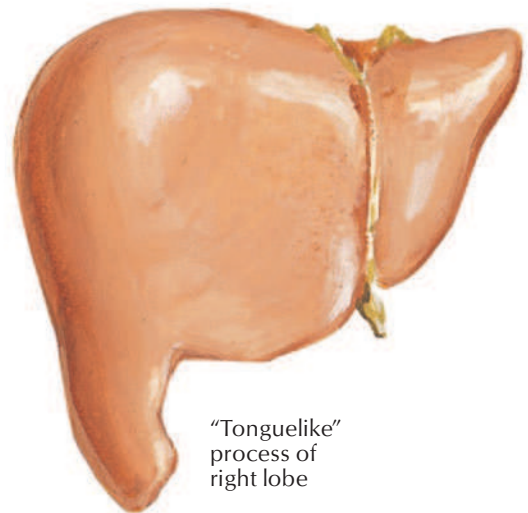
Very small left lobe, deep costal impressions



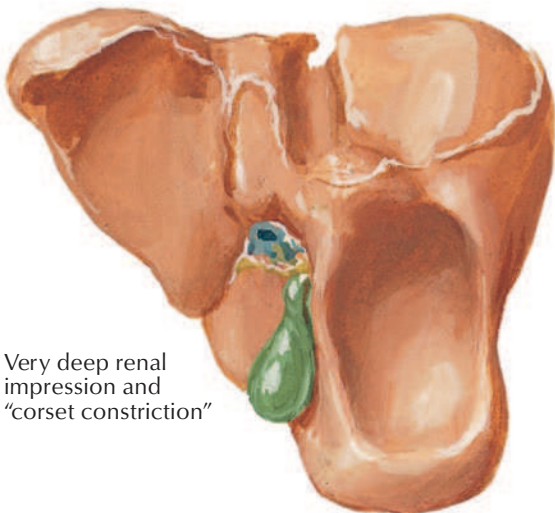
Complete atrophy of left lobe (left portal vein compression)



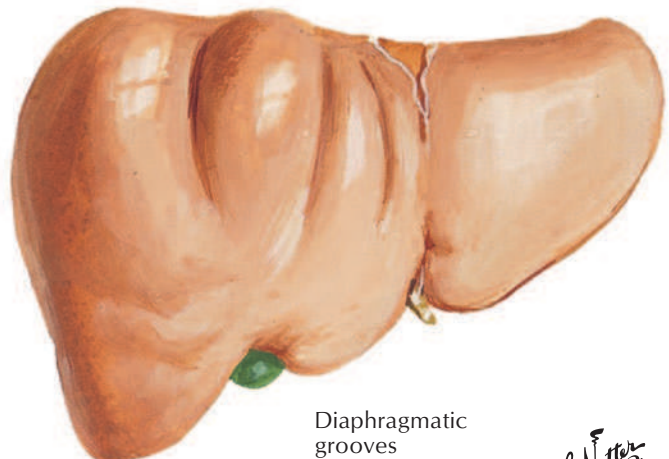
Transverse, "saddlelike" liver, relatively large left lobe



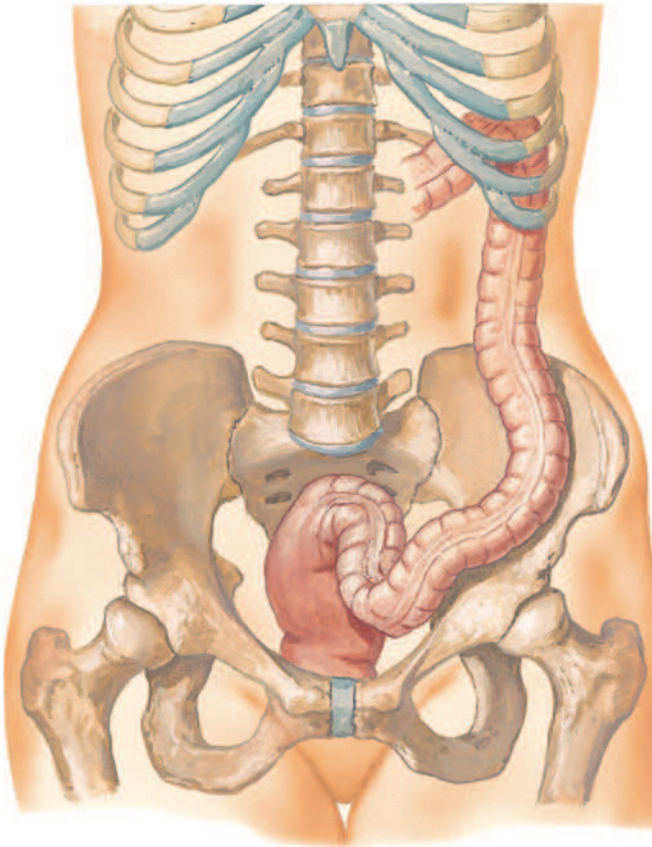
"Tonguelike" process of right lobe



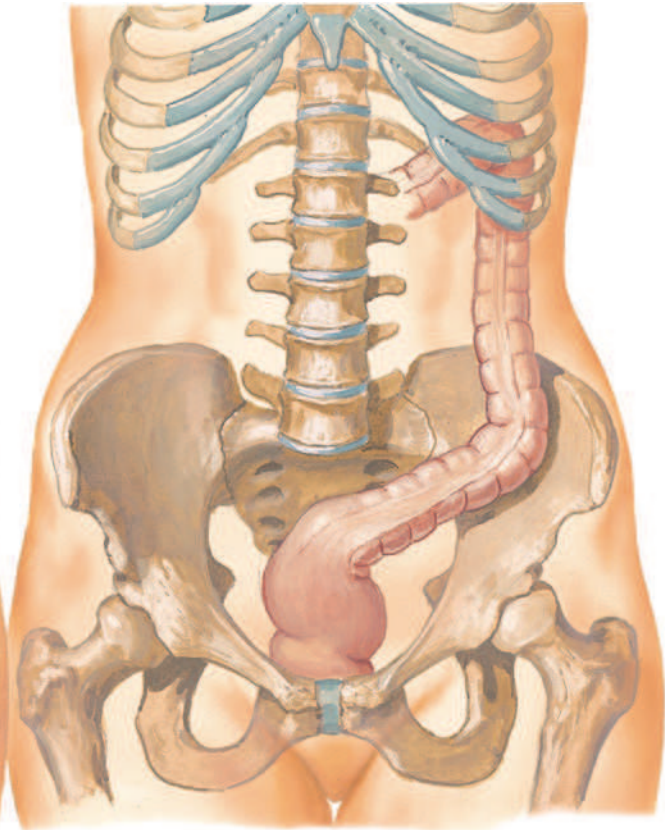
Very deep renal impression and "corset constriction"



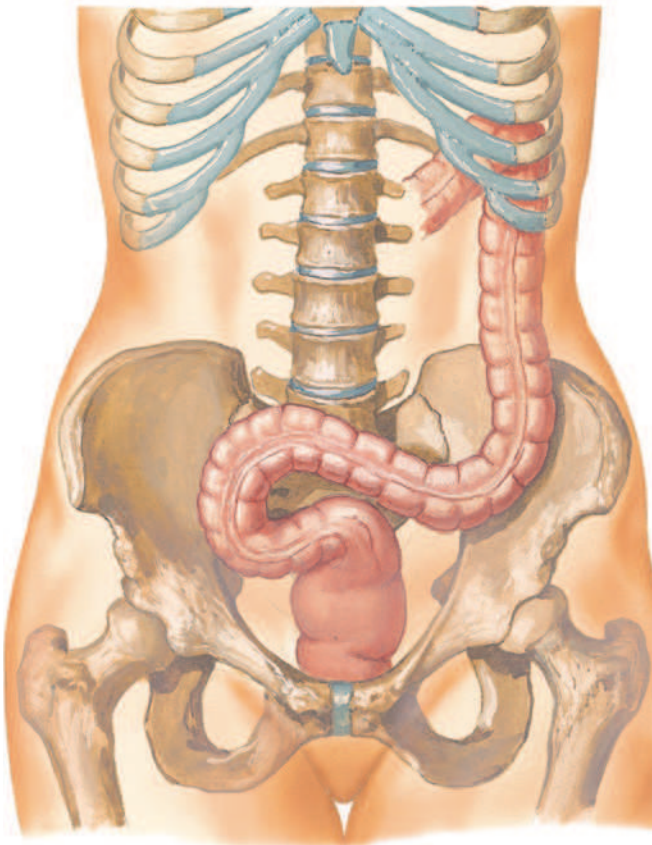
Diaphragmatic grooves



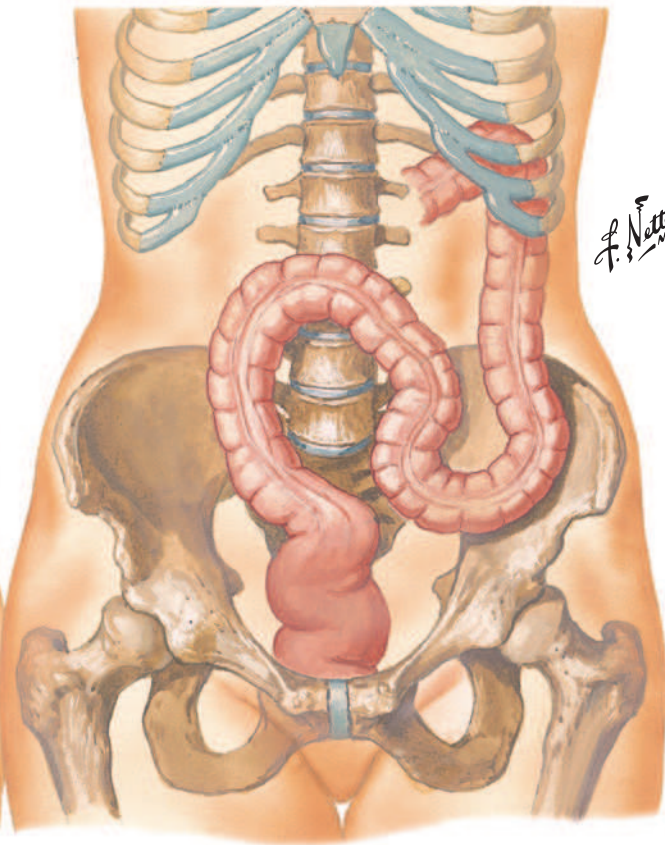
Typical



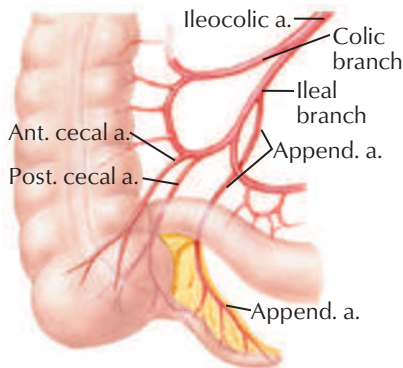
Short, straight, obliquely into pelvis



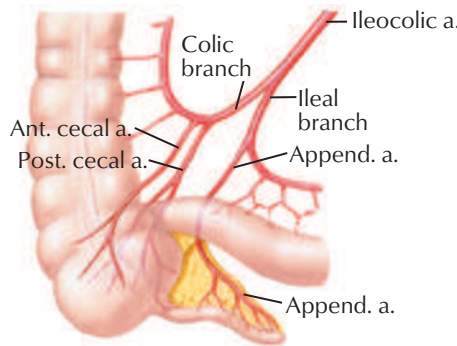
Looping to right side



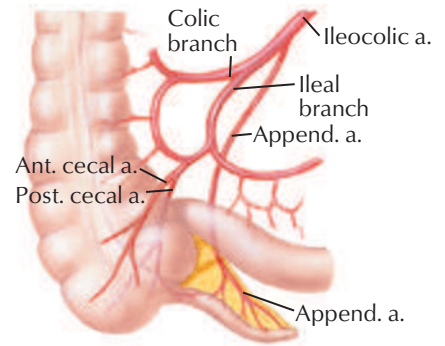
Ascending high into abdomen



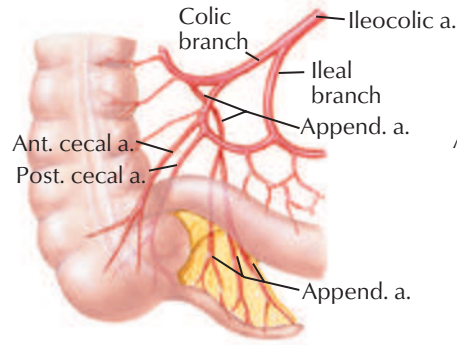
Anterior cecal and posterior cecal arteries originate from arcade between colic and ileal branches of ileocolic artery; appendicular artery from ileal branch



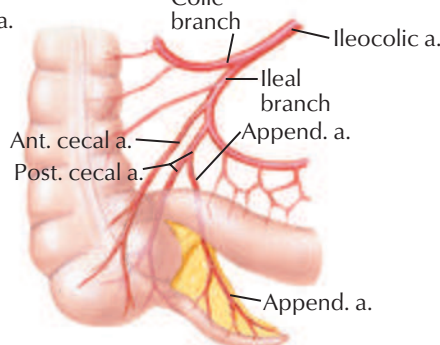
Anterior cecal and posterior cecal arteries originate from colic branch; appendicular artery from ileal branch of ileocolic artery



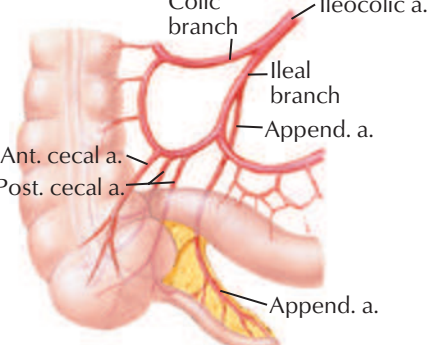
Anterior cecal and posterior cecal arteries have common origin from arcade; appendicular artery from ileocolic artery proper



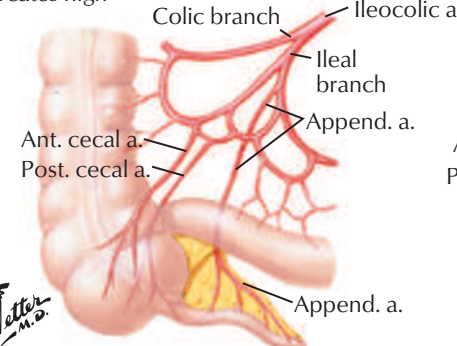
Anterior cecal and posterior cecal arteries originate from arcade between colic and ileal branches of ileocolic artery; appendicular artery from colic branch bifurcates high



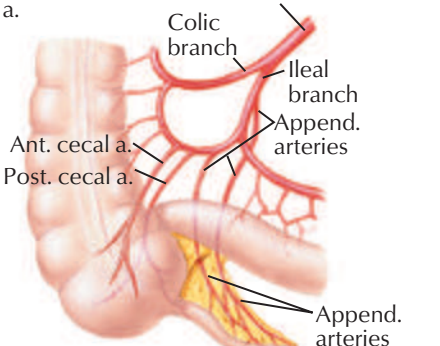
Anterior cecal and posterior cecal arteries originate from ileal branch of ileocolic artery; appendicular artery from posterior cecal



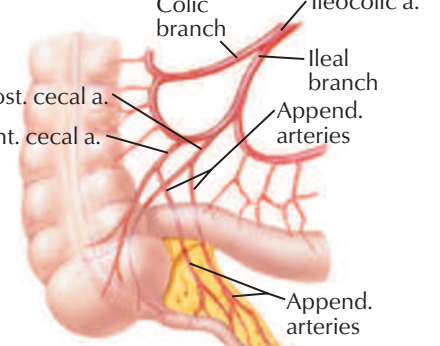
Anterior cecal and two posterior cecal arteries originate from arcade; appendicular artery from ileal branch of ileocolic artery



Multiple arcades between ileal branch and colic branch of ileocolic artery. Anterior cecal and posterior cecal arteries originate from these arcades; appendicular artery from ileal branch

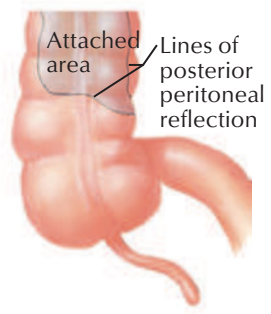
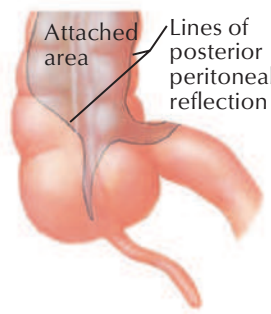
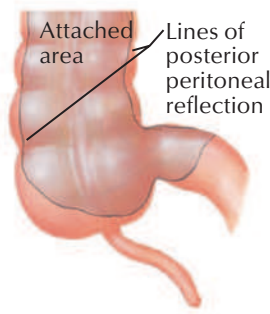
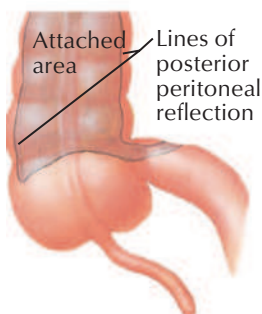


Anterior cecal and posterior cecal arteries originate from arcade between colic and ileal branches of ileocolic artery; two appendicular arteries, one deriving from arcade, the other from ileal branch, are present

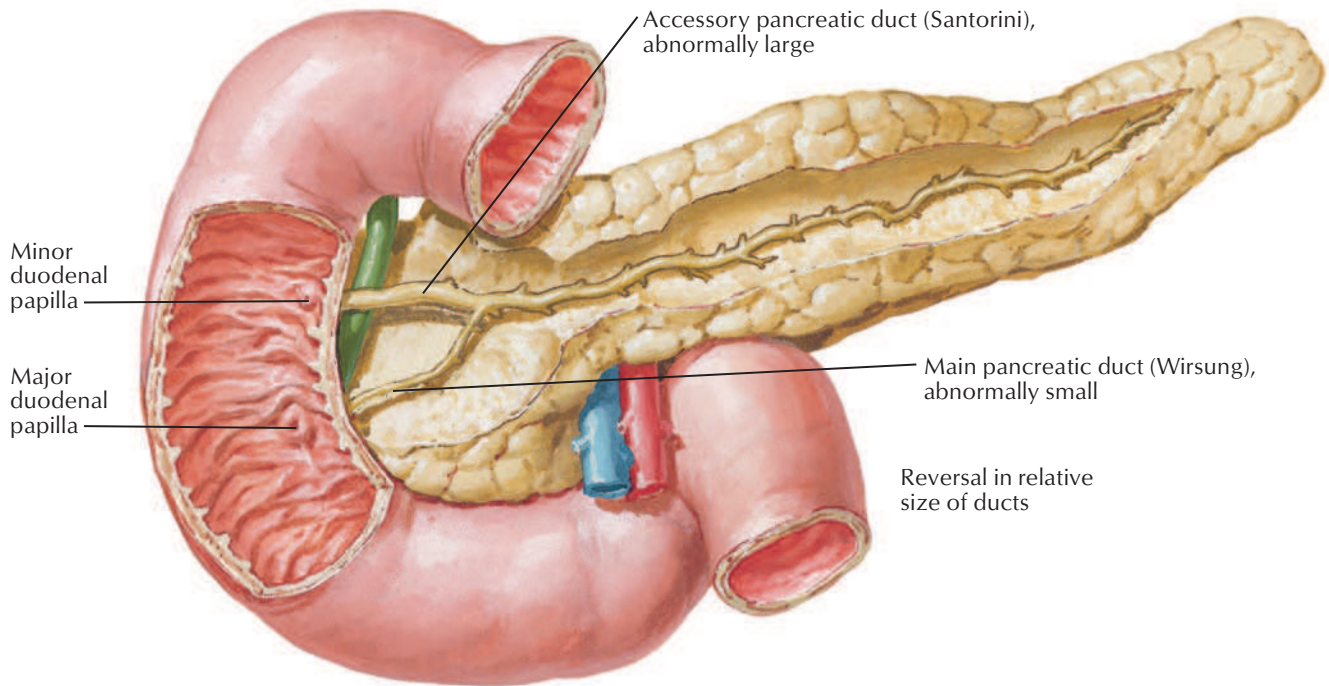


Anterior cecal and posterior cecal arteries originate from arcade; two appendicular arteries, one deriving from anterior cecal, the other from posterior cecal, are present

Some variations in posterior peritoneal attachment of cecum



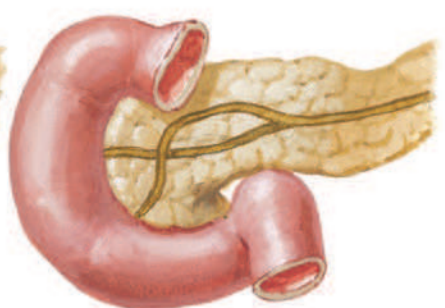
Variations in Pancreatic Duct



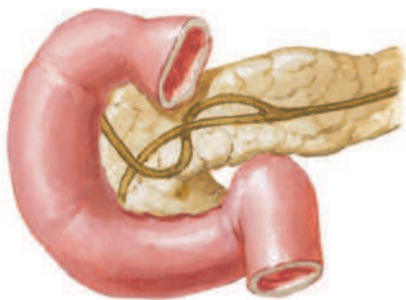
Double accessory pancreatic duct (Santorini)



Anastomosis between ducts



Crossing of ducts



Double crossing of ducts



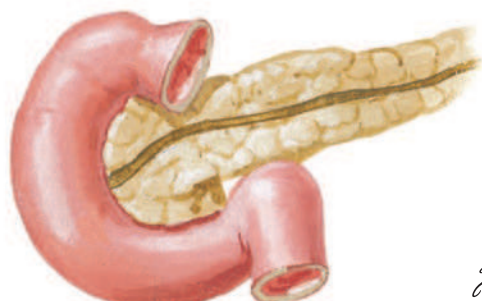
No communication between ducts



Double main pancreatic duct (Wirsung)

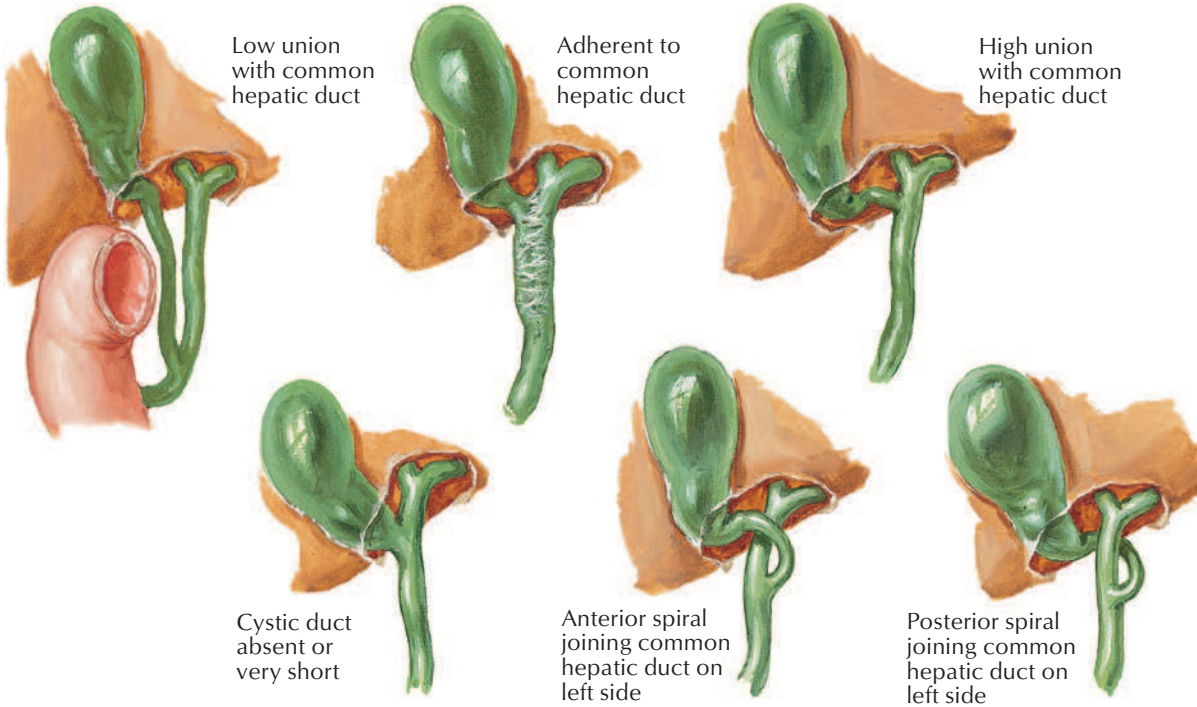


Tortuosity of ducts

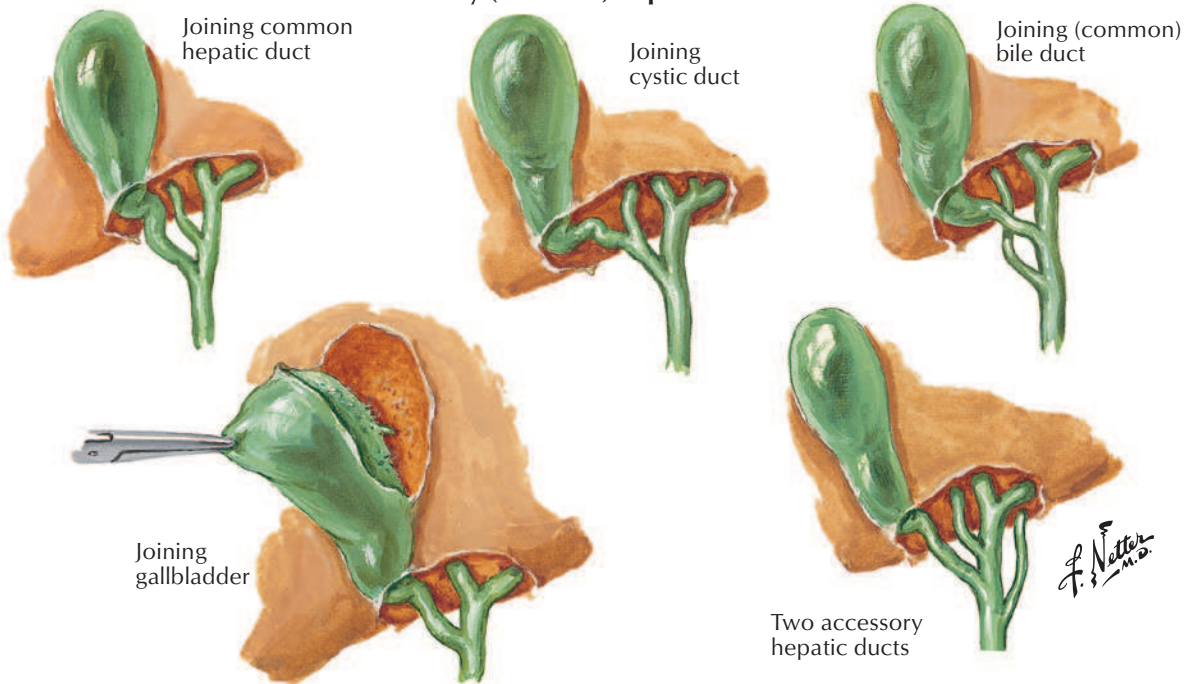


Absence of accessory pancreatic duct (Santorini)

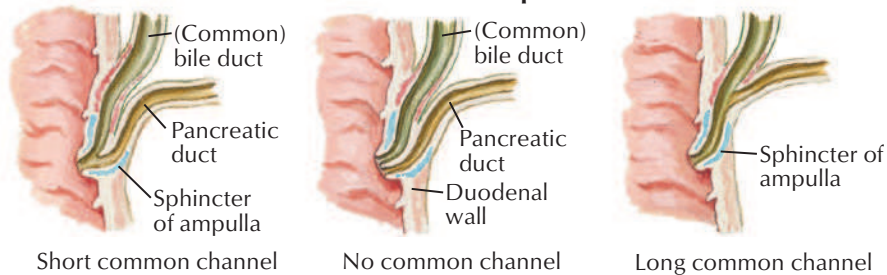
Variations in cystic duct



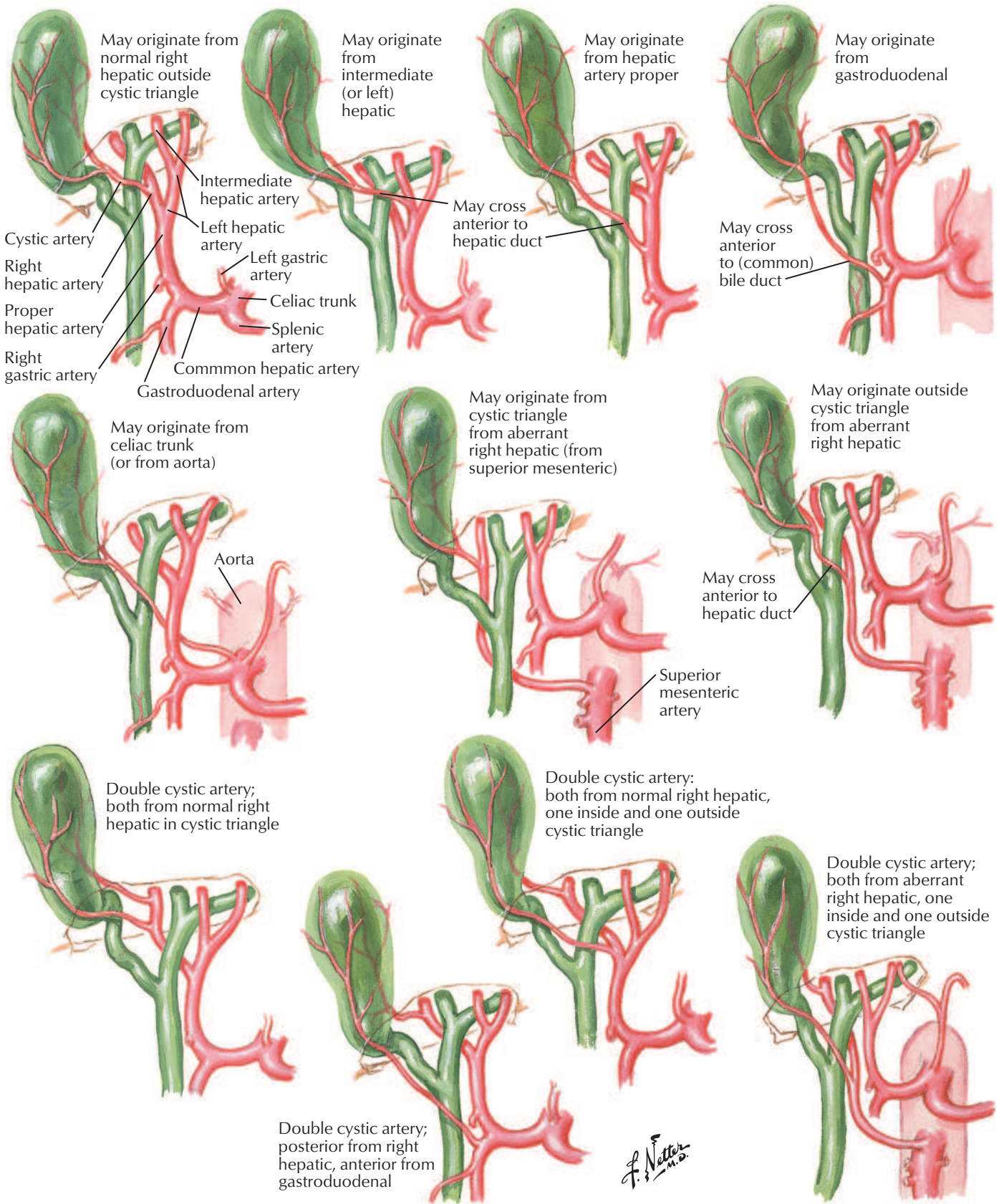
Accessory (aberrant) hepatic ducts

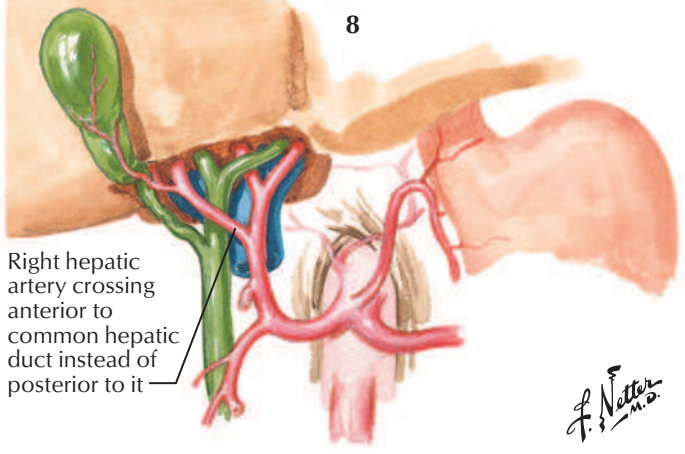
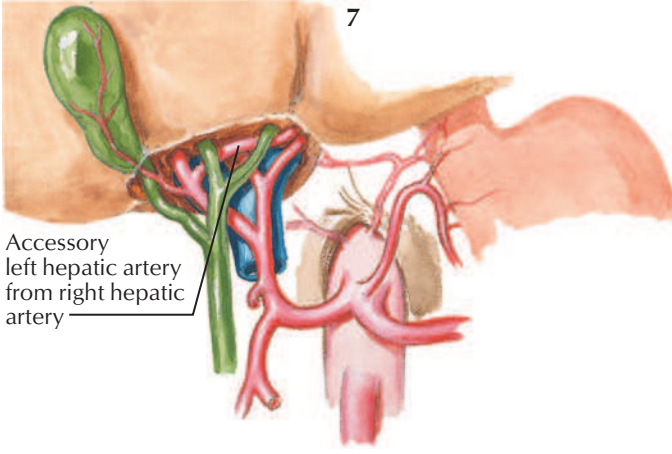
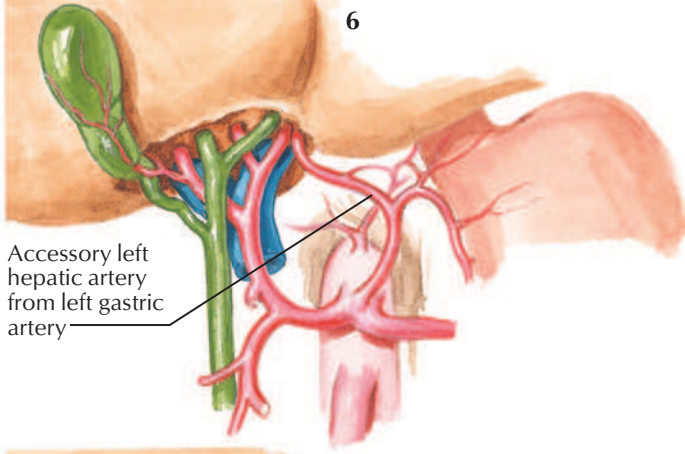
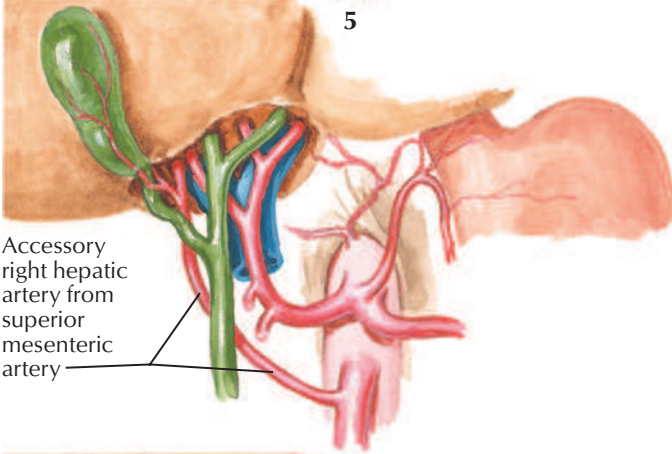
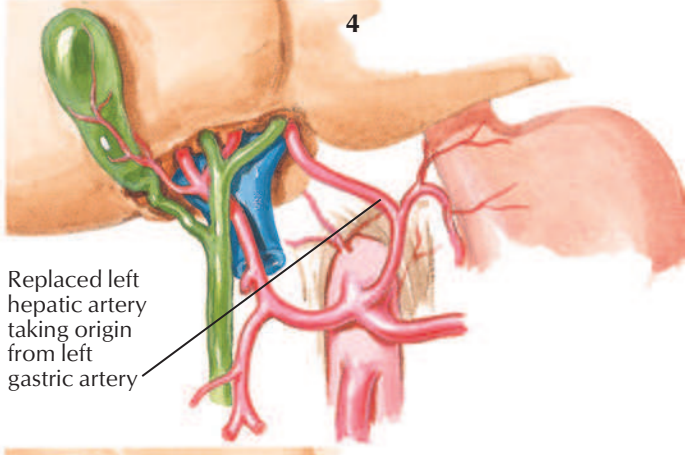
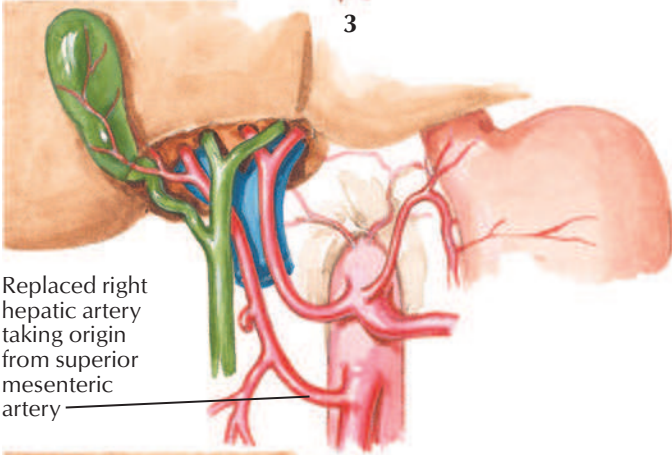
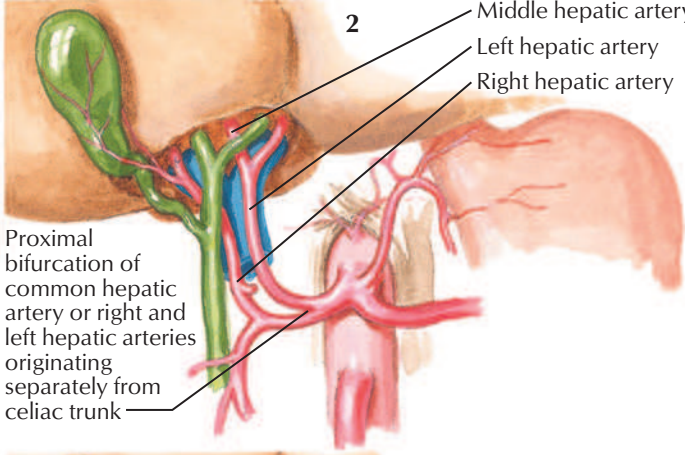
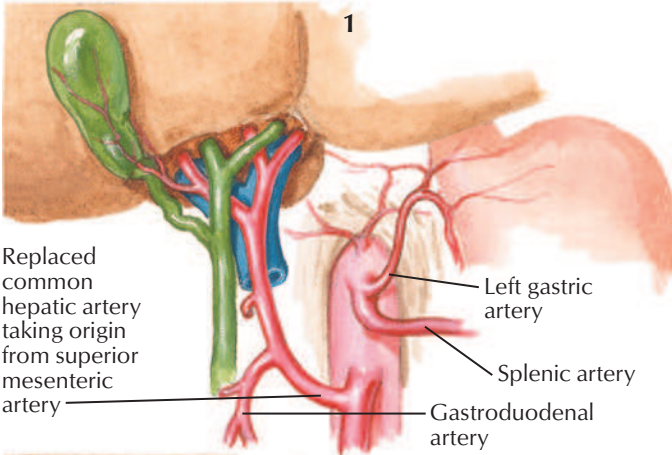


Variations in union of bile and pancreatic ducts



Variations in Cystic Arteries

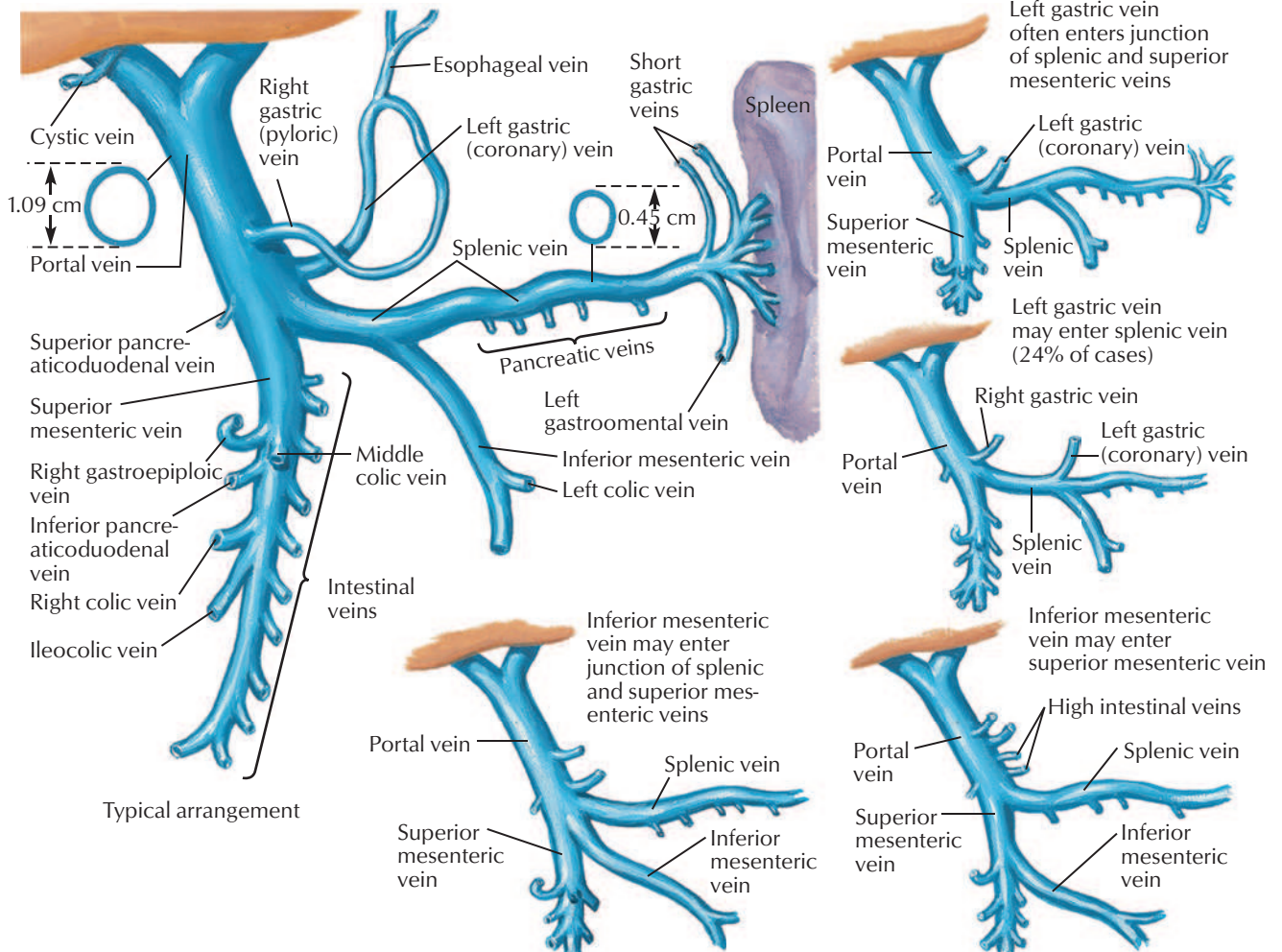




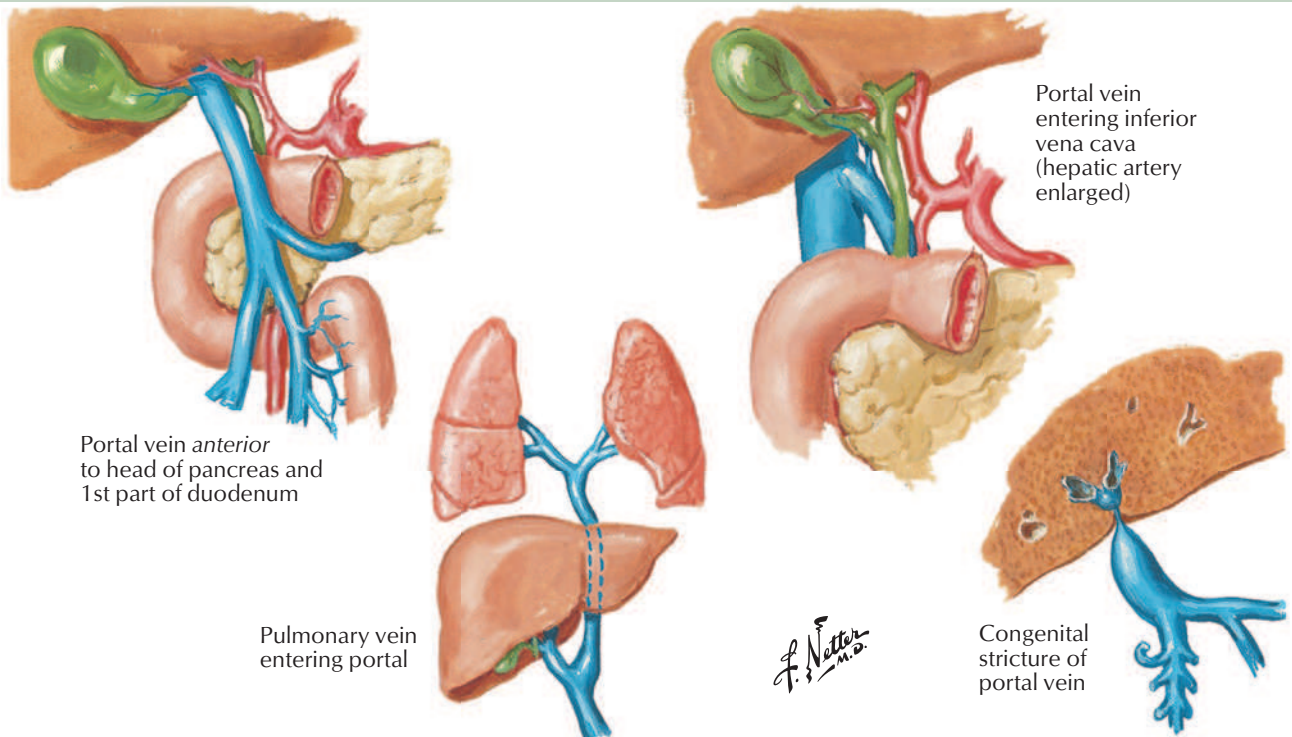
F. Netter M.D.

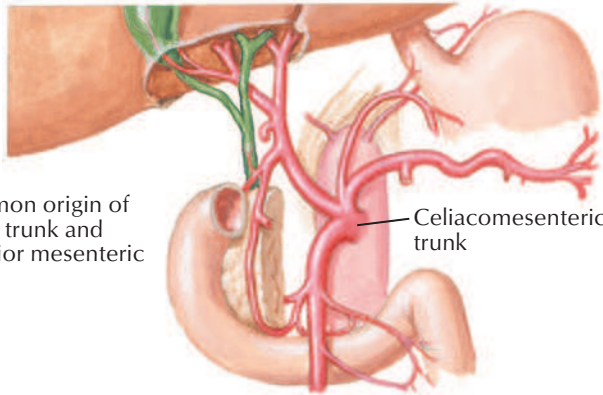
Variations and Anomalies of Hepatic Portal Vein

Variations



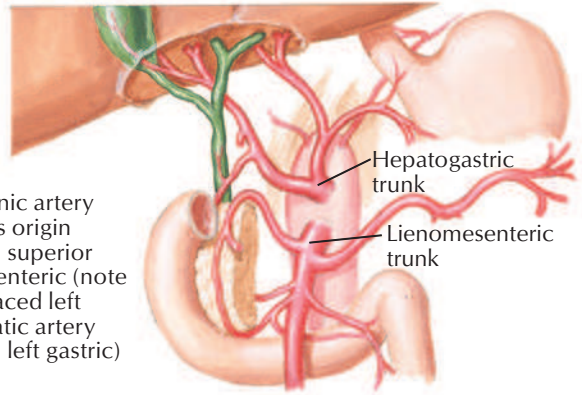
Anomalies





Common origin of celiac trunk and superior mesenteric artery

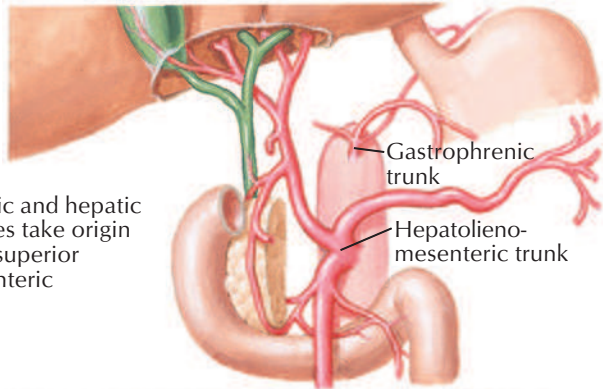
Celiacomesenteric trunk



Splenic artery takes origin from superior mesenteric (note replaced left hepatic artery from left gastric)

Hepatogastric trunk

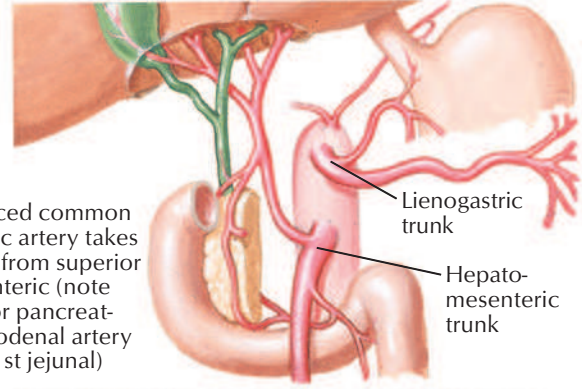
Lienomesenteric trunk



Splenic and hepatic arteries take origin from superior mesenteric

Gastrophrenic trunk

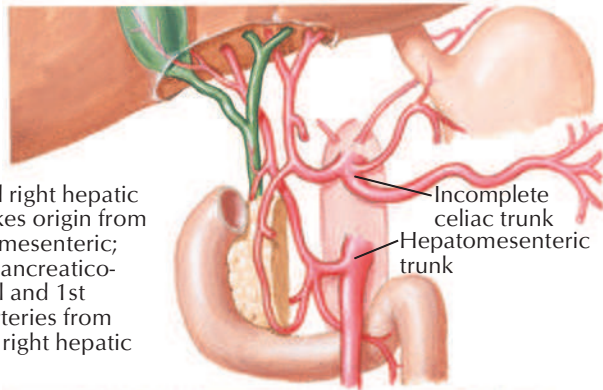
Hepatolienomesenteric trunk



Replaced common hepatic artery takes origin from superior mesenteric (note inferior pancreaticoduodenal artery from 1st jejunal)

Lienogastric trunk

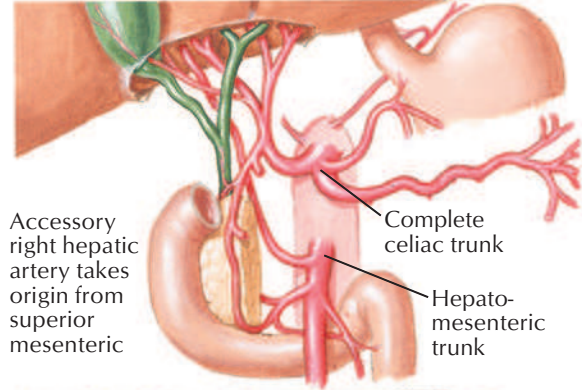
Hepatomesenteric trunk



Replaced right hepatic artery takes origin from superior mesenteric; inferior pancreaticoduodenal and 1st jejunal arteries from replaced right hepatic

Incomplete celiac trunk

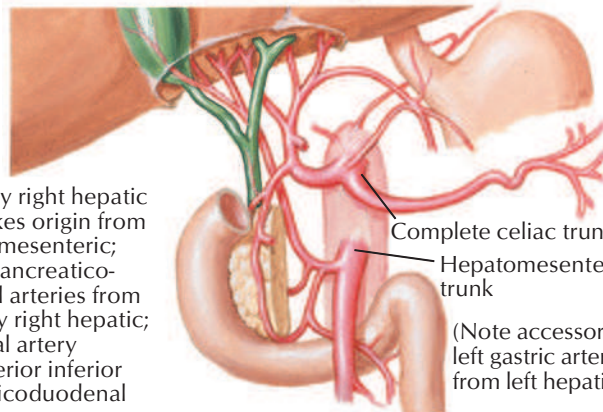
Hepatomesenteric trunk



Accessory right hepatic artery takes origin from superior mesenteric

Complete celiac trunk

Hepatomesenteric trunk

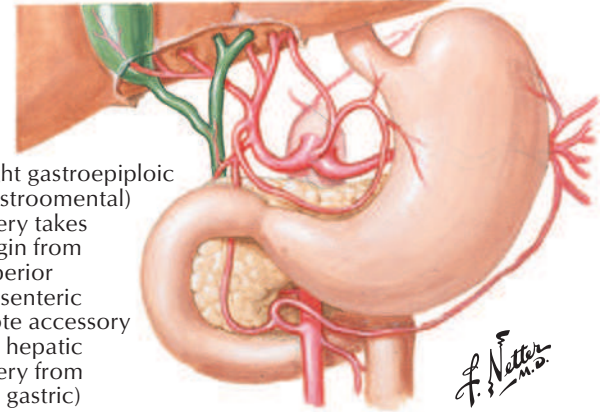


Accessory right hepatic artery takes origin from superior mesenteric; inferior pancreaticoduodenal arteries from accessory right hepatic; 1st jejunal artery from anterior inferior pancreaticoduodenal

Complete celiac trunk

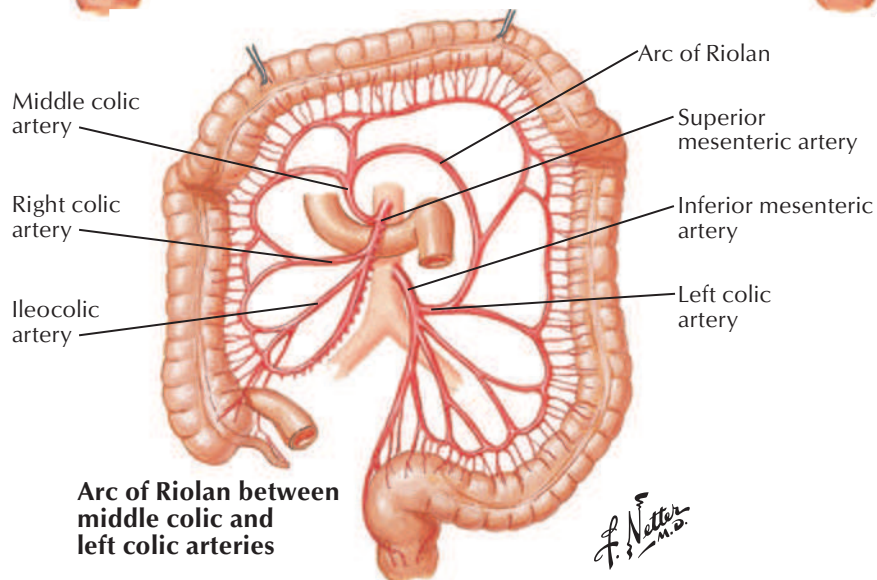
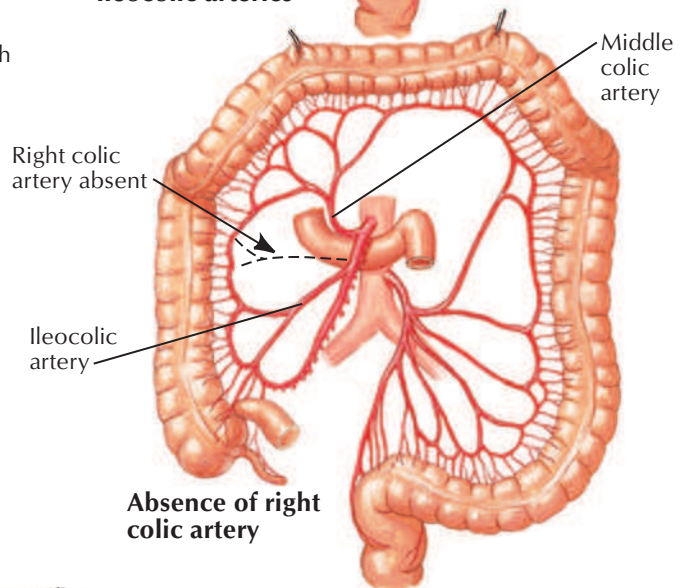
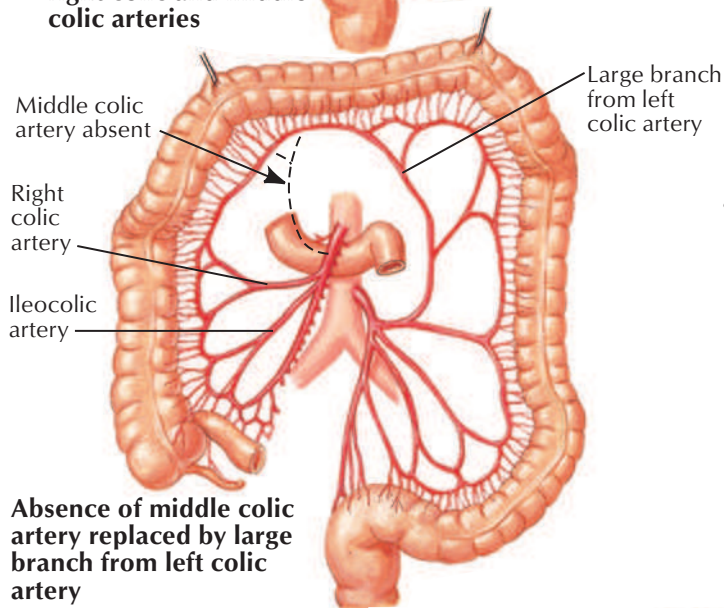
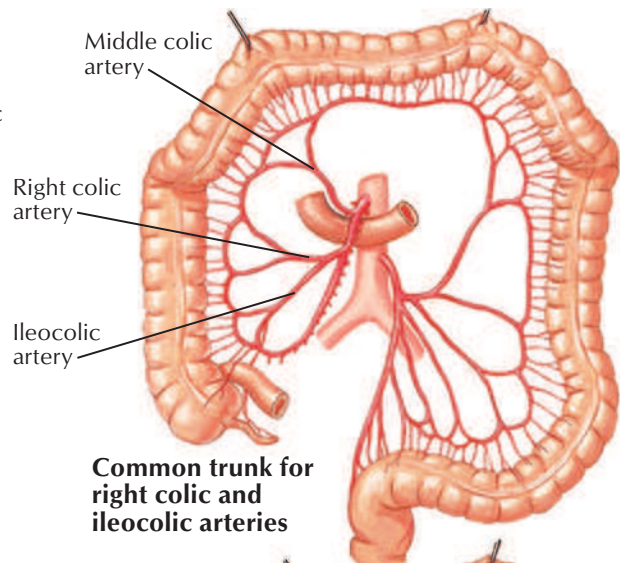
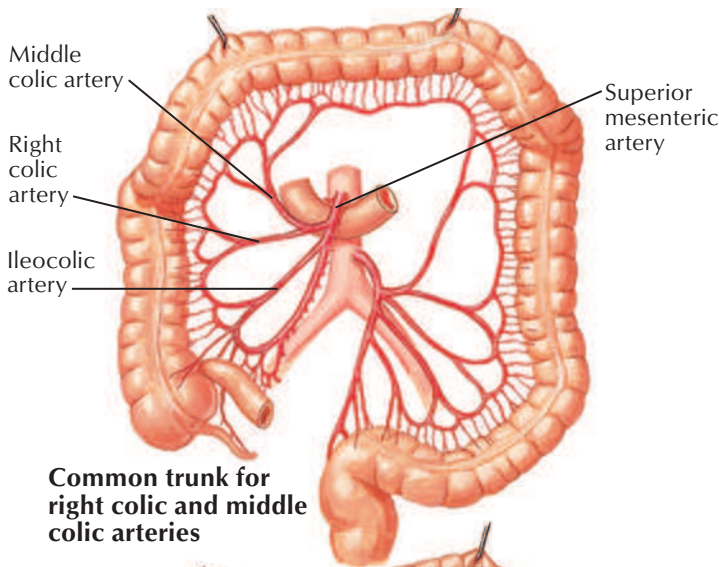
Hepatomesenteric trunk

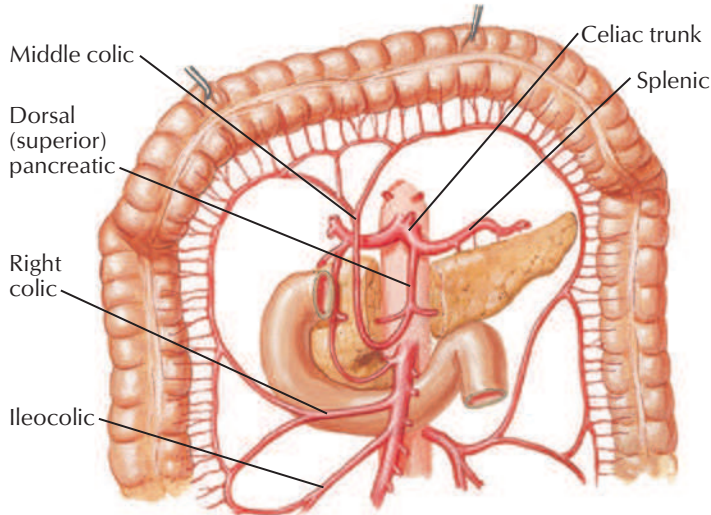
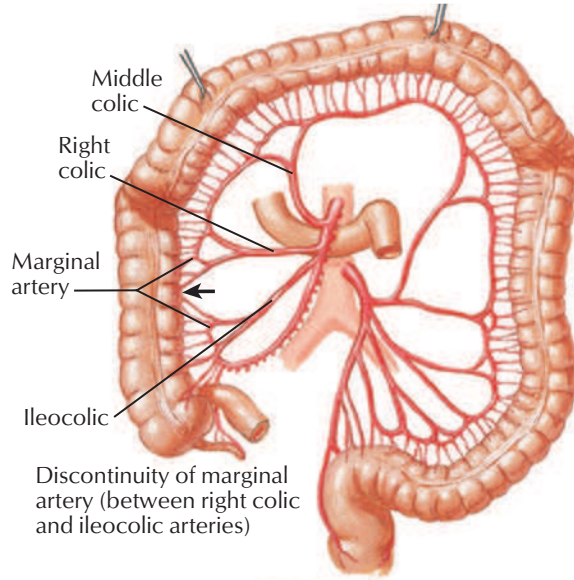
(Note accessory left gastric artery from left hepatic)



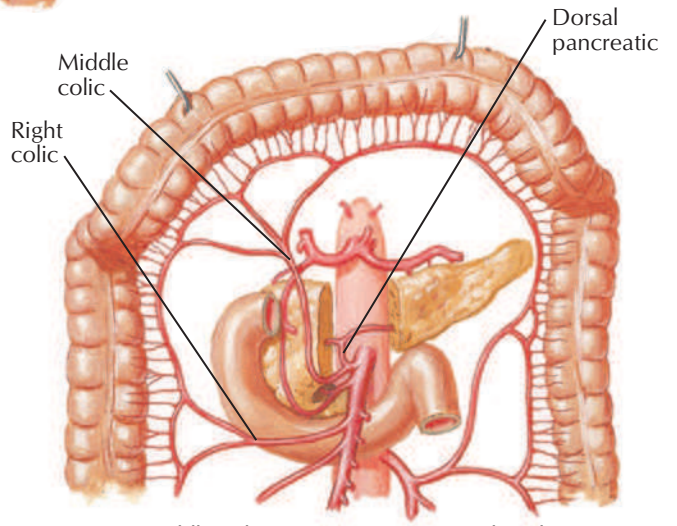
Right gastroepiploic (gastrointestinal) artery takes origin from superior mesenteric (note accessory left hepatic artery from left gastric)

F. Netter M.D.

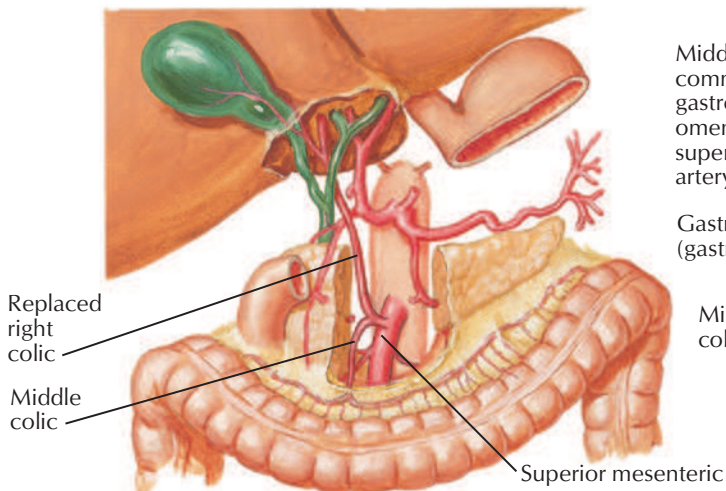




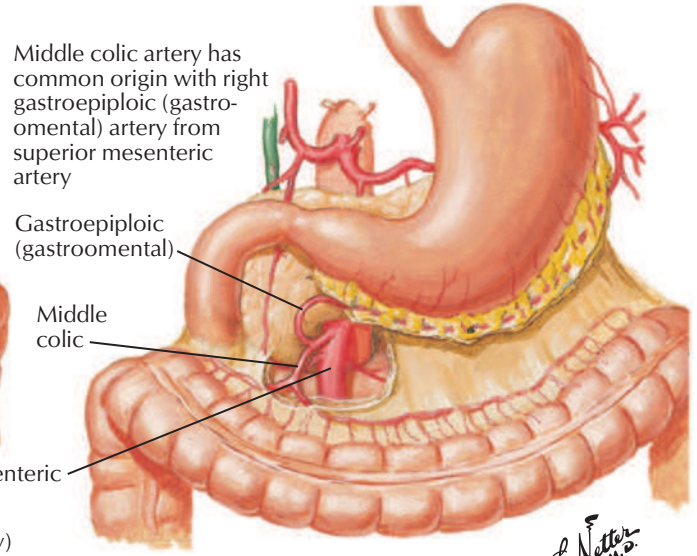
Middle colic artery originates from celiac trunk via dorsal pancreatic artery



Middle colic artery gives origin to dorsal pancreatic artery

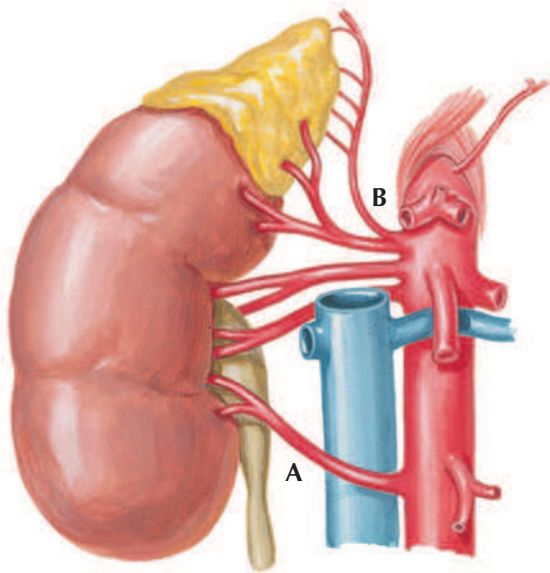


Middle colic artery originates from replaced right hepatic artery (from superior mesenteric artery)



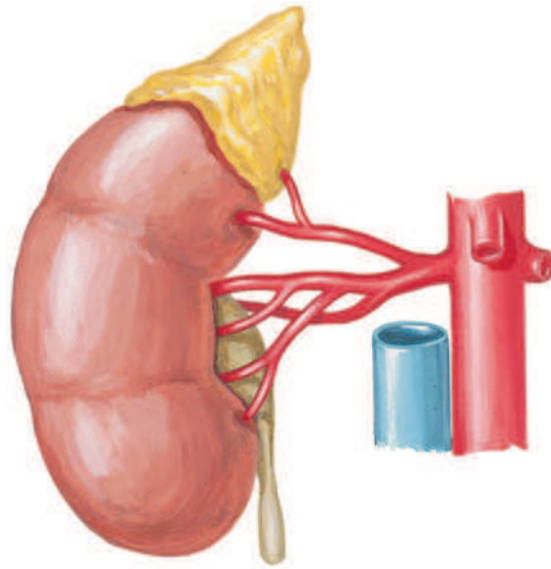
Middle colic artery has common origin with right gastroepiploic (gastrointestinal) artery from superior mesenteric artery

F. Netter M.D.

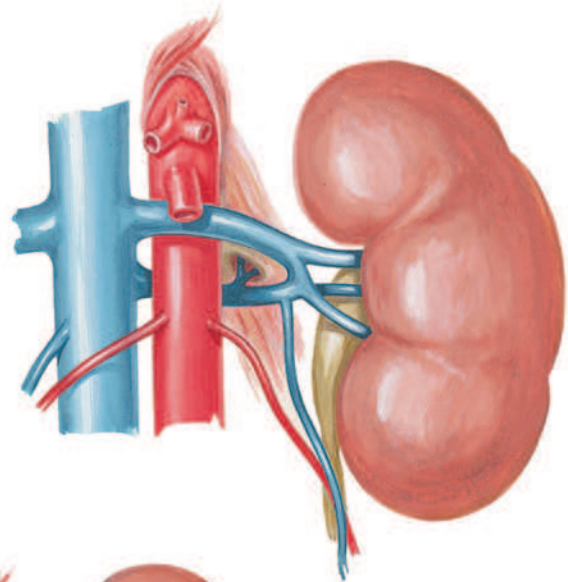


A Low accessory right renal artery may pass anterior to inferior vena cava instead of posterior to it

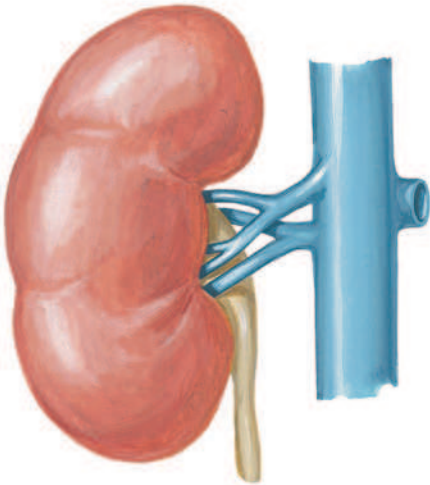
B Inferior phrenic artery with superior suprarenal arteries may arise from renal artery (middle suprarenal artery absent)



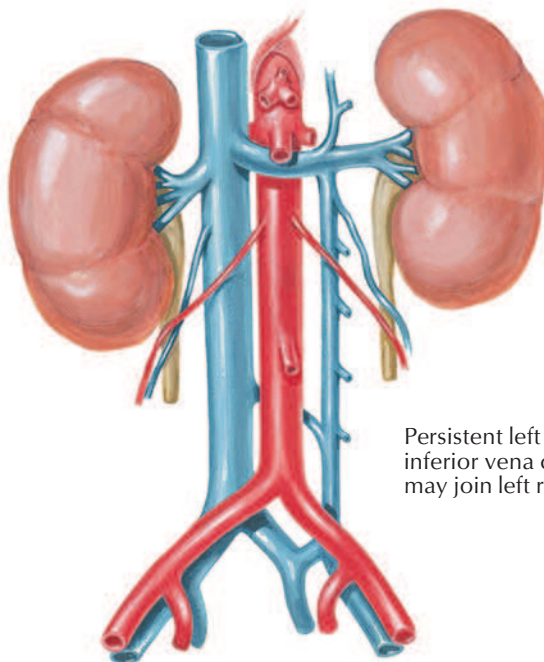
Proximal subdivision of renal artery



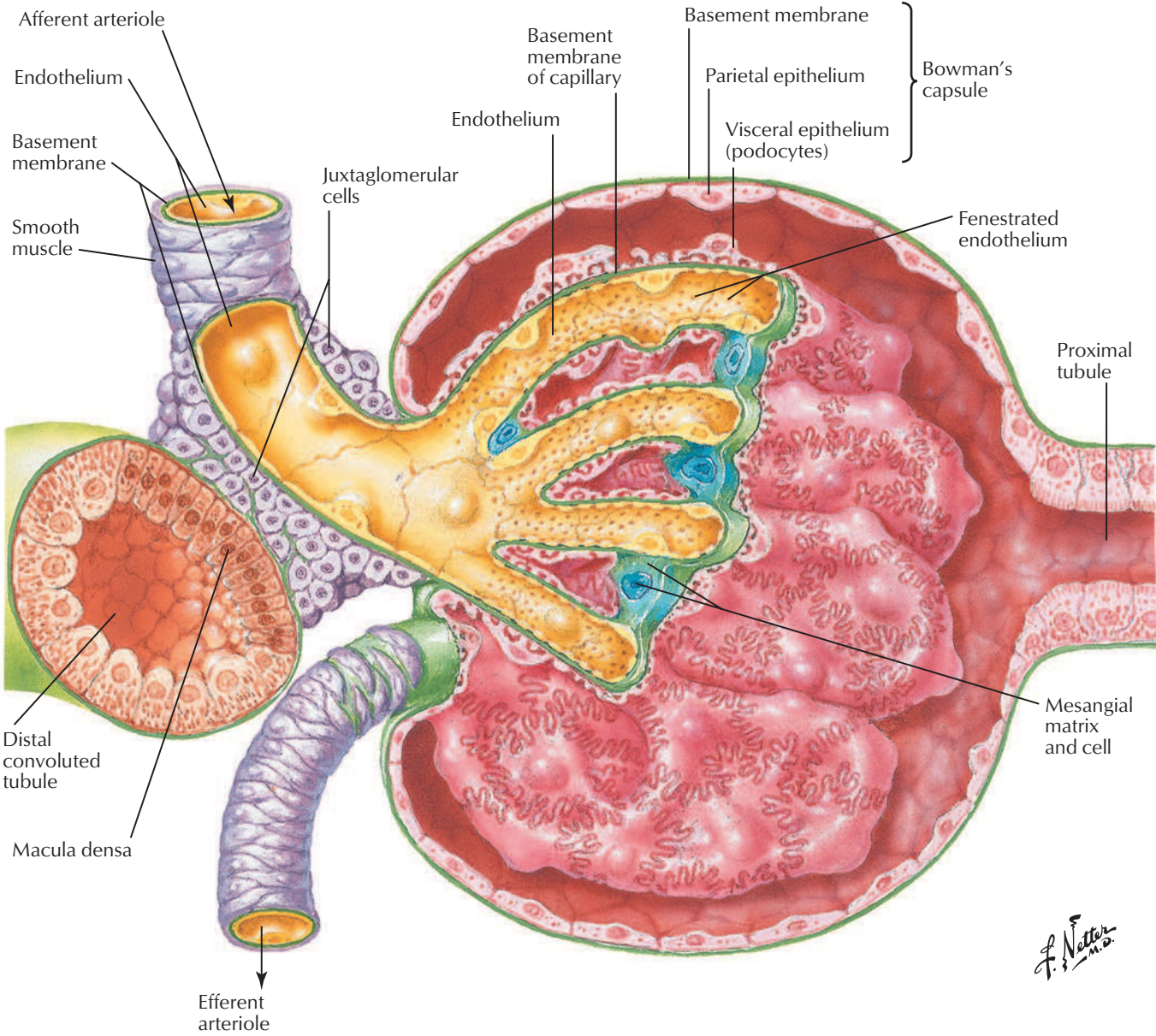
Double left renal vein may form ring around abdominal aorta



Multiple renal veins

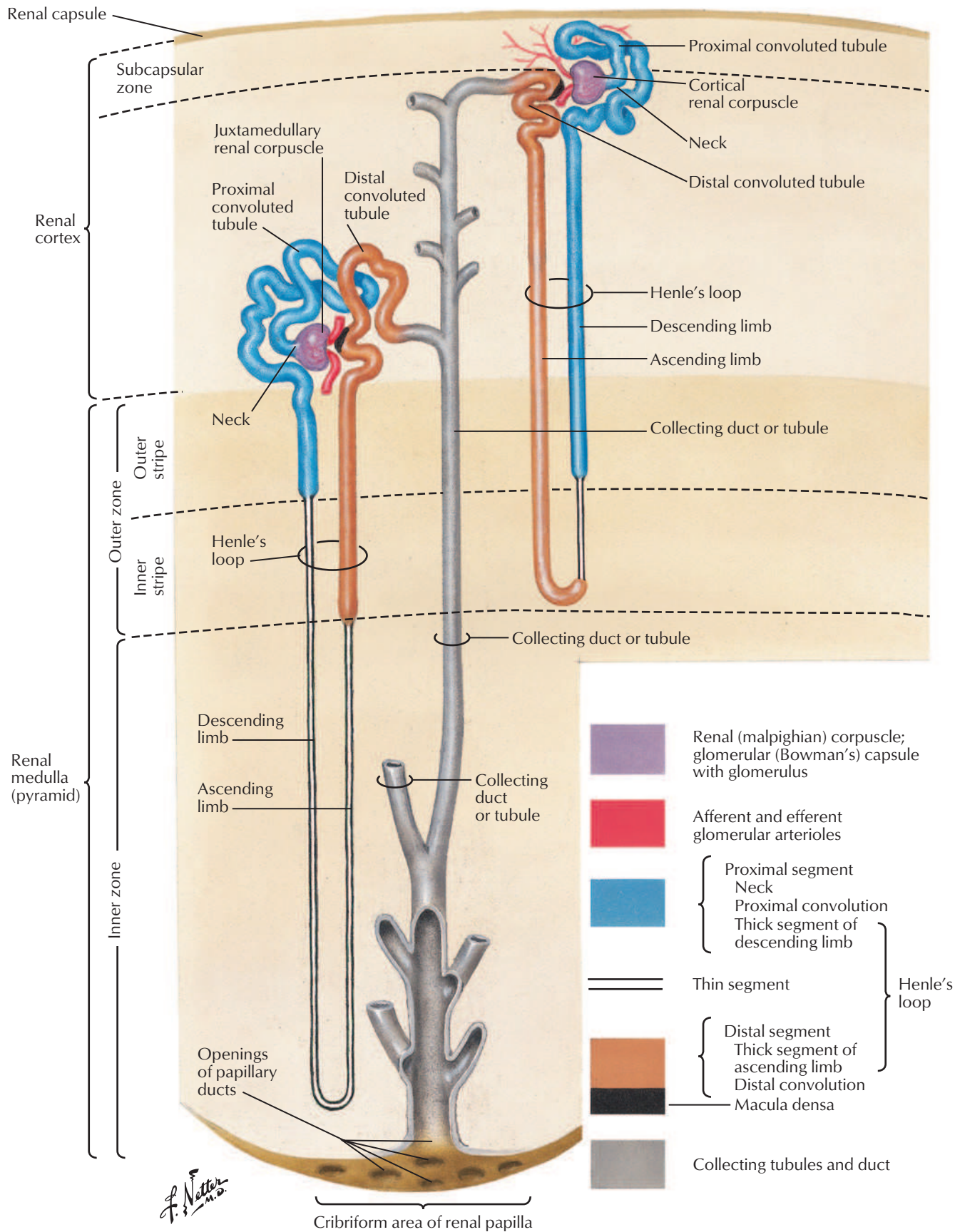


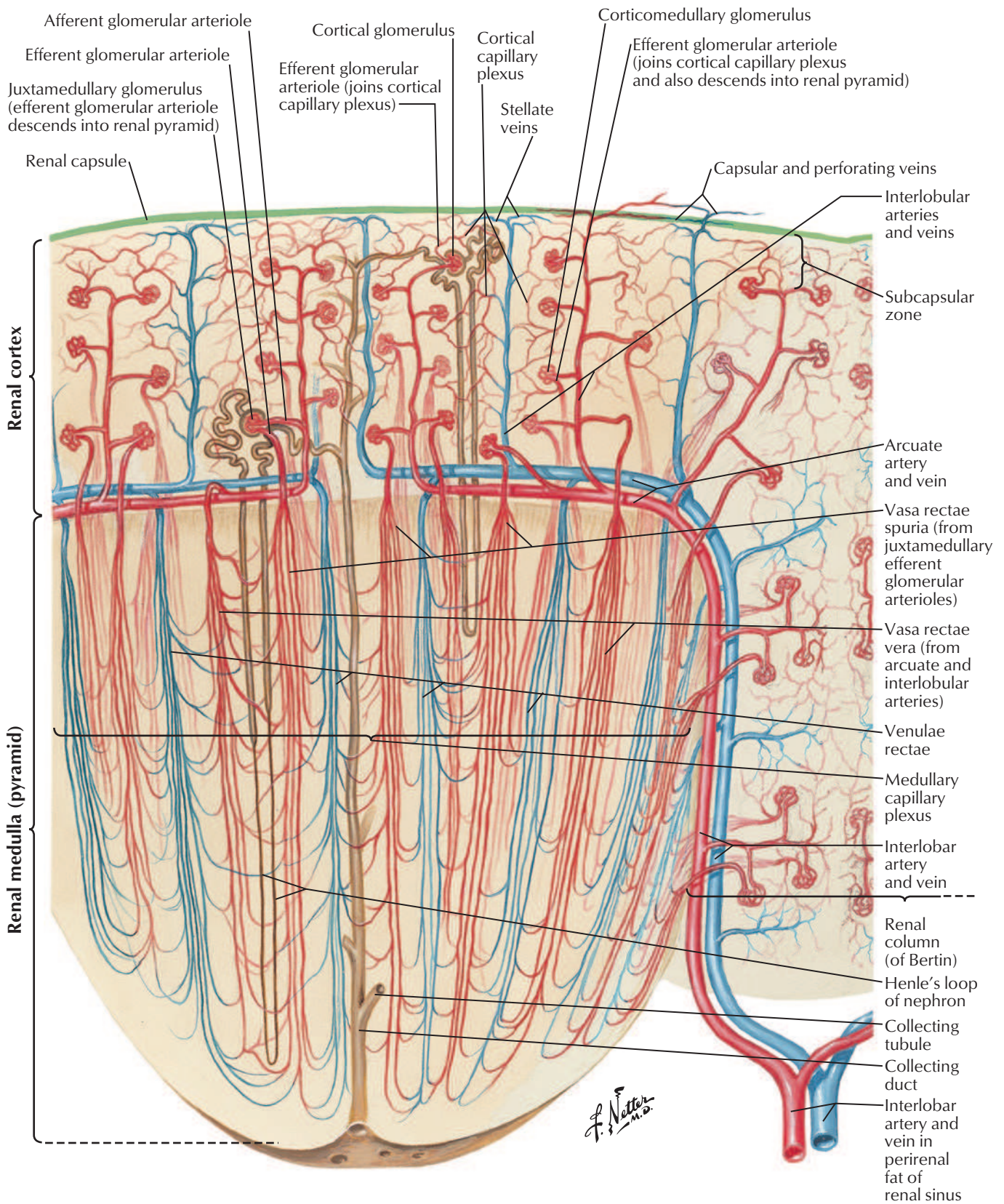
Persistent left inferior vena cava may join left renal vein



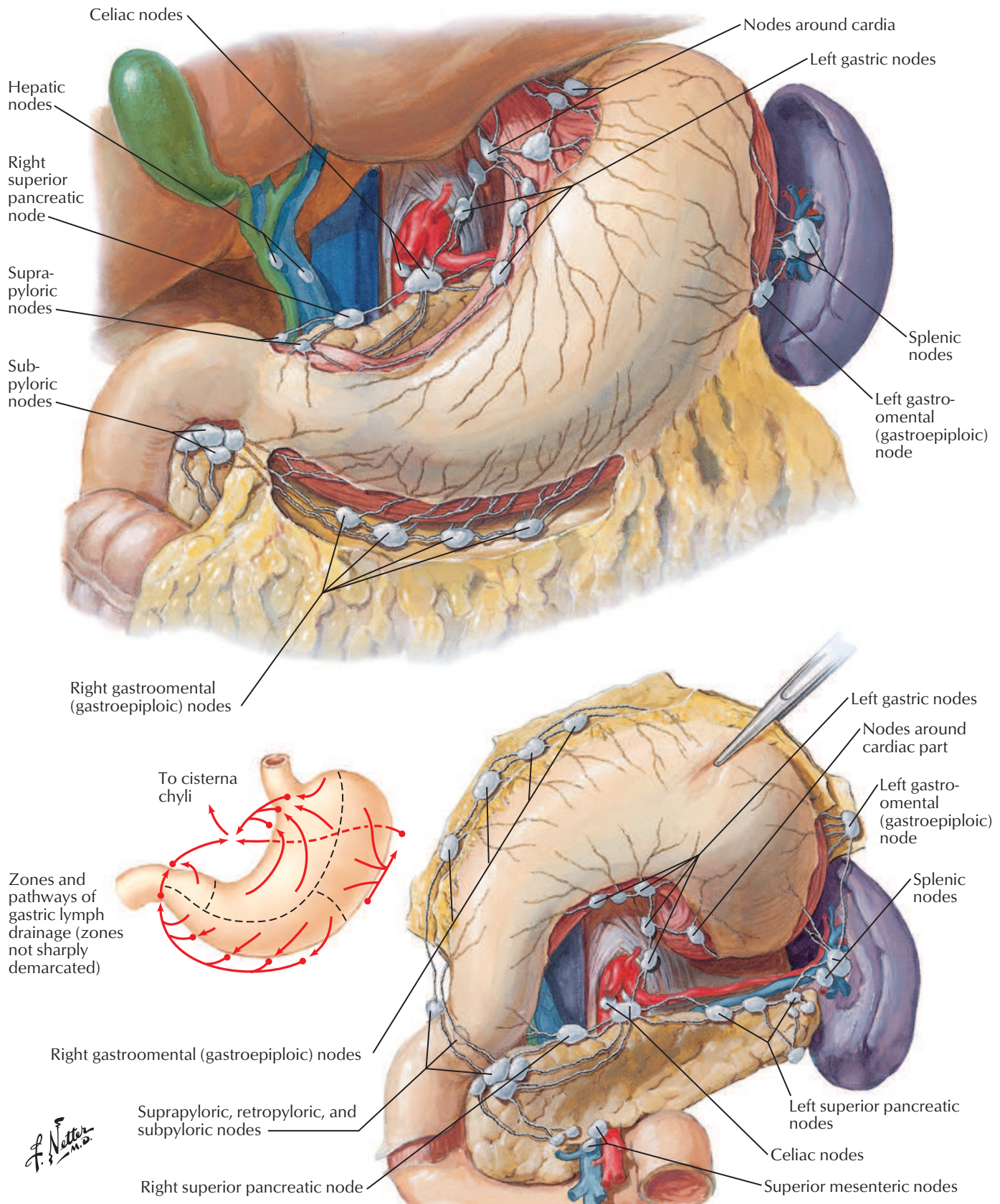
F. Netter M.D.

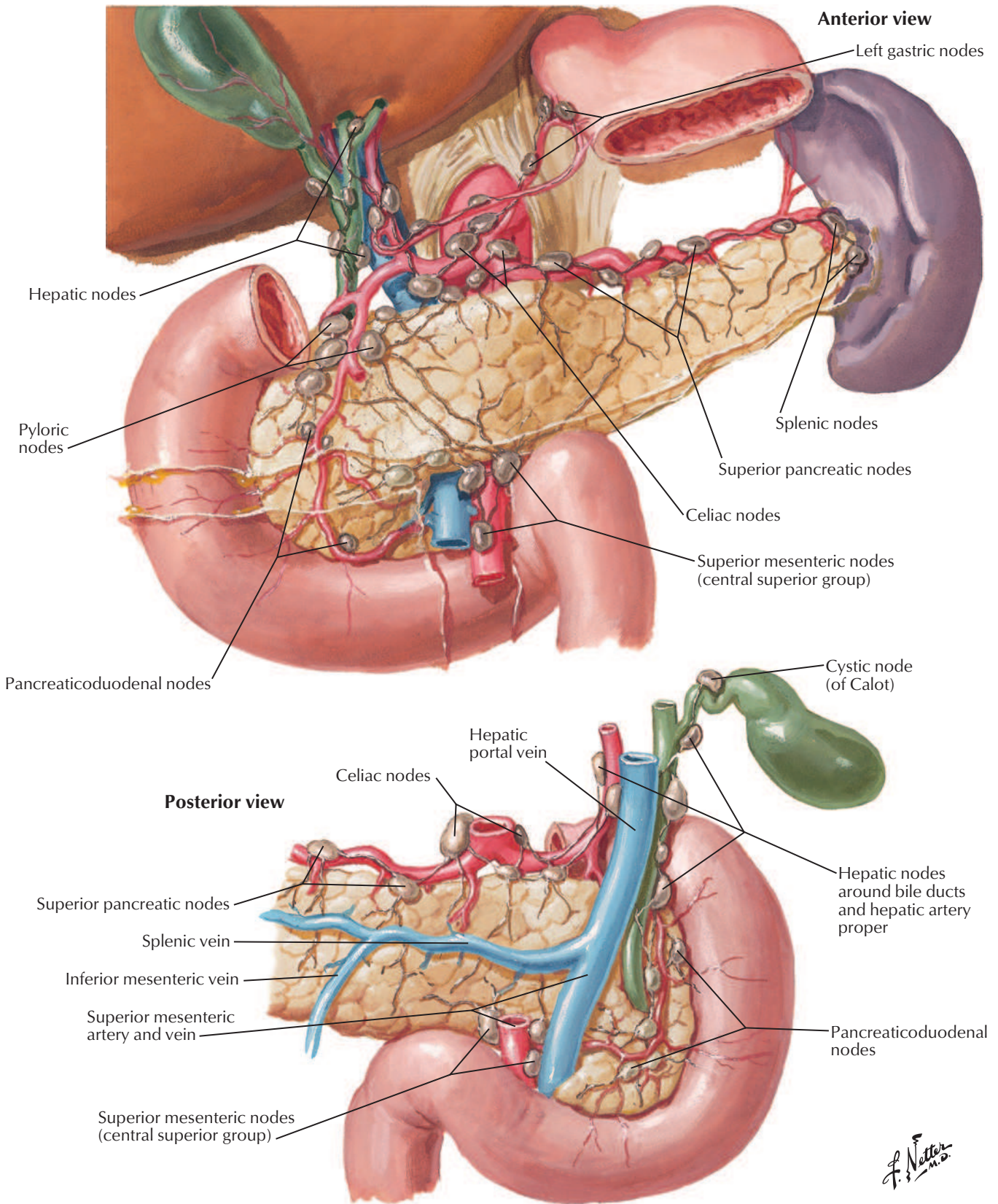
Nephron and Collecting Tubule: Schema



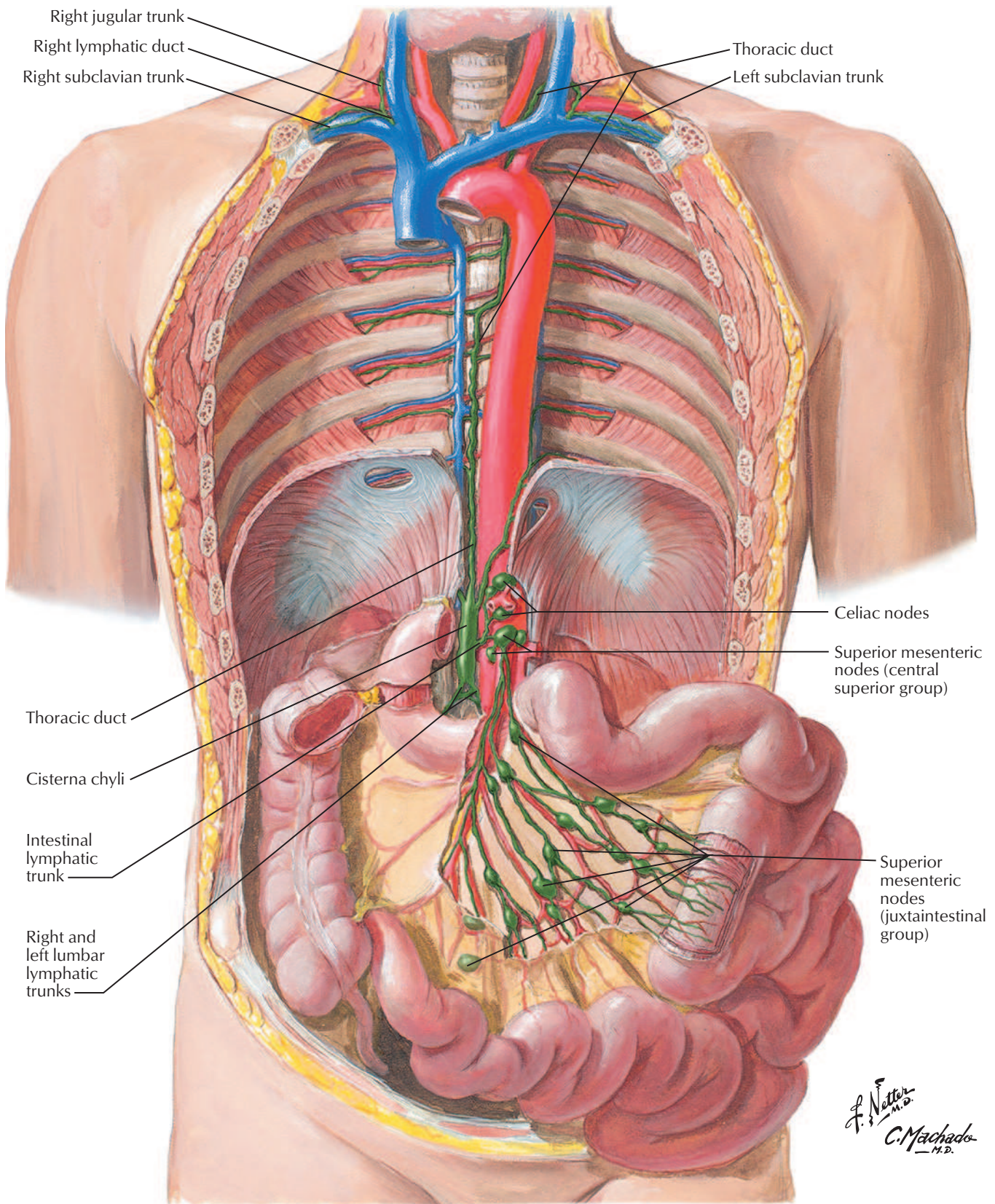


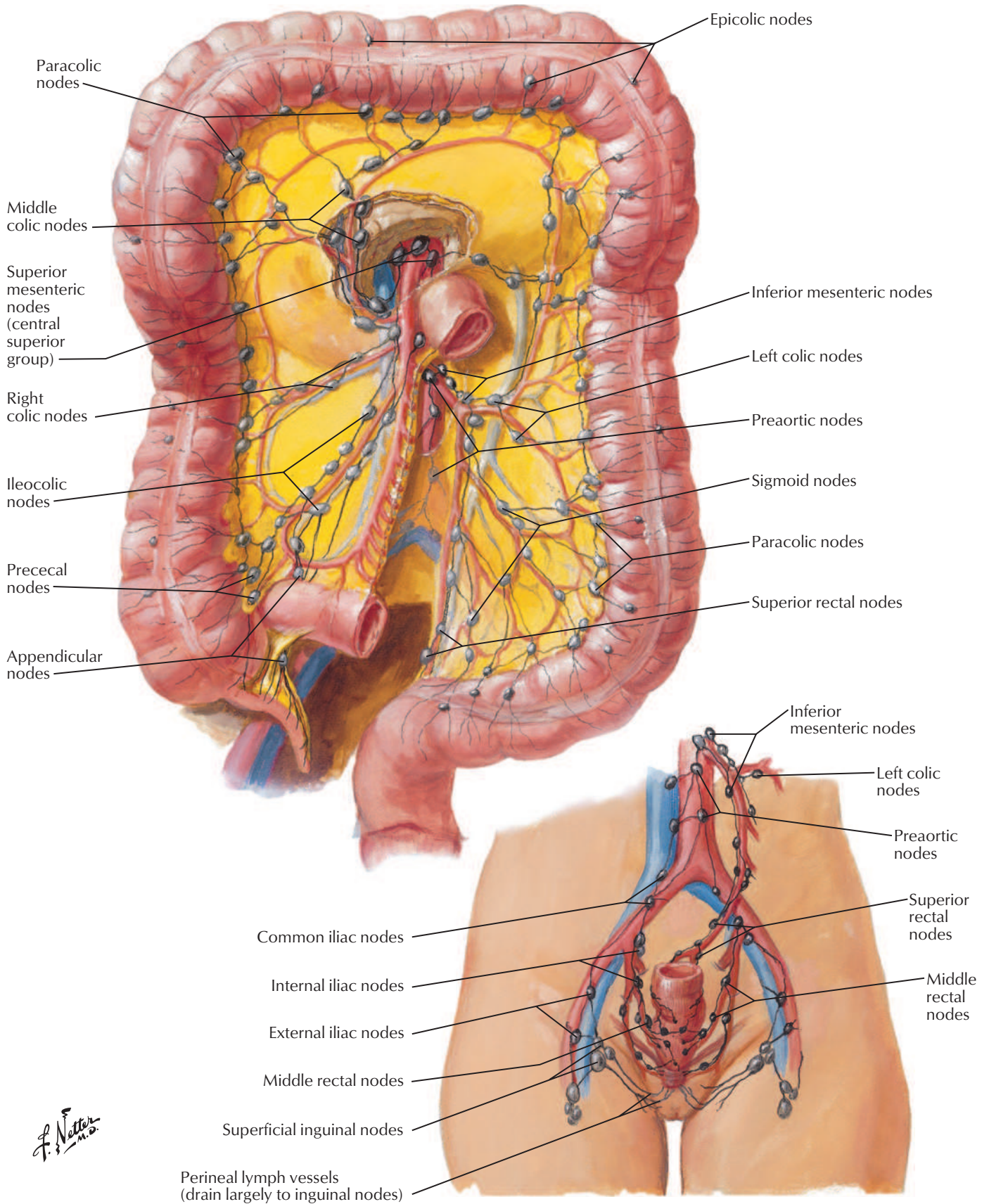
Lymph Vessels and Nodes of Stomach

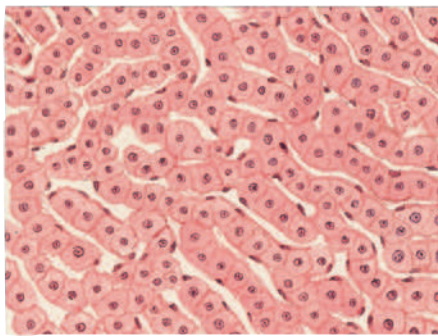




Lymph Vessels and Nodes of Small Intestine

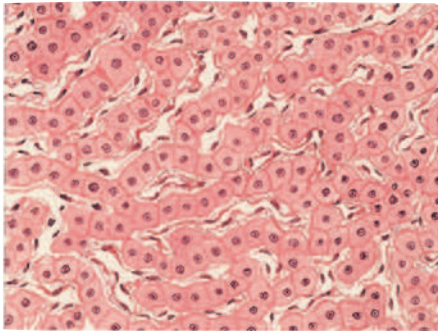




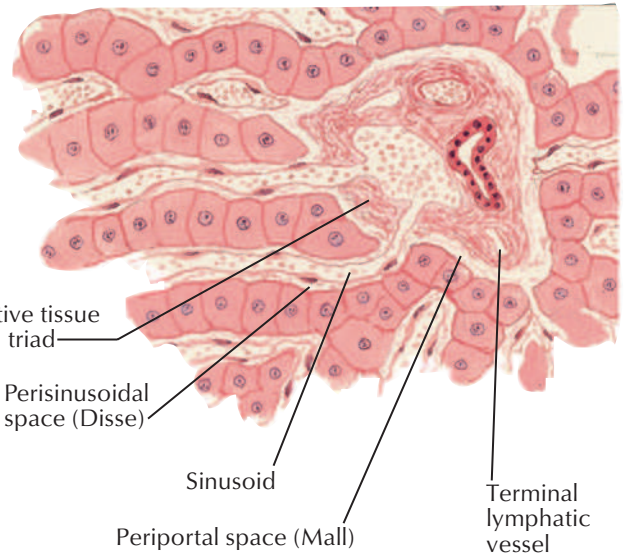


Low-power sections of liver

Perisinusoidal spaces (Disse) very narrow or obliterated



Perisinusoidal spaces (Disse) markedly widened



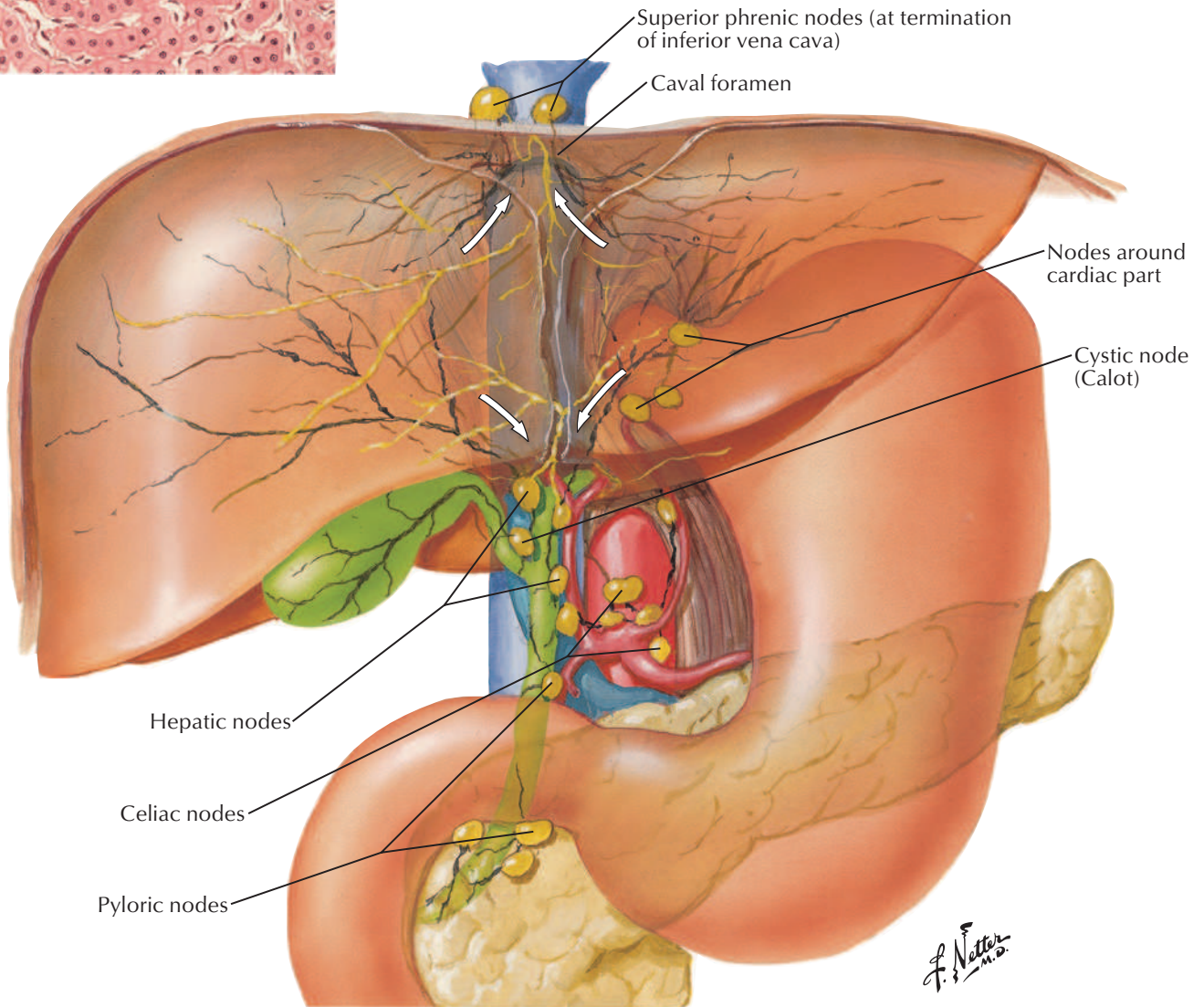
Connective tissue of portal triad

Perisinusoidal space (Disse)

Sinusoid

Periportal space (Mall)

Terminal lymphatic vessel



Superior phrenic nodes (at termination of inferior vena cava)

Caval foramen

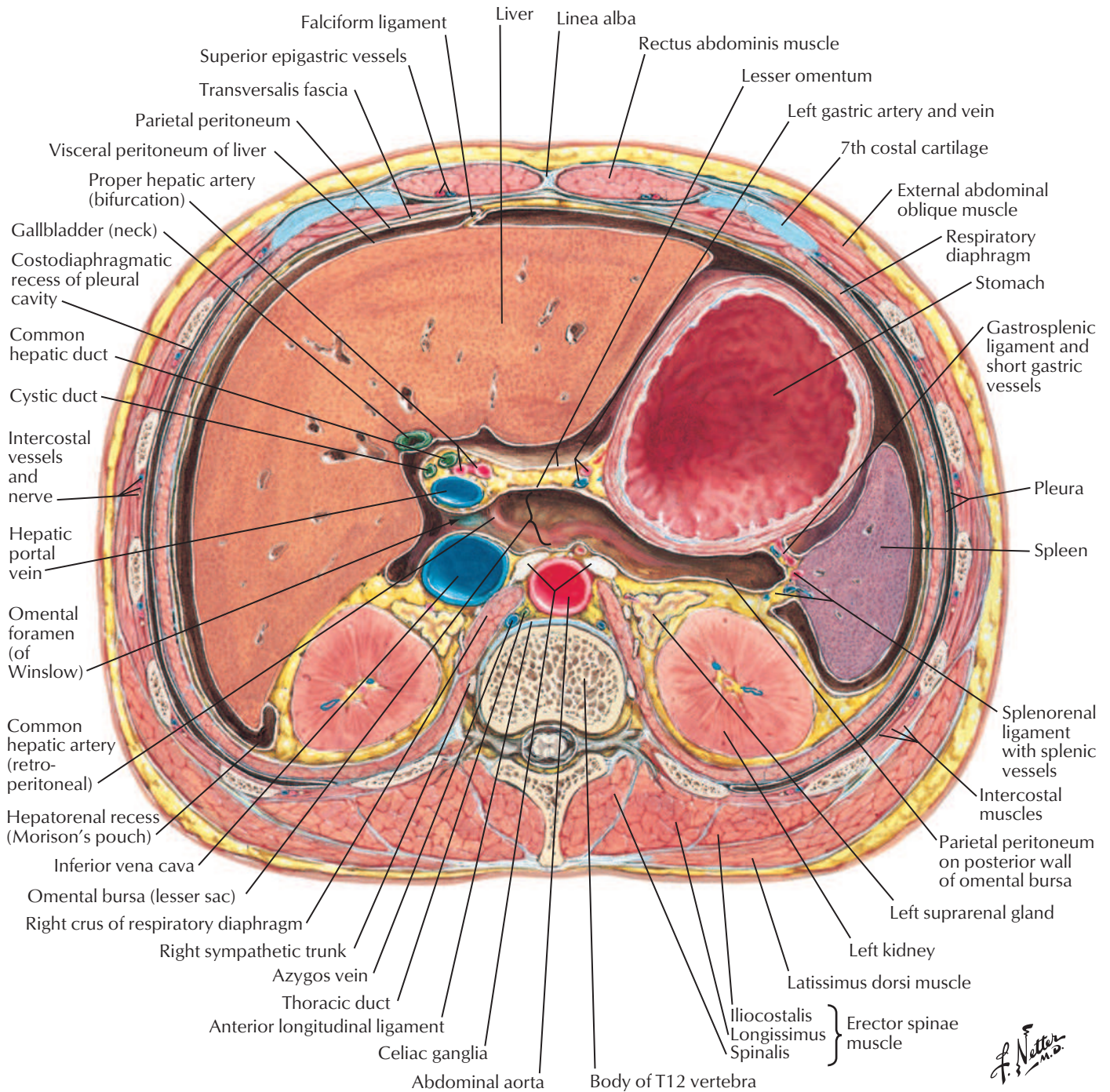
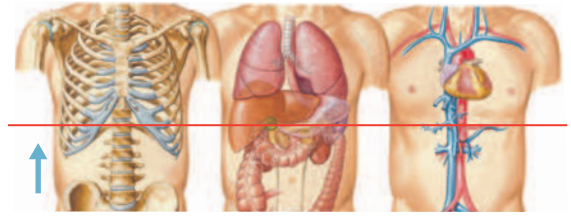
Nodes around cardiac part

Cystic node (Calot)

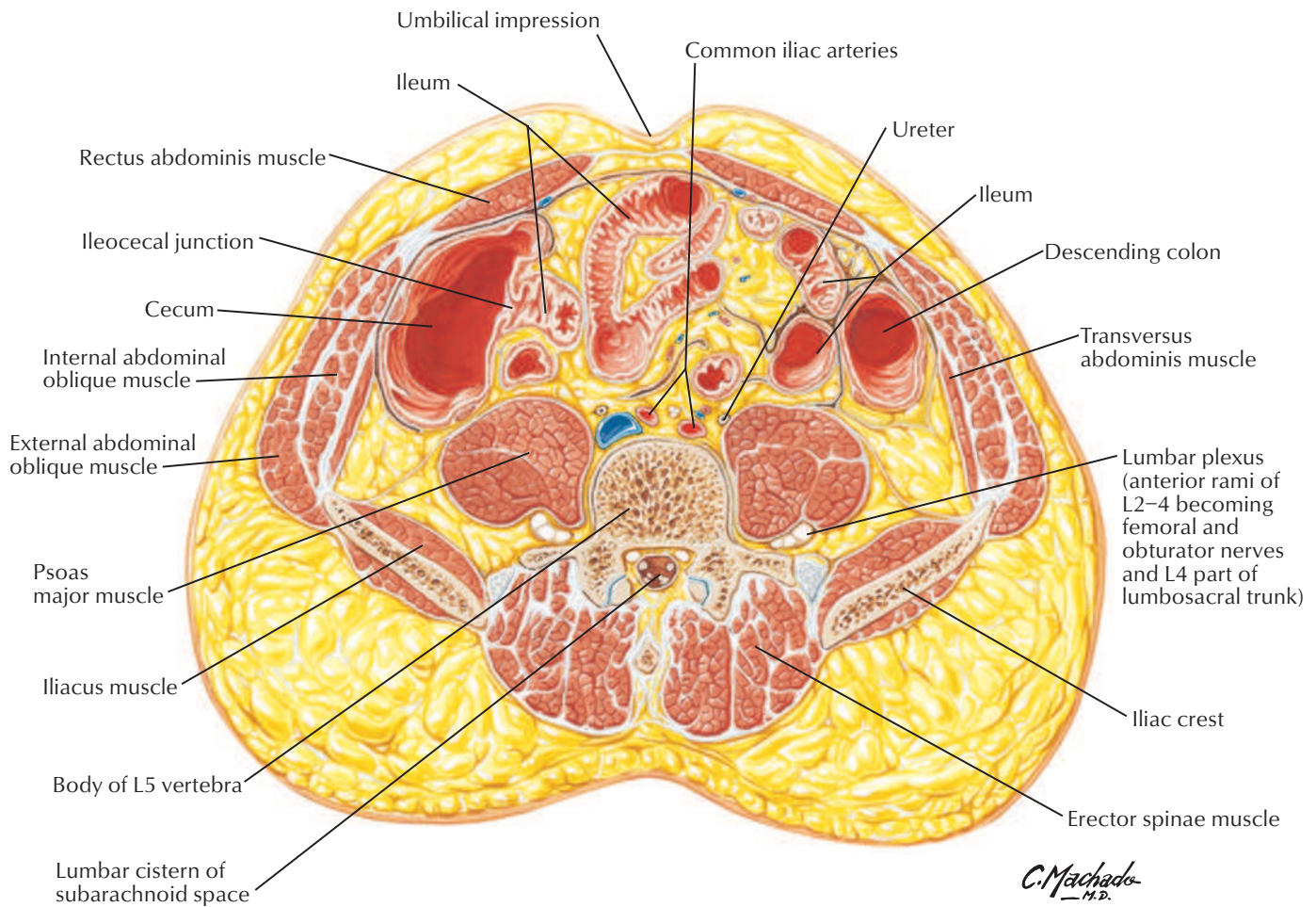
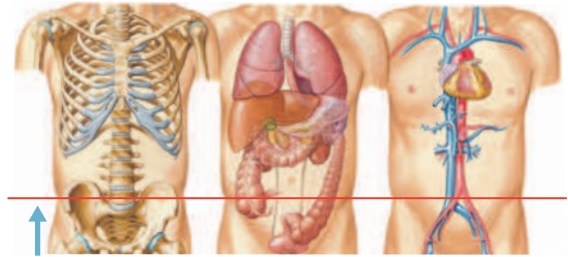
Hepatic nodes

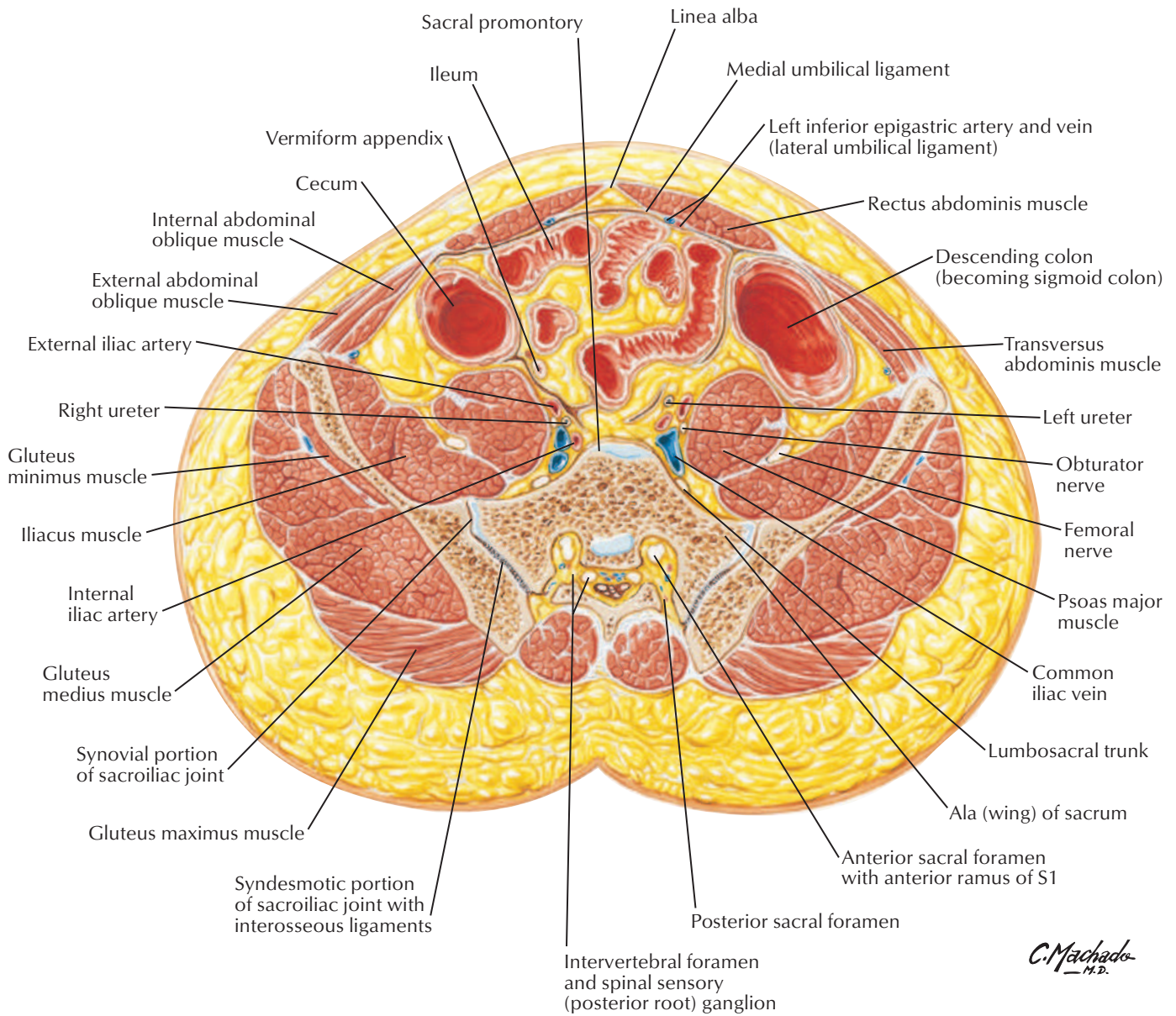
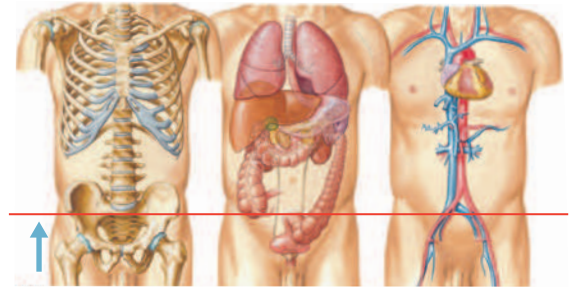
Celiac nodes

Pyloric nodes

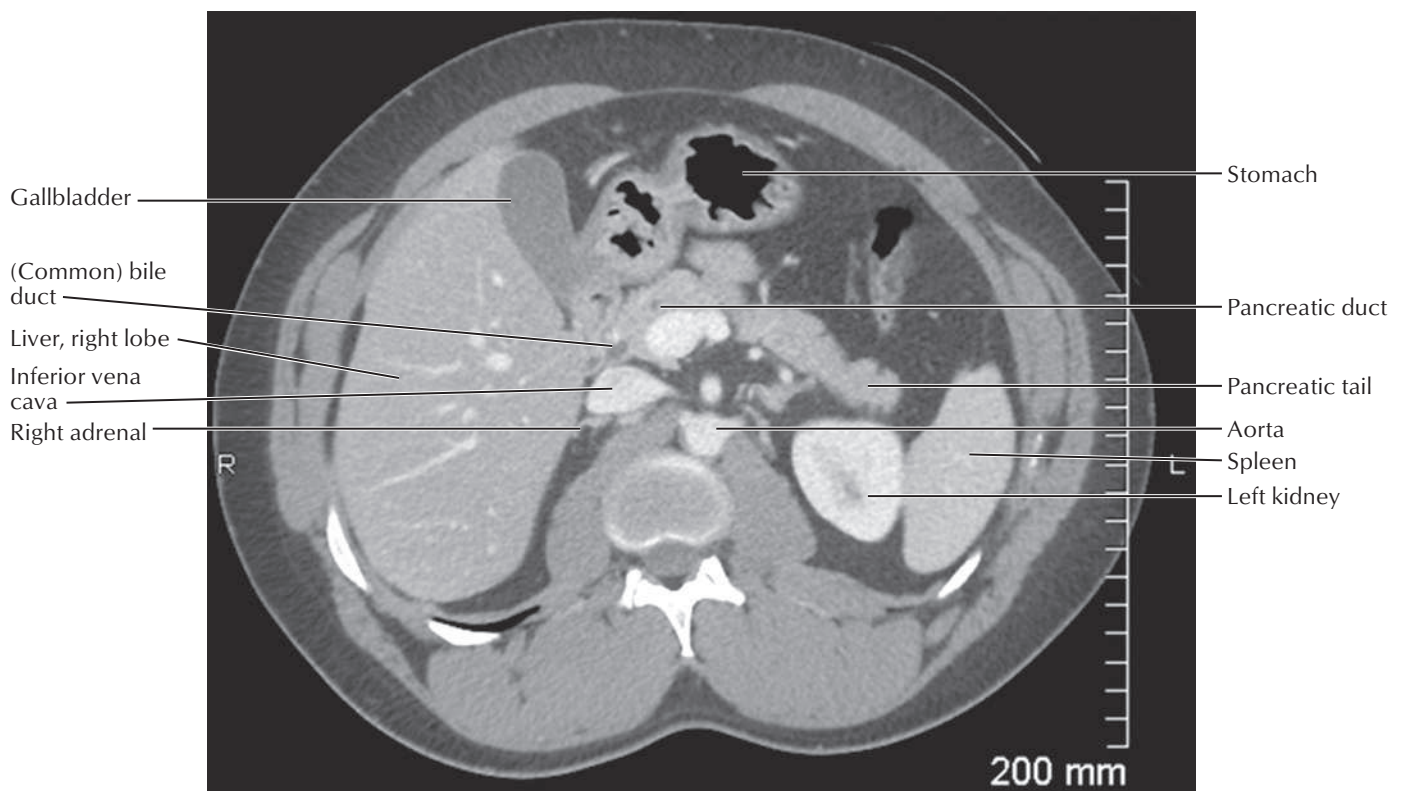


Transverse Section of Abdomen: Level of L5, Near Transtubercular Plane





Axial CT image enhanced with intravenous contrast



PELVIS AND PERINEUM

Surface Anatomy	333	Testis, Epididymis, and Ductus Deferens	372
Bones and Ligaments	334-338	Rectum	373-378
Pelvic Floor and Contents	339-349	Regional Scan	379
Urinary Bladder	350-352	Vasculature	380-390
Uterus, Vagina, and Supporting Structures	353-357	Innervation	391-399
Perineum and External Genitalia: Female	358-361	Cross-Sectional Anatomy	400-401
Perineum and External Genitalia: Male	362-369	Structures With High Clinical Significance	Tables 6.1-6.2
Homologues of Genitalia	370-371	Muscle Tables	Tables 6.3-6.4
		Electronic Bonus Plates	BP88-BP98

ELECTRONIC BONUS PLATES



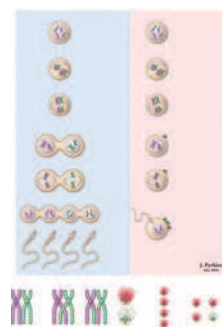
BP88 Fasciae of Male and Female Pelvis and Perineum



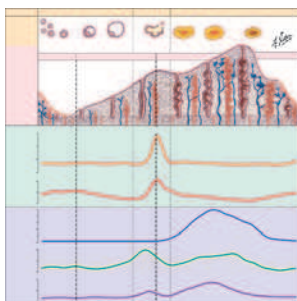
BP89 Male and Female Cystourethrograms



BP90 Female Urethra



BP91 Genetics of Reproduction



BP92 Menstrual Cycle



BP93 Testes

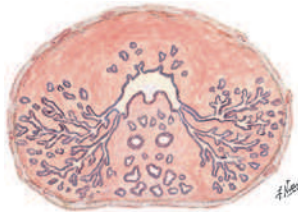
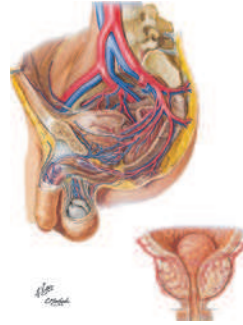


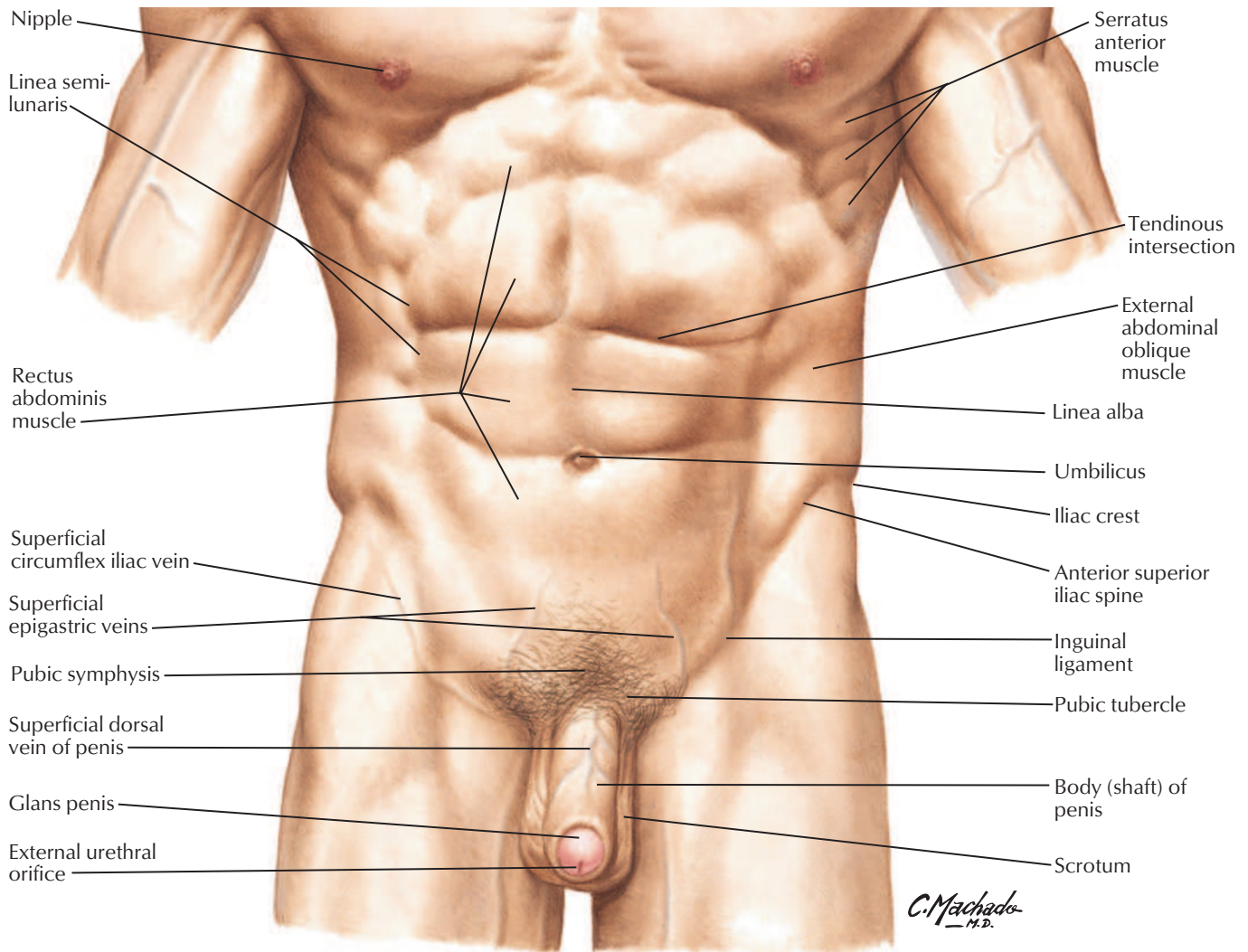
BP94 Uterine Development

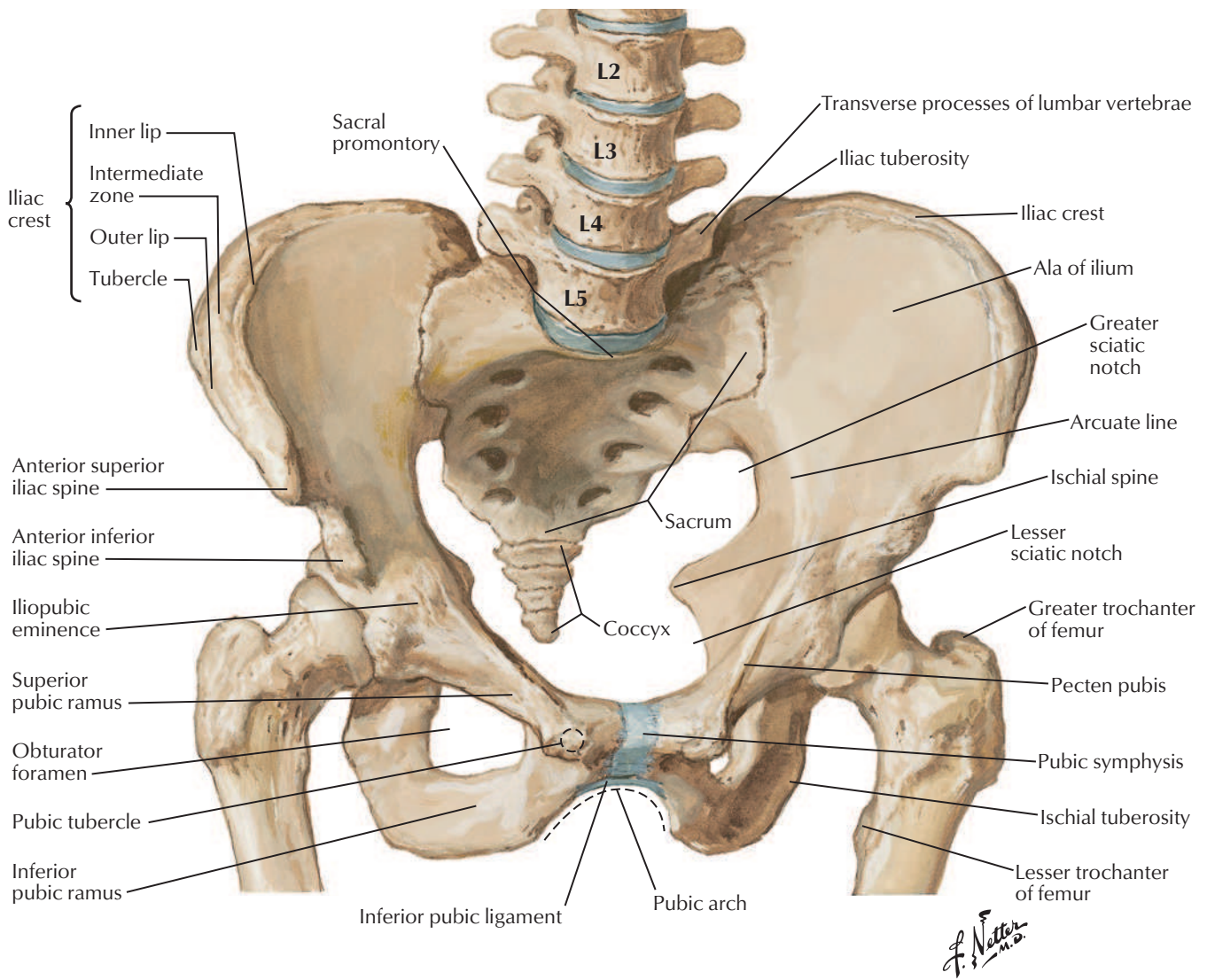


BP95 Ovary, Ova, and Follicles

ELECTRONIC BONUS PLATES—*cont'd*

**BP96** Variations in Hymen**BP97** Cross Section
Through Prostate**BP98** Arteries and Veins
of Pelvis: Male





Female

Transverse process L5

Ala of sacrum

Ilium

Coccyx

Superior pubic ramus

Obturator foramen

Ischial tuberosity

Femur

Anterior sacral foramina

Sacroiliac joint

Acetabulum

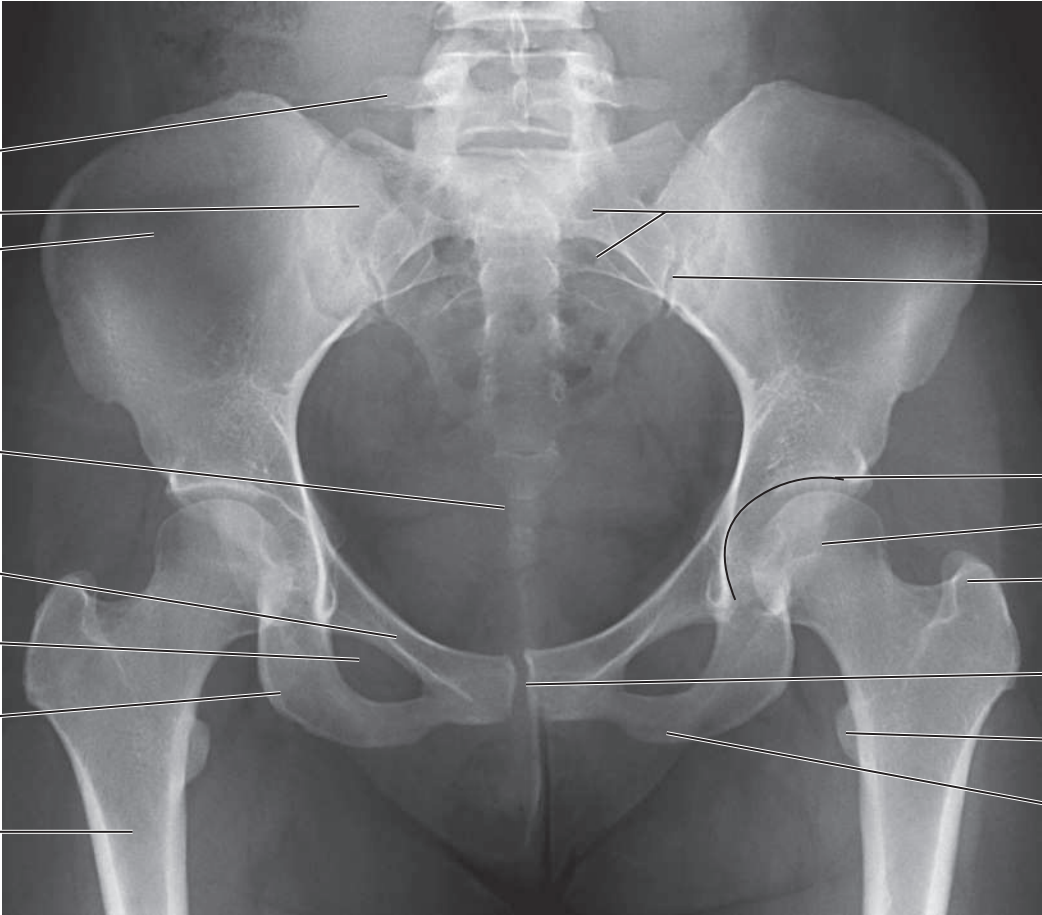
Head of femur

Greater trochanter

Pubic symphysis

Lesser trochanter

Inferior pubic ramus



Male

Spinous process L4

Ala of sacrum

Anterior sacral foramina

Pubic symphysis

Pubis

Obturator foramen

Ischium

Femur

Ilium

Sacroiliac joint

Ischial spine

Acetabulum

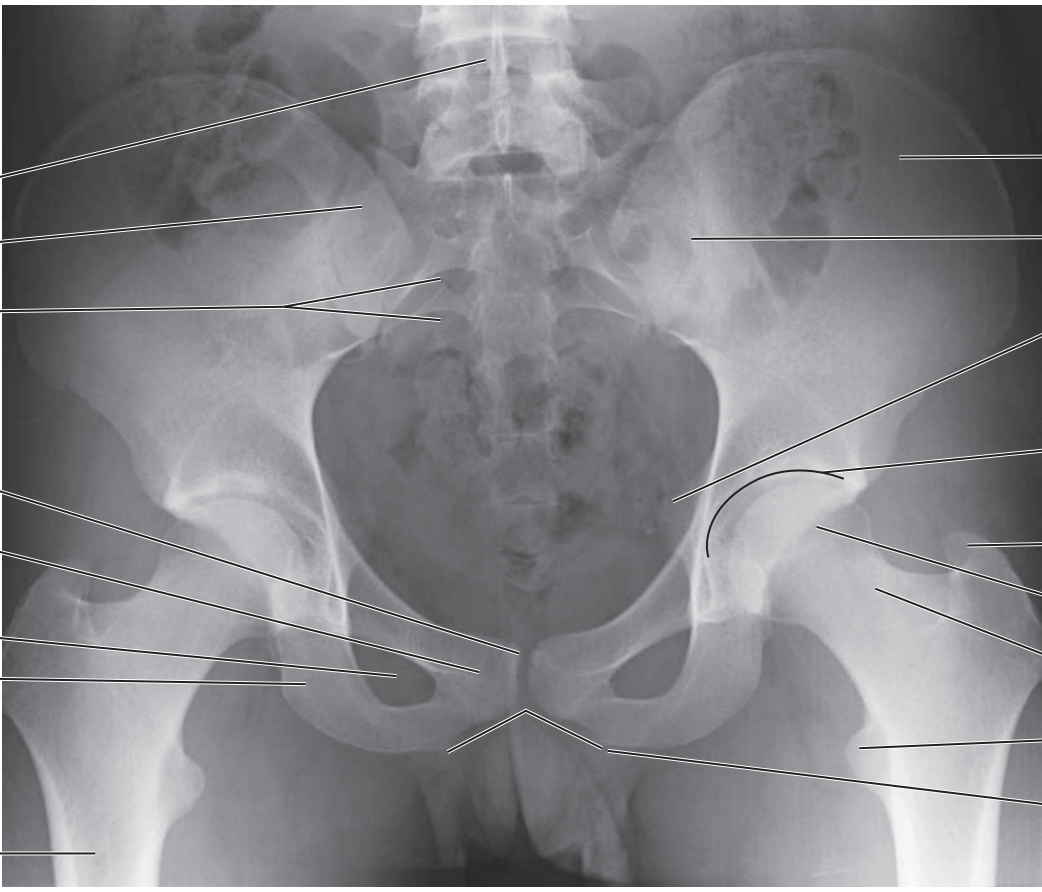
Greater trochanter

Head of femur

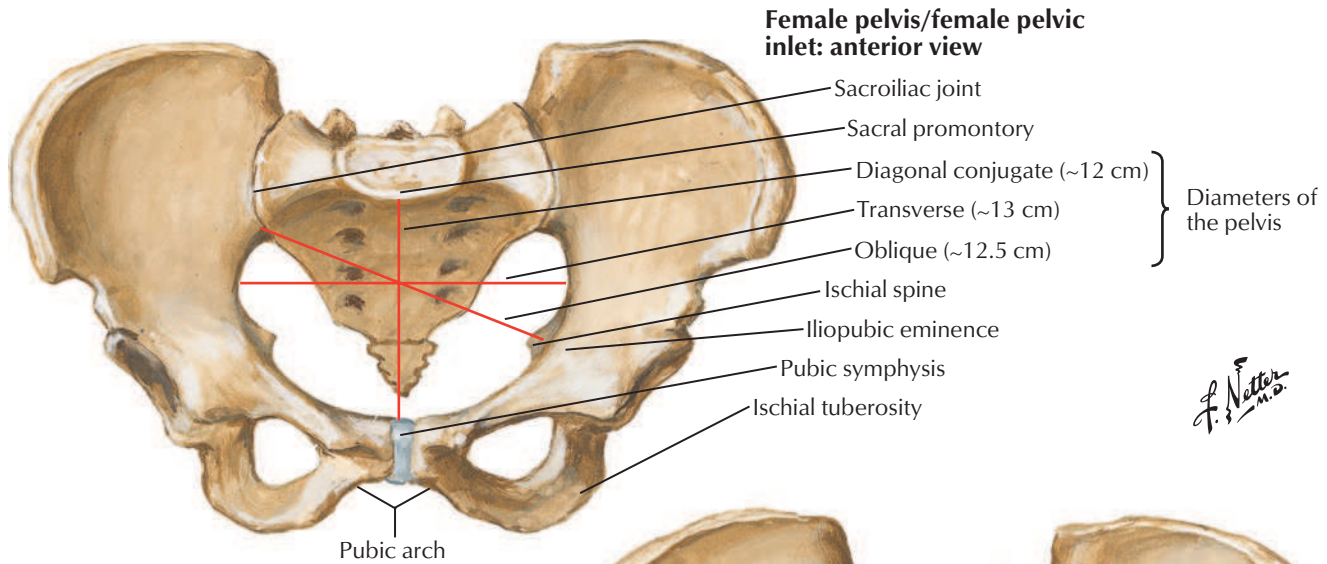
Neck of femur

Lesser trochanter

Subpubic angle

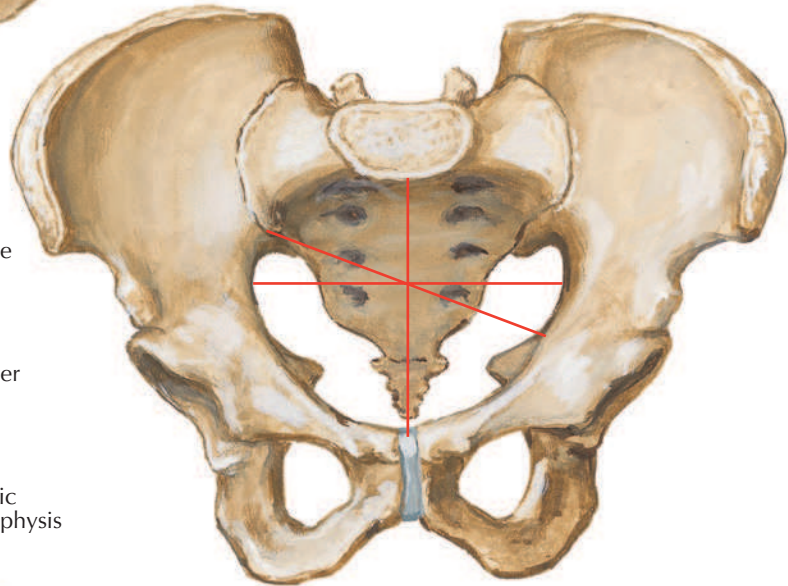


See also [Plate 250](#)



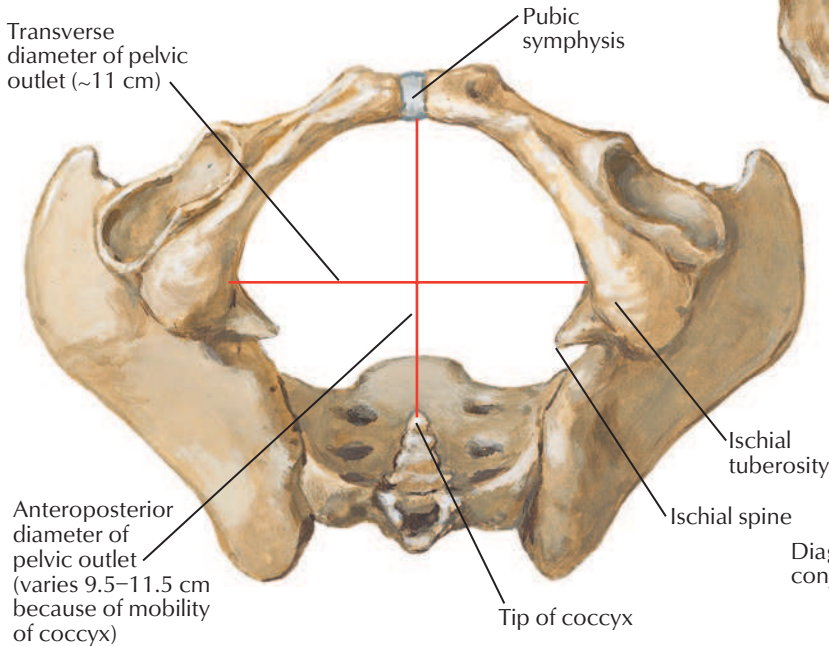
F. Netter M.D.

Male pelvis/male pelvic inlet: anterior view

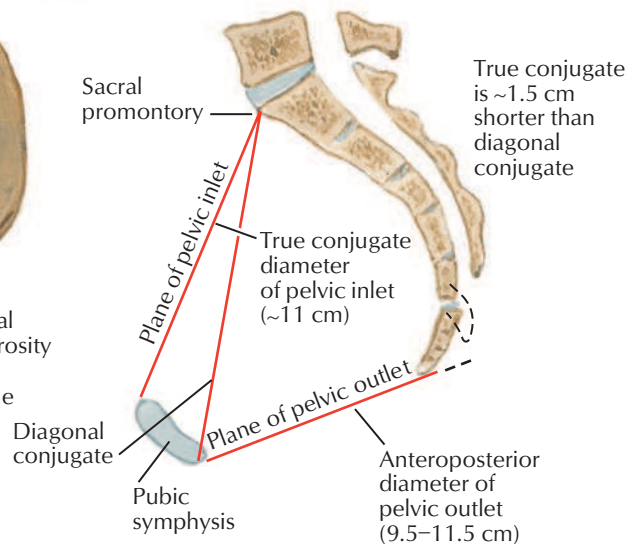


Diagonal conjugate is only diameter of pelvic inlet that can be measured clinically

All measurements slightly shorter in relation to body size than in female
 Pelvic inlet oriented more anteroposteriorly than in female, where it tends to be transversely oval
 Pubic symphysis deeper (taller)
 Pubic arch (subpubic angle) narrower
 Ischial tuberosities less far apart
 Iliac wings less flared

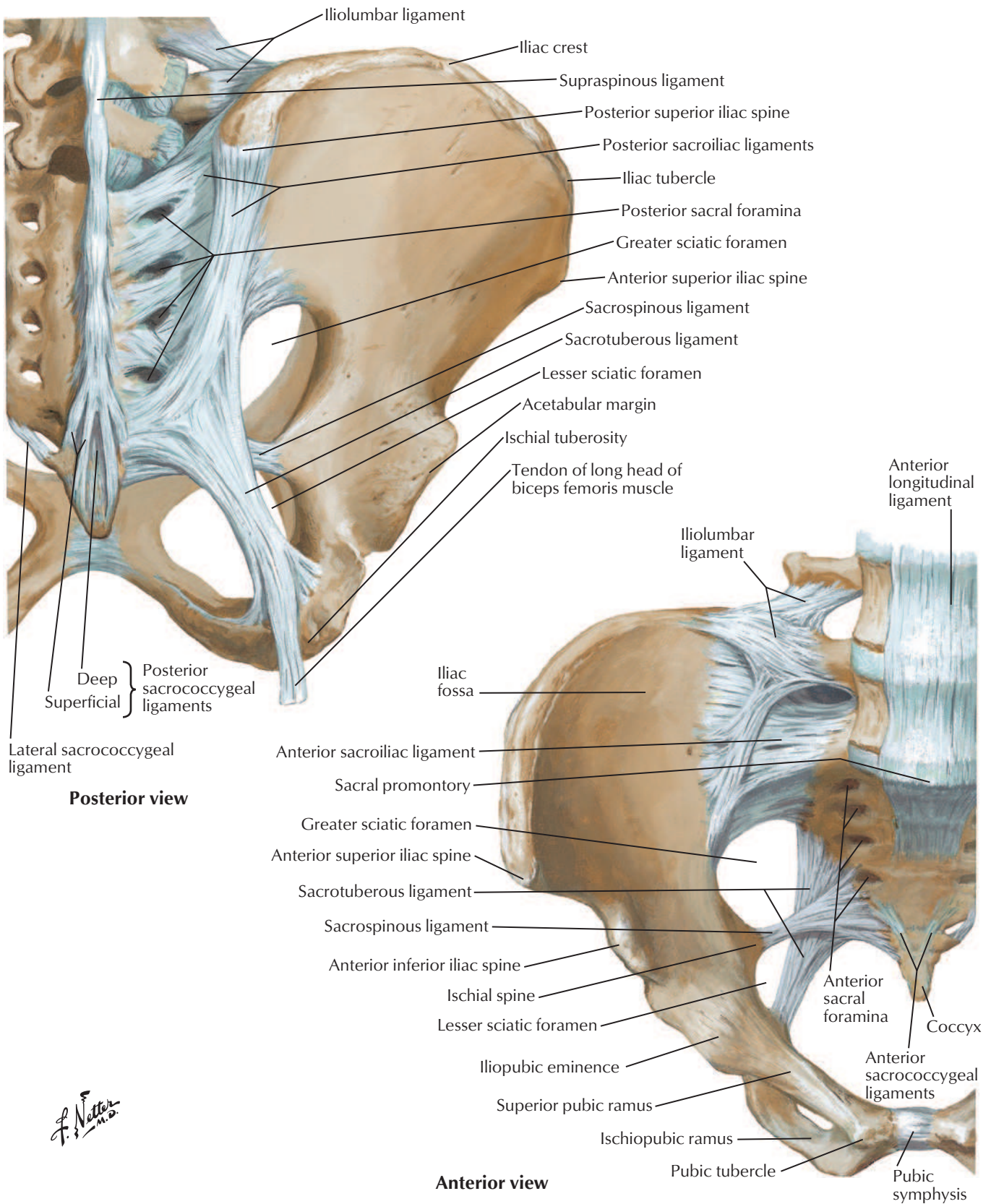


Female pelvis/female pelvic outlet: inferior view



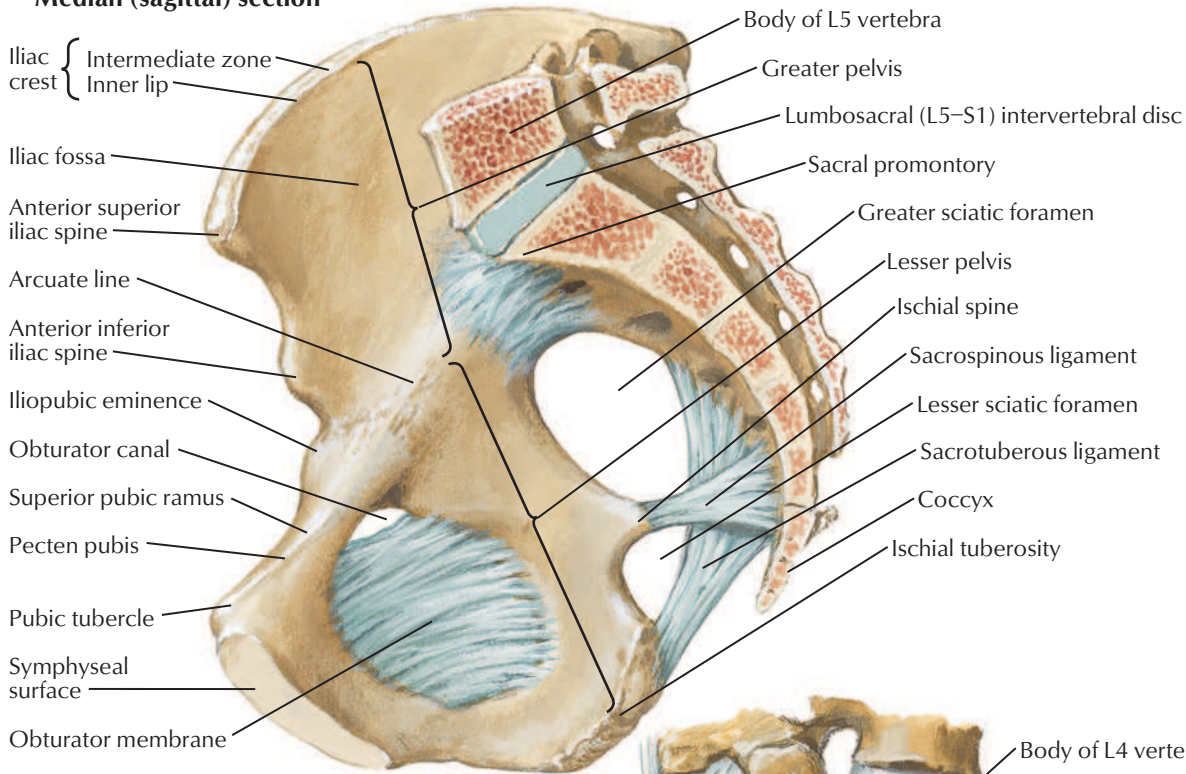
Transverse diameter is the widest distance of pelvic inlet

Female: sagittal section

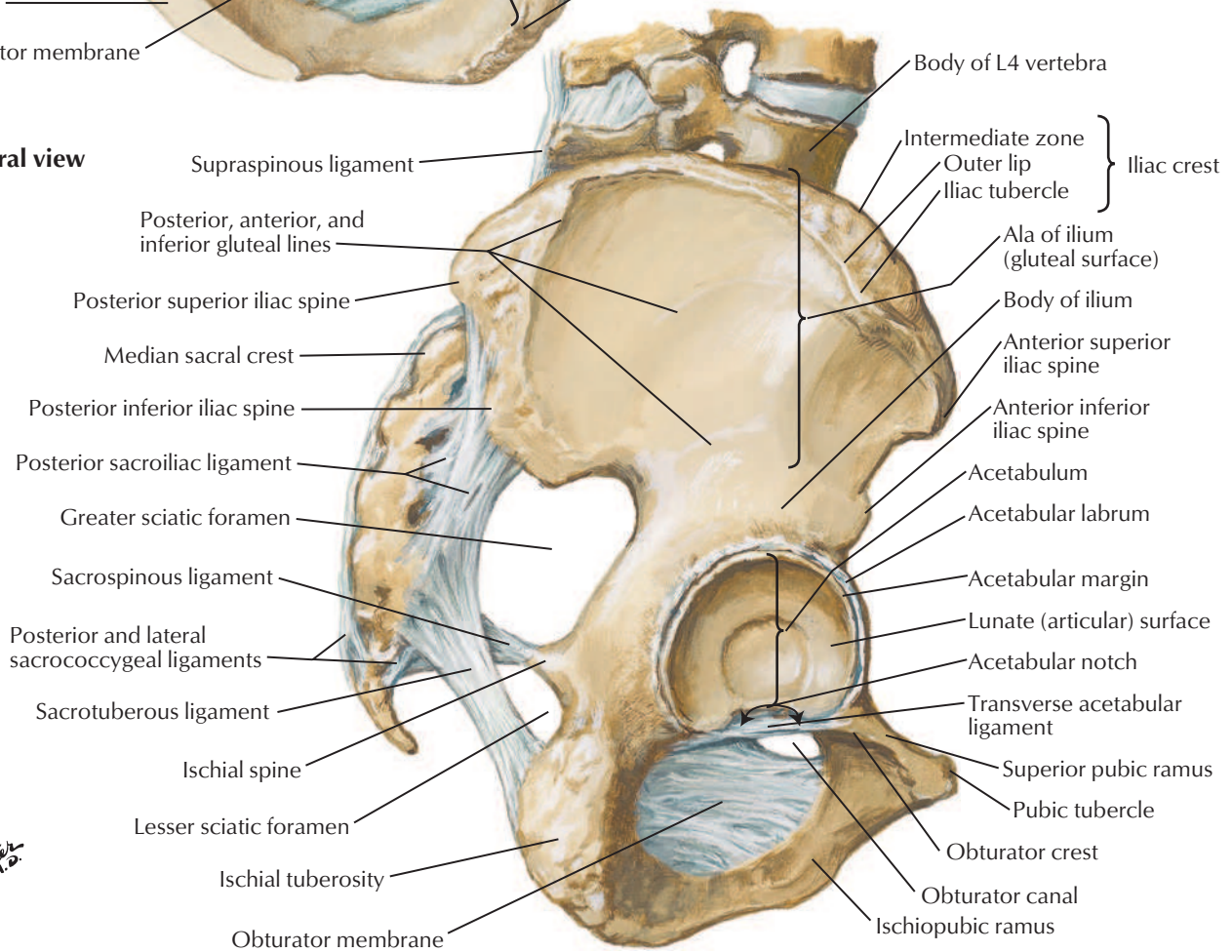


See also [Plate 167](#)

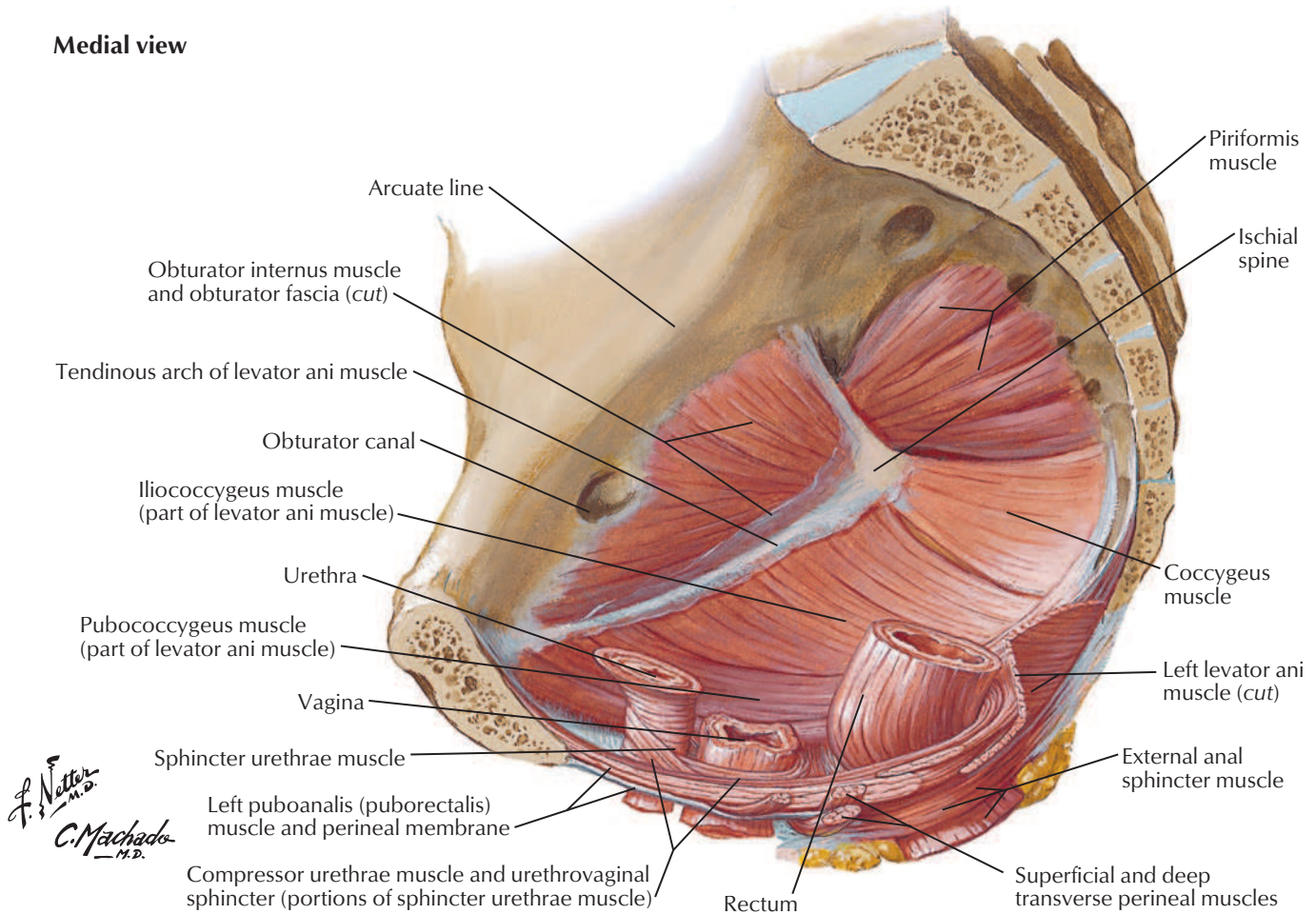
Median (sagittal) section



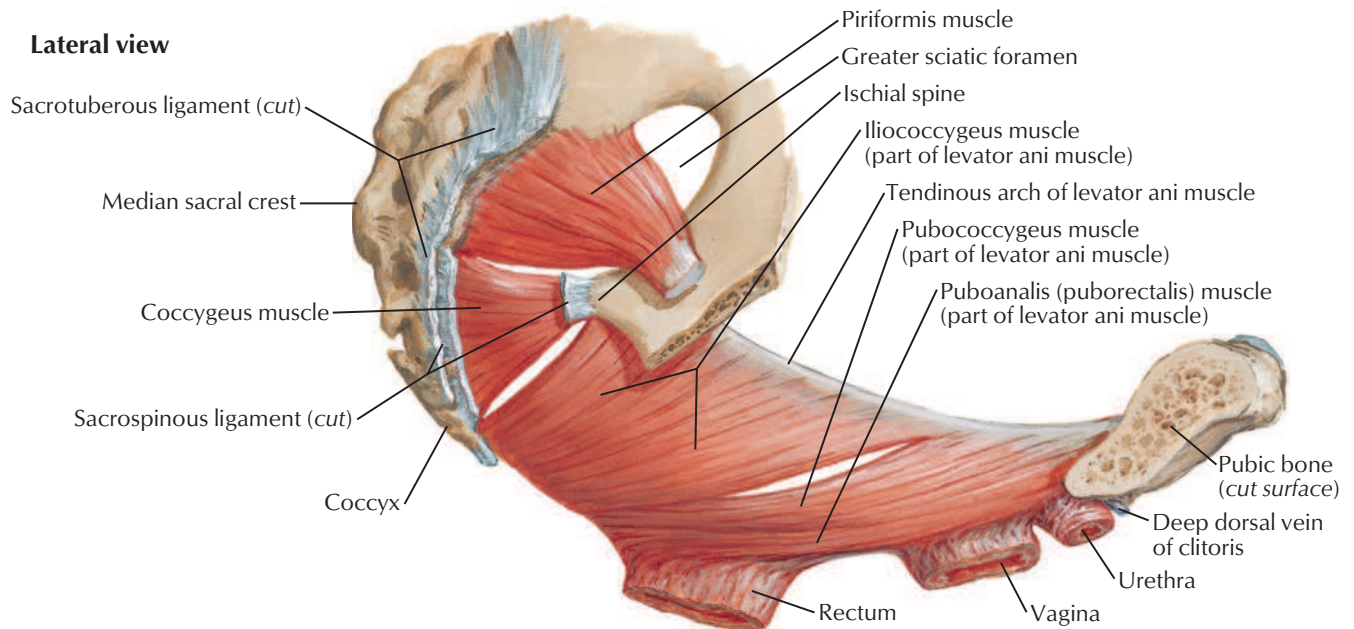
Lateral view



Medial view

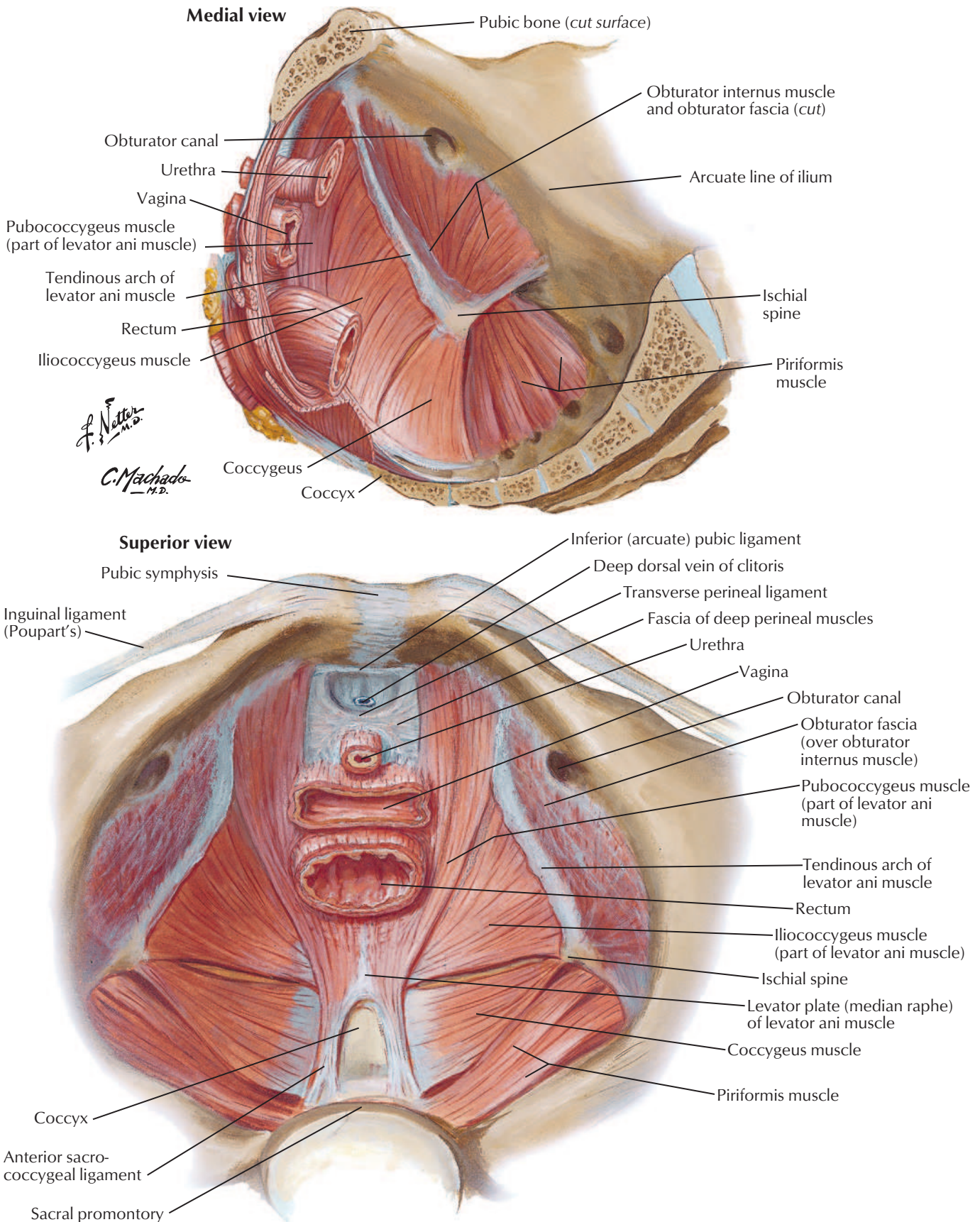


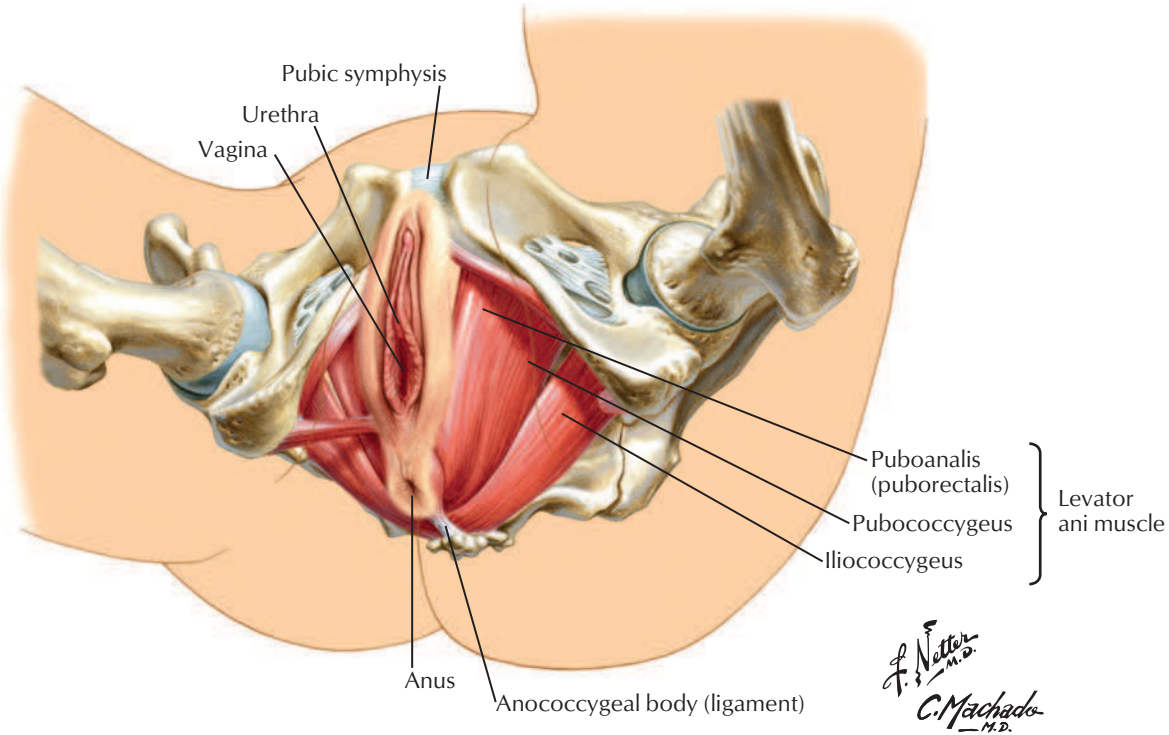
Lateral view



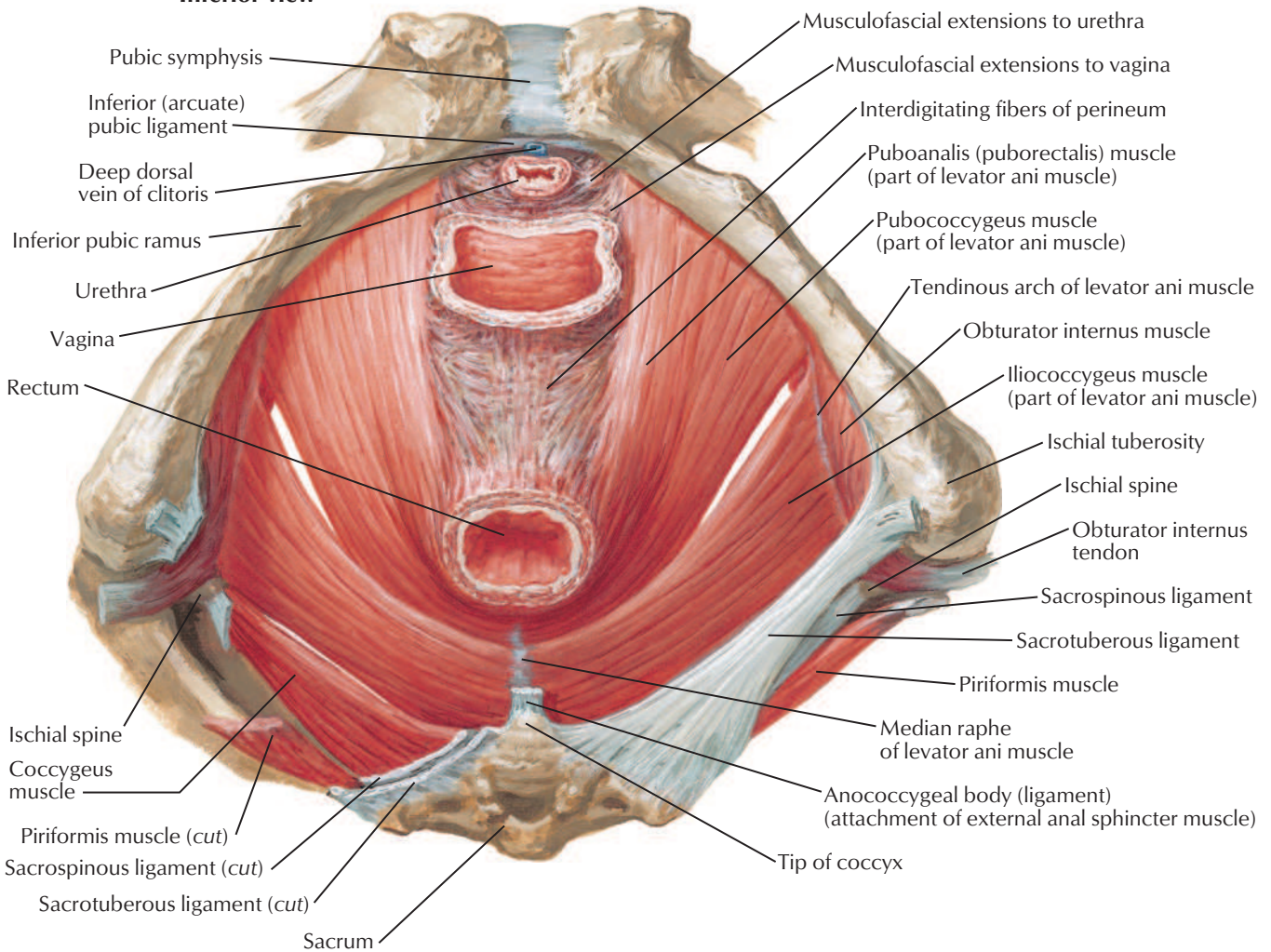
Pelvic Diaphragm: Female (continued)

For urogenital diaphragm see [Plate 360](#)



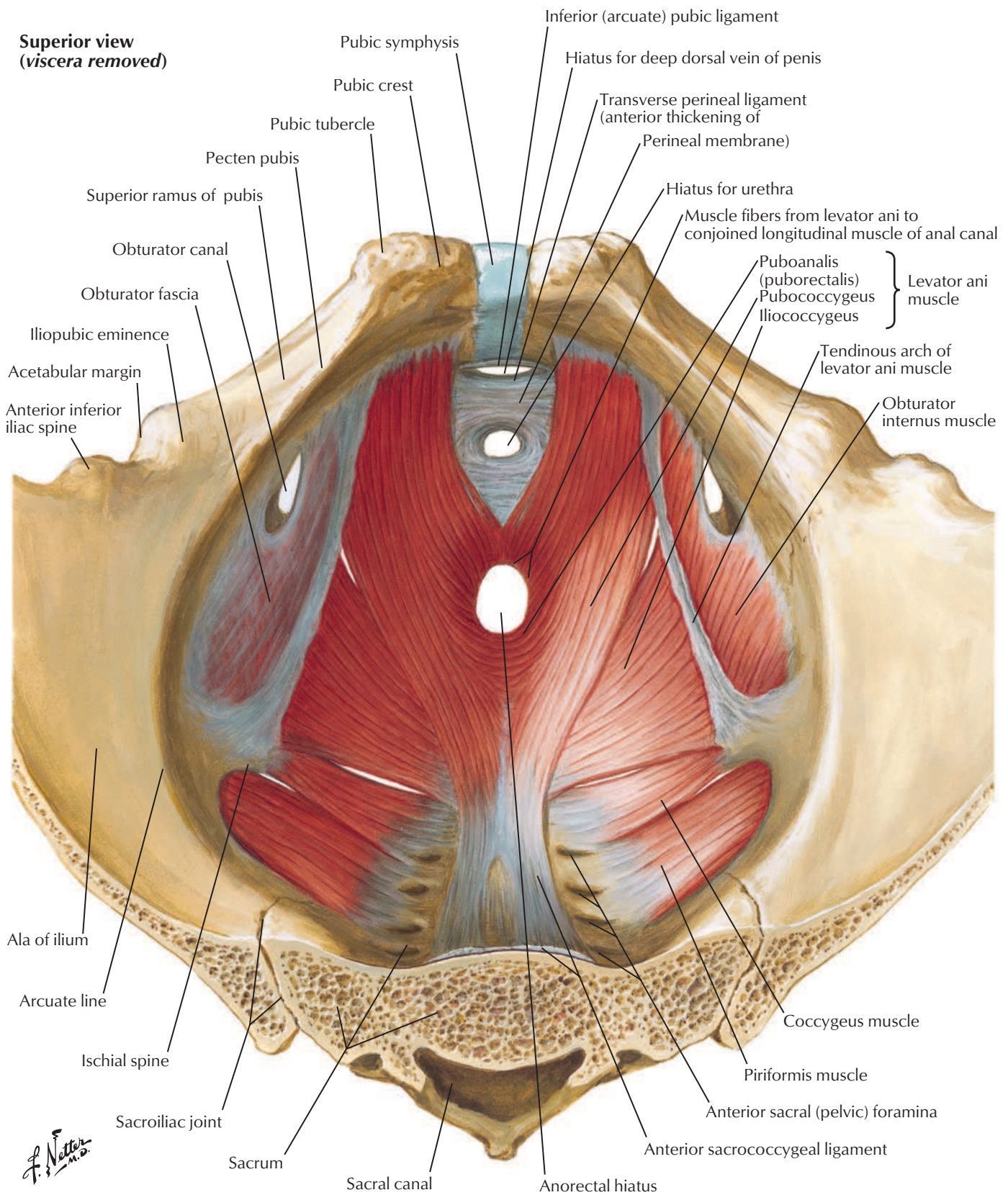


Inferior view



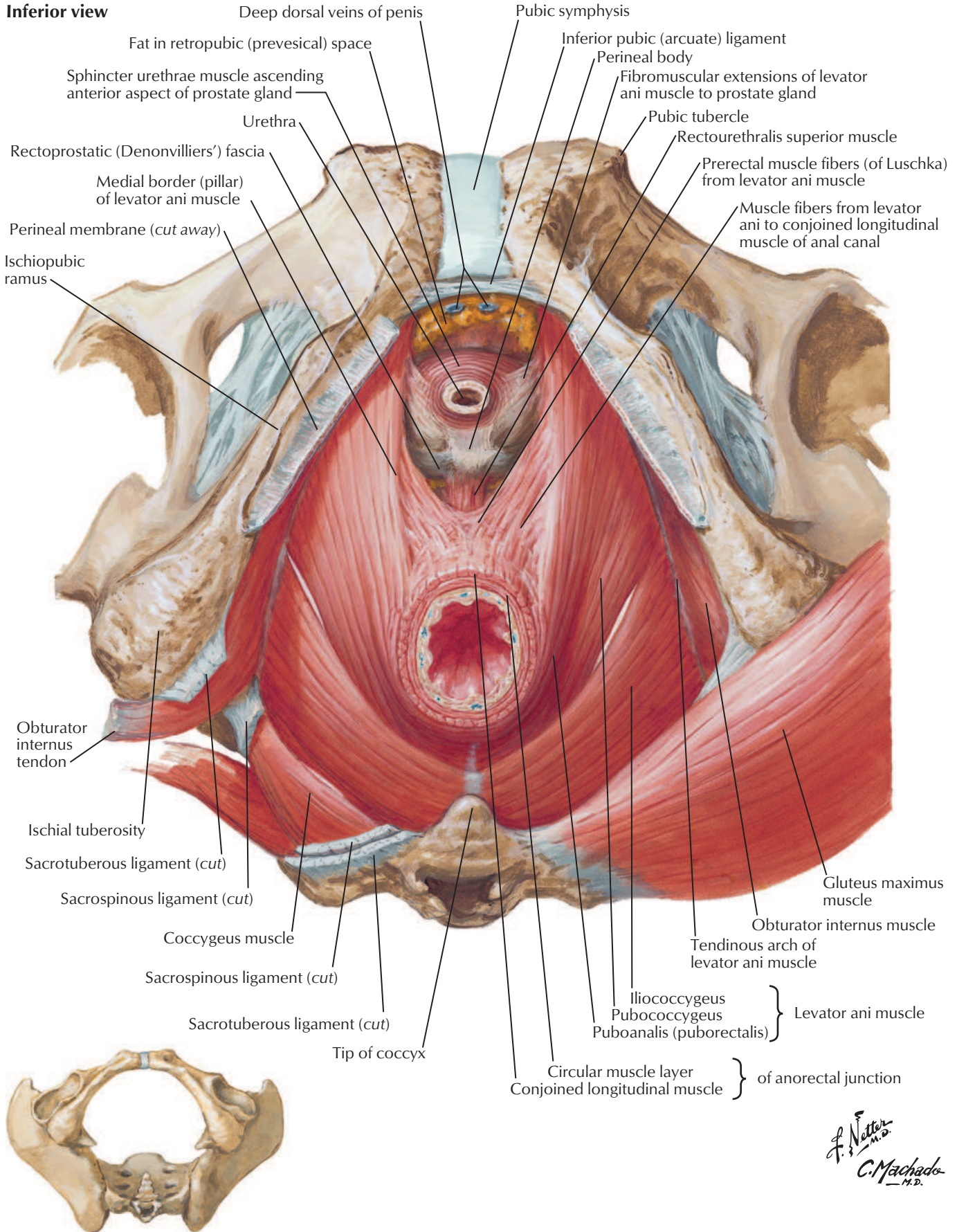
Pelvic Diaphragm: Male

See also [Plate 343](#)



For urogenital diaphragm see [Plate 365](#)

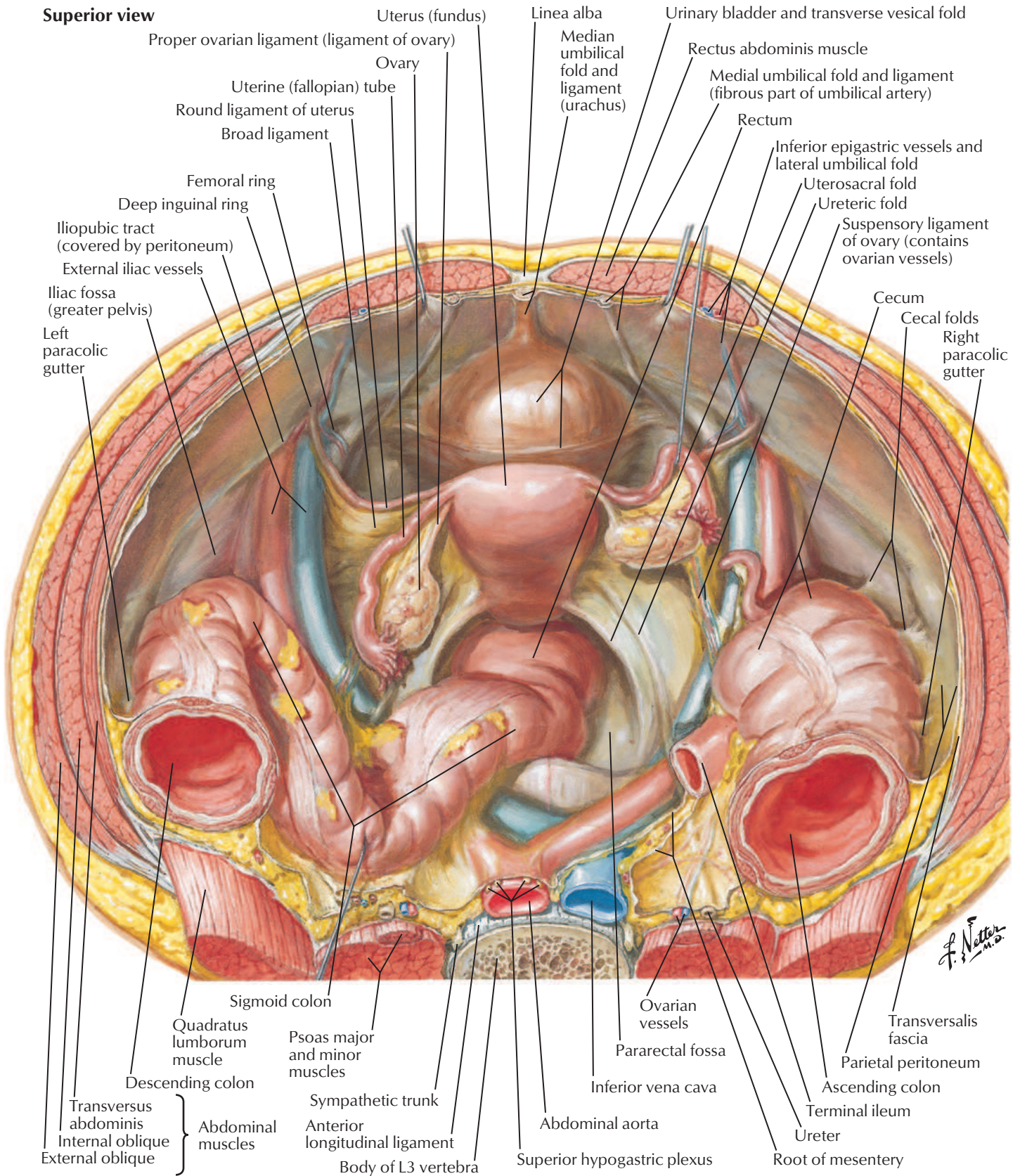
Inferior view



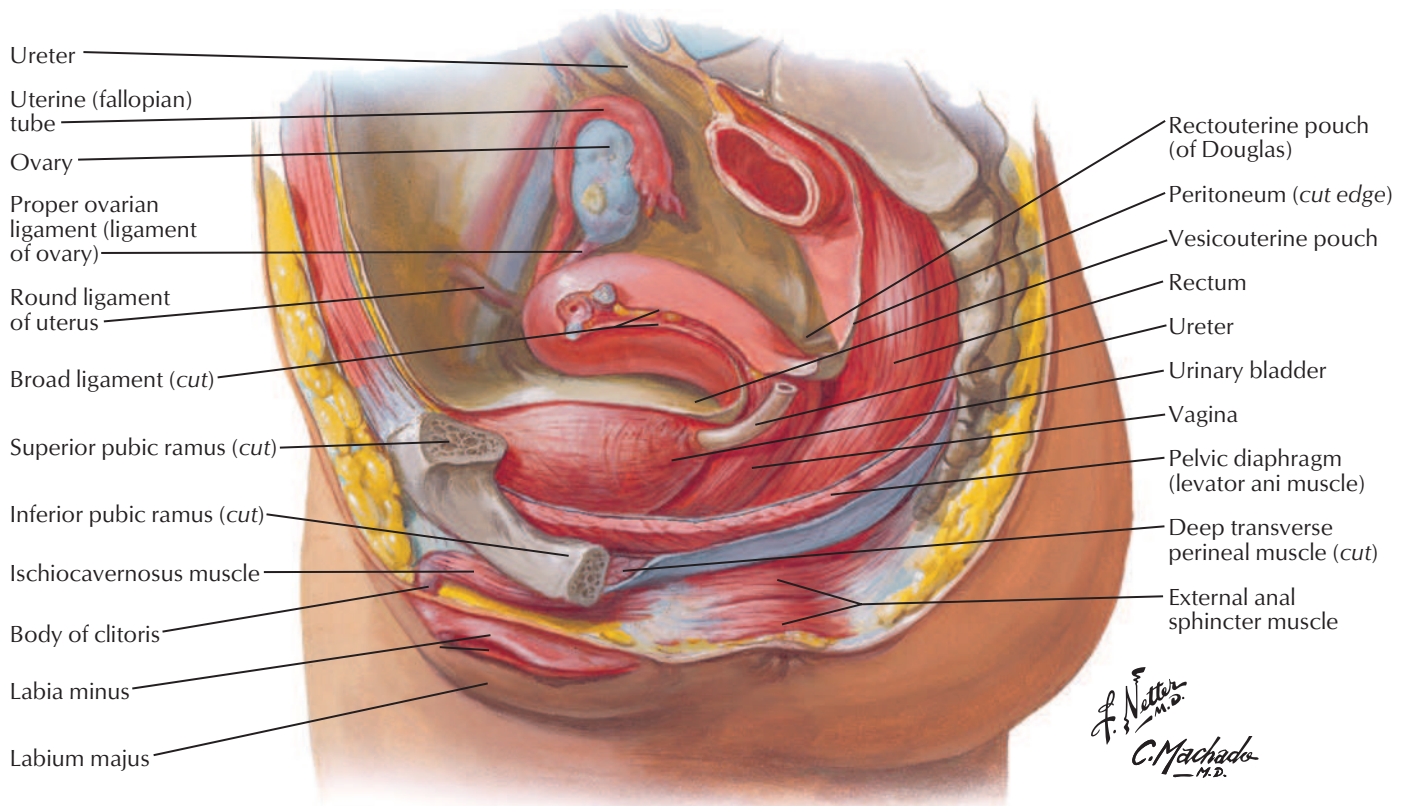
F. Netter M.D.
C. Machado M.D.

Pelvic Contents: Female

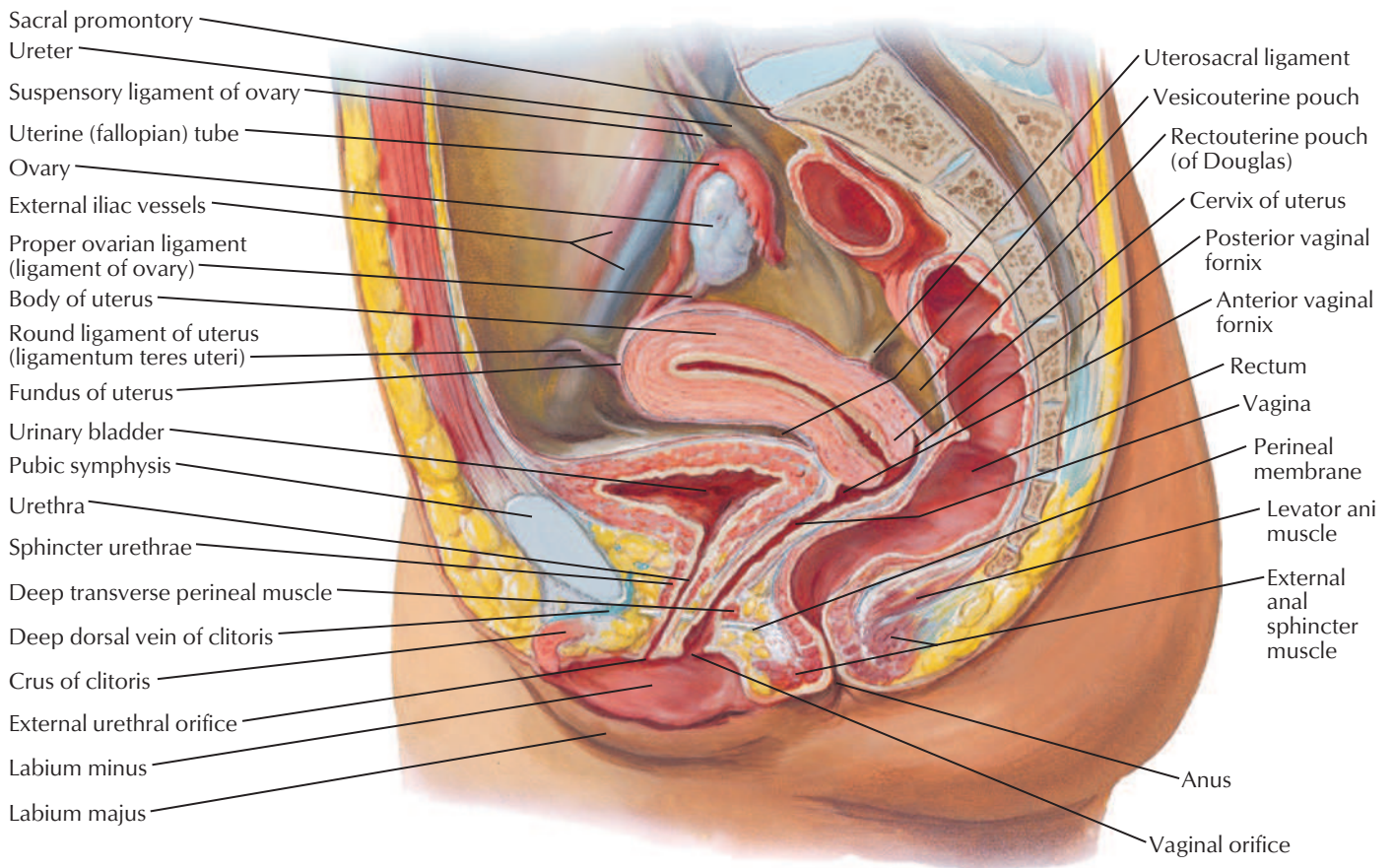
Superior view



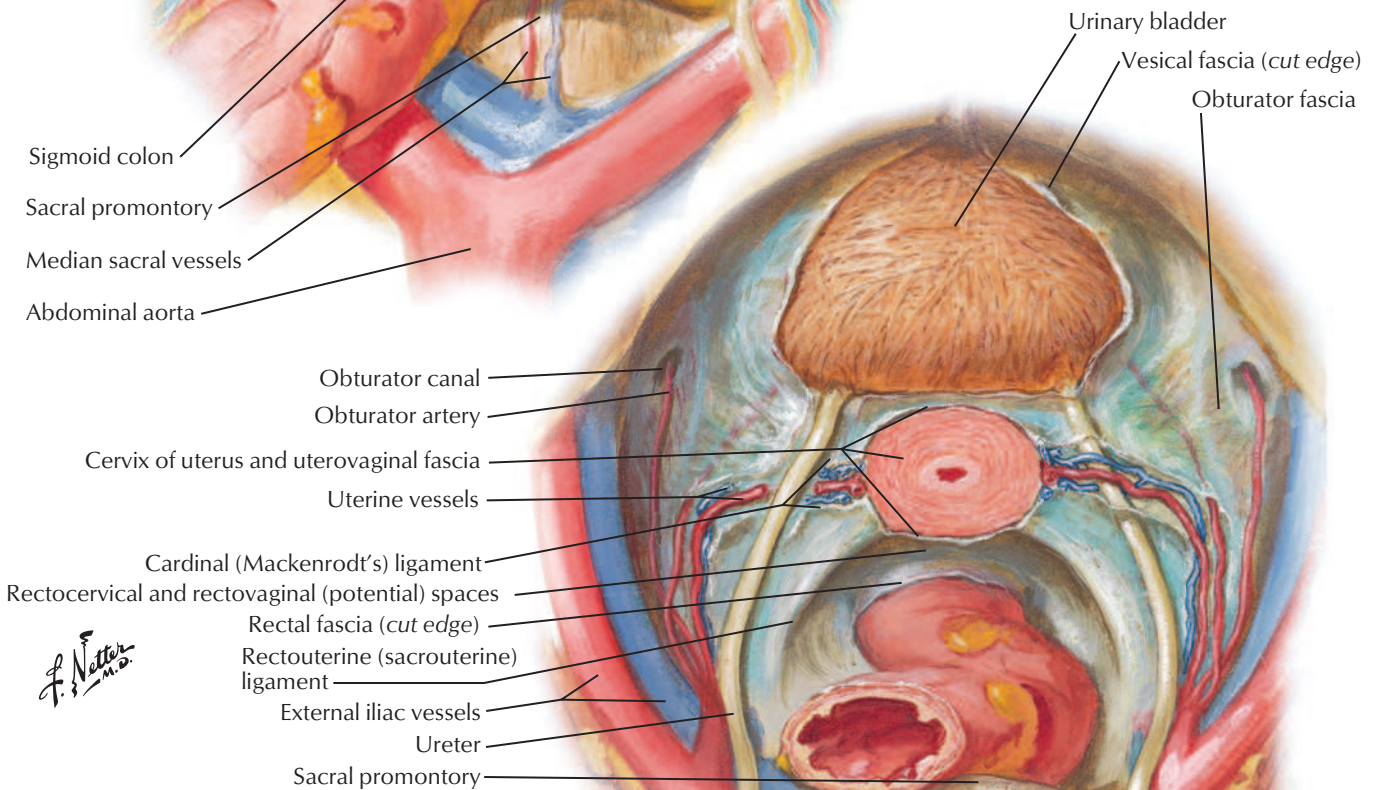
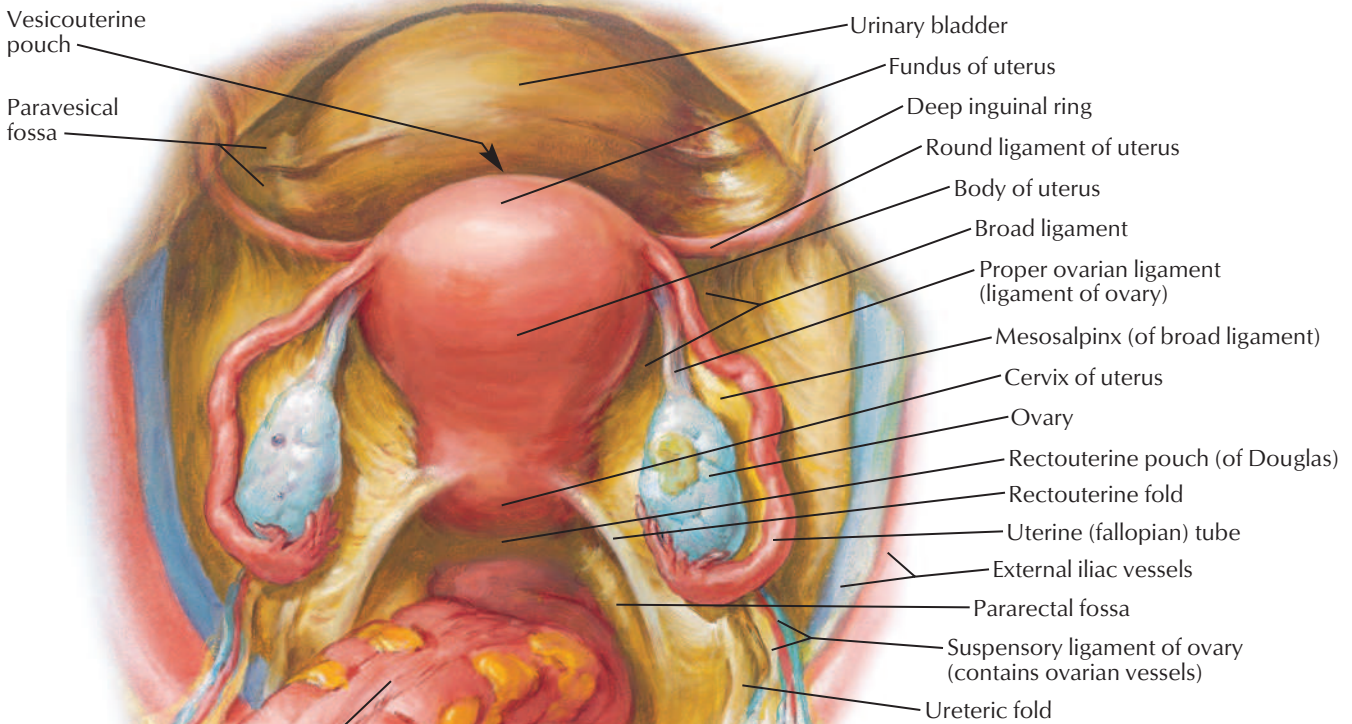
Paramedian (sagittal) dissection



Median (sagittal) section

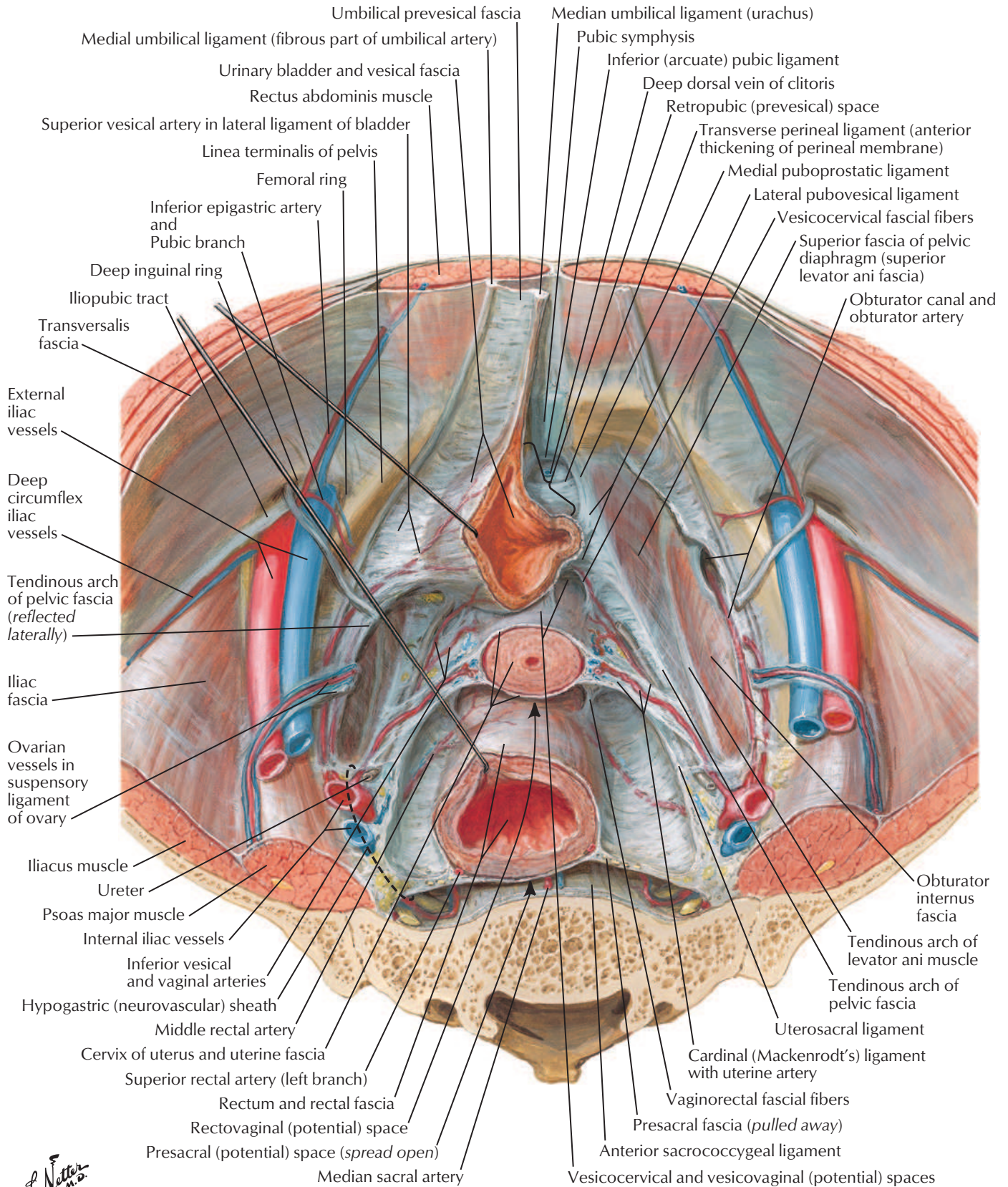


Superior view with peritoneum intact

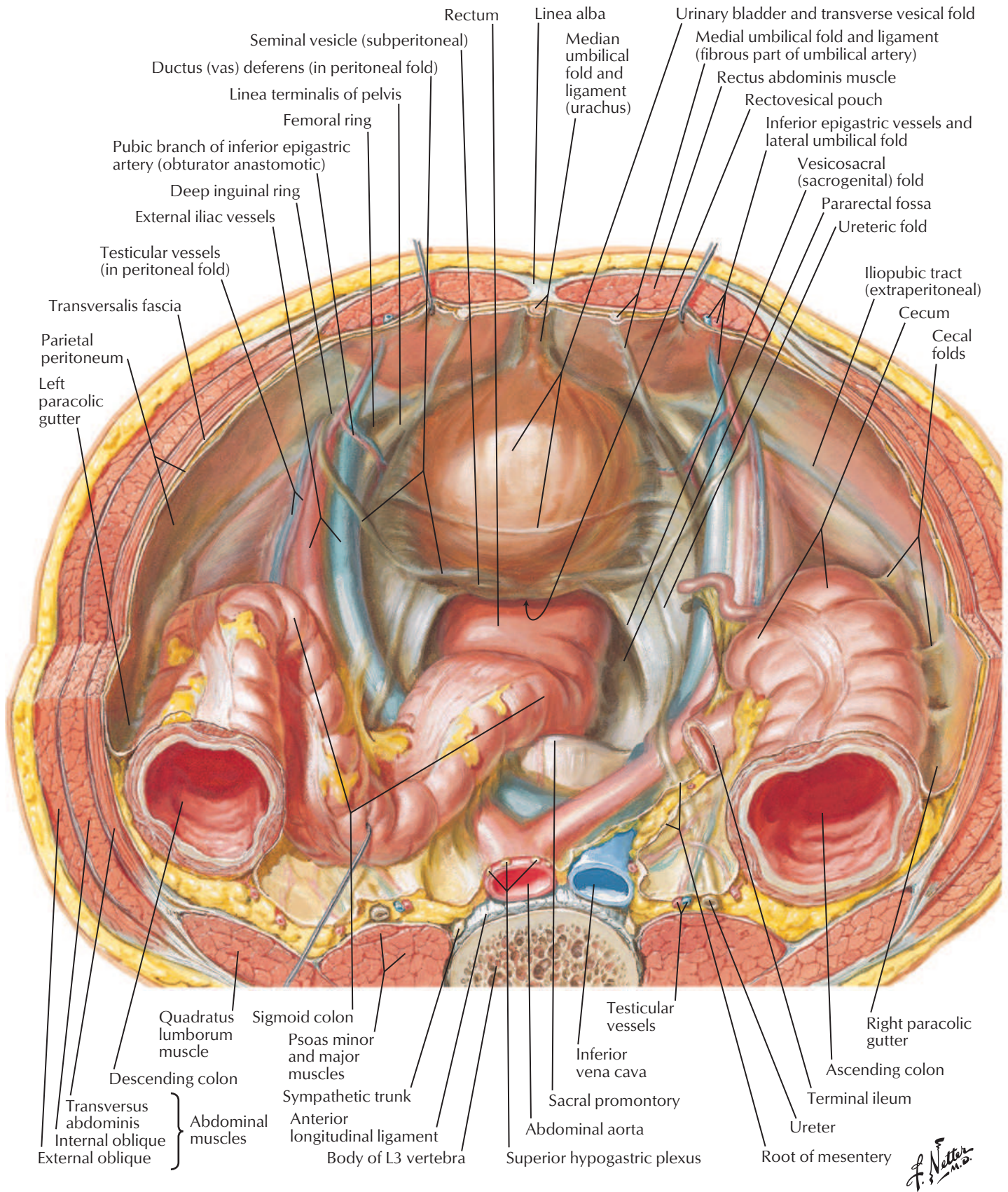


Superior view with peritoneum and uterus removed

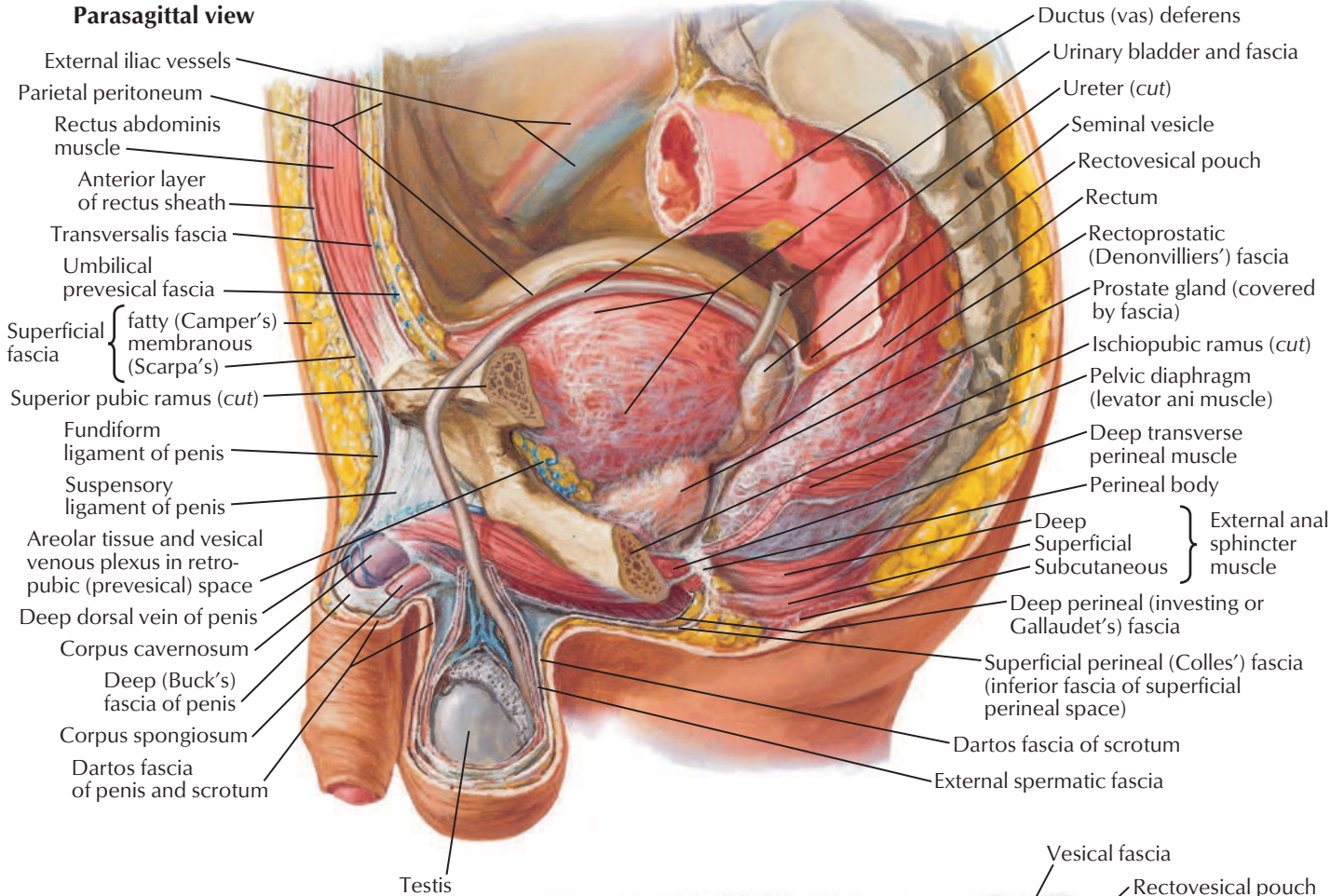
Female: superior view (peritoneum and loose areolar tissue removed)



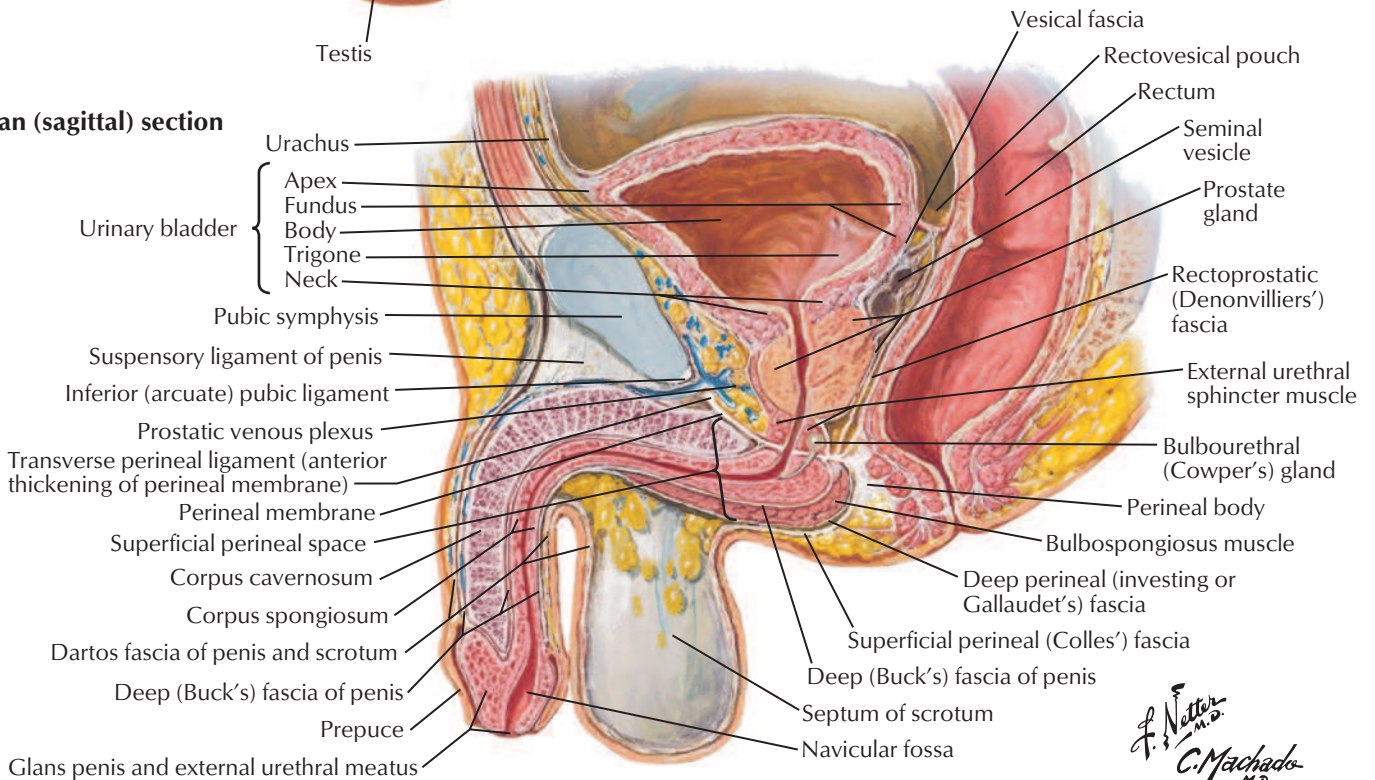
Superior view



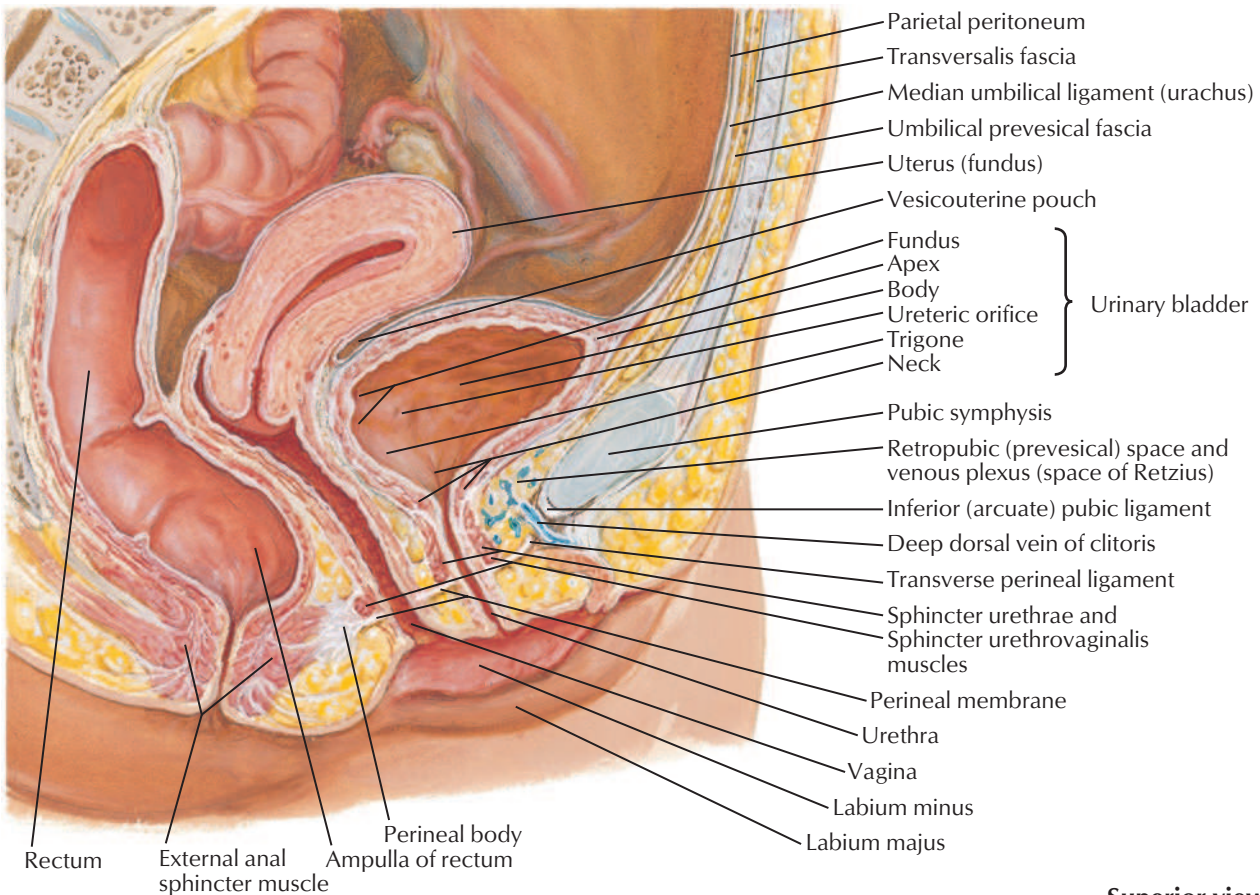
Parasagittal view



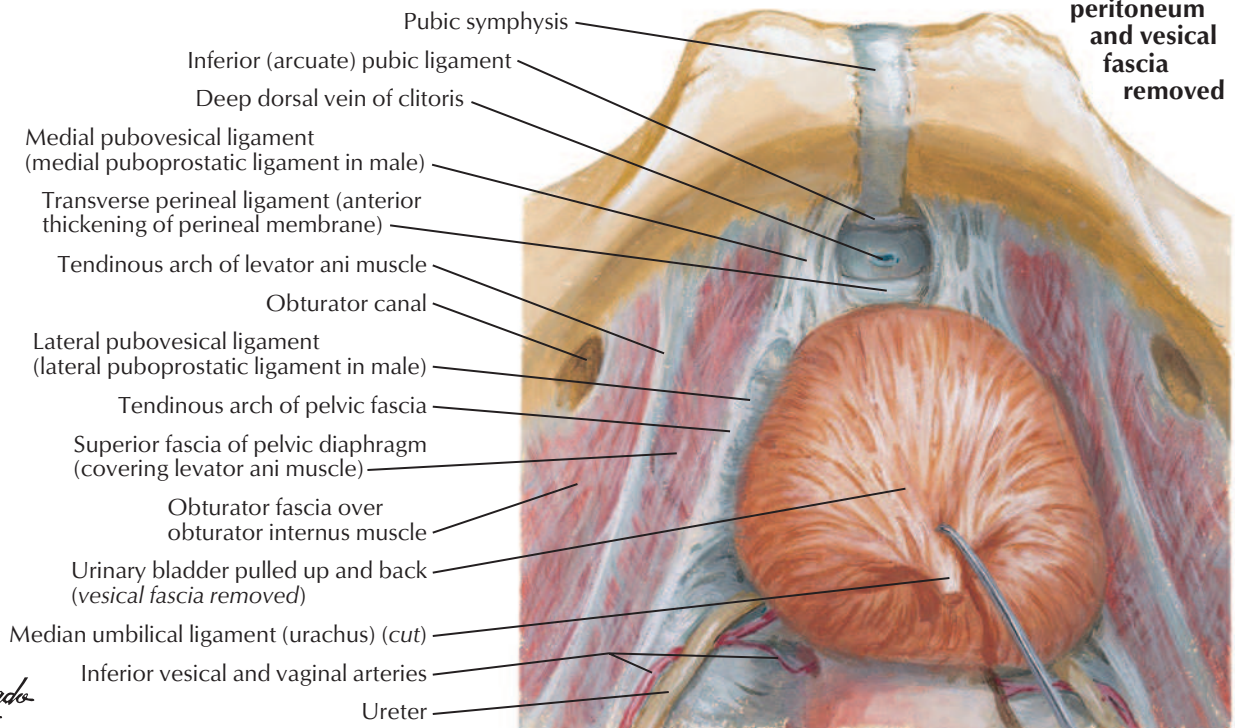
Median (sagittal) section



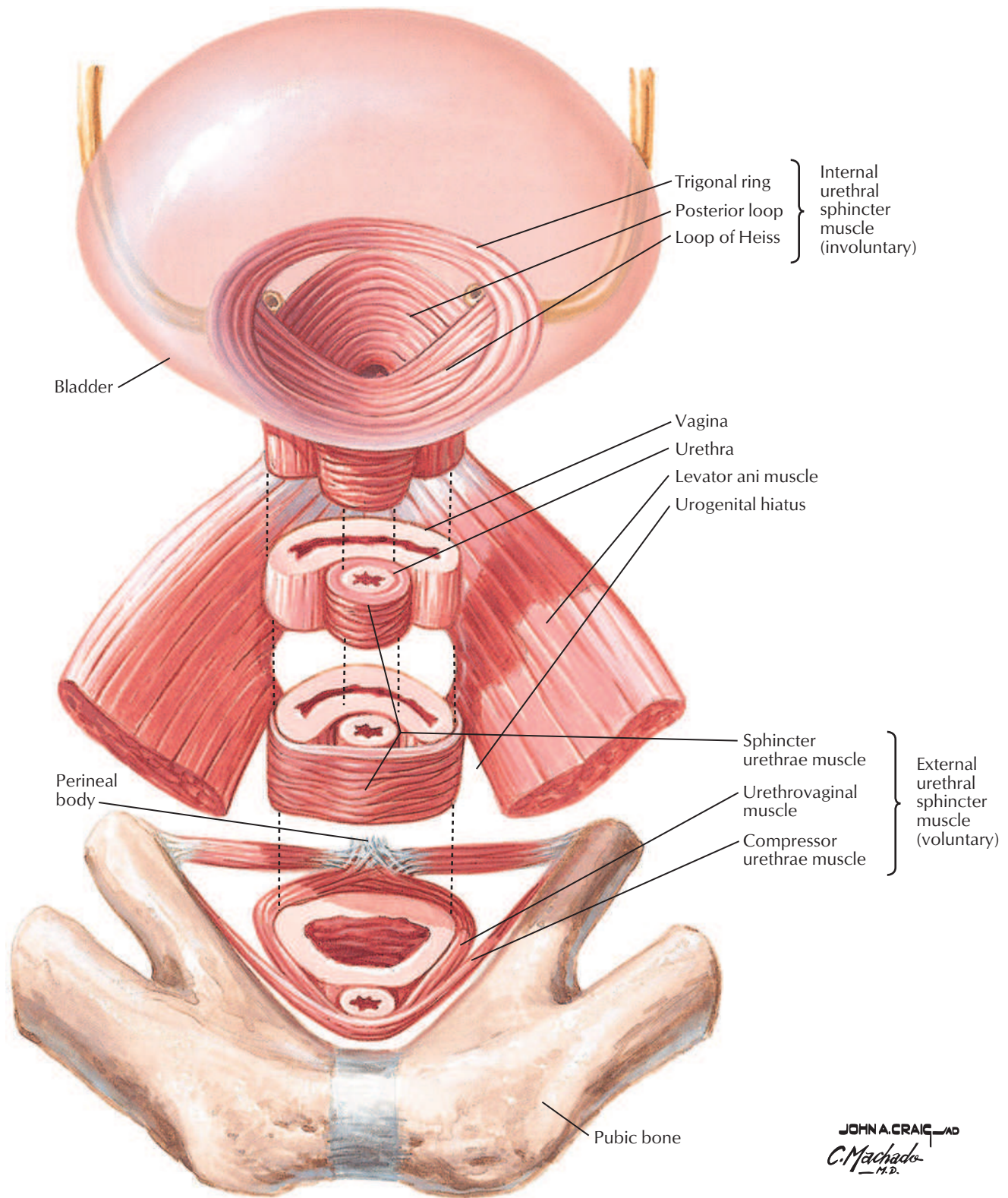
Female: midsagittal section

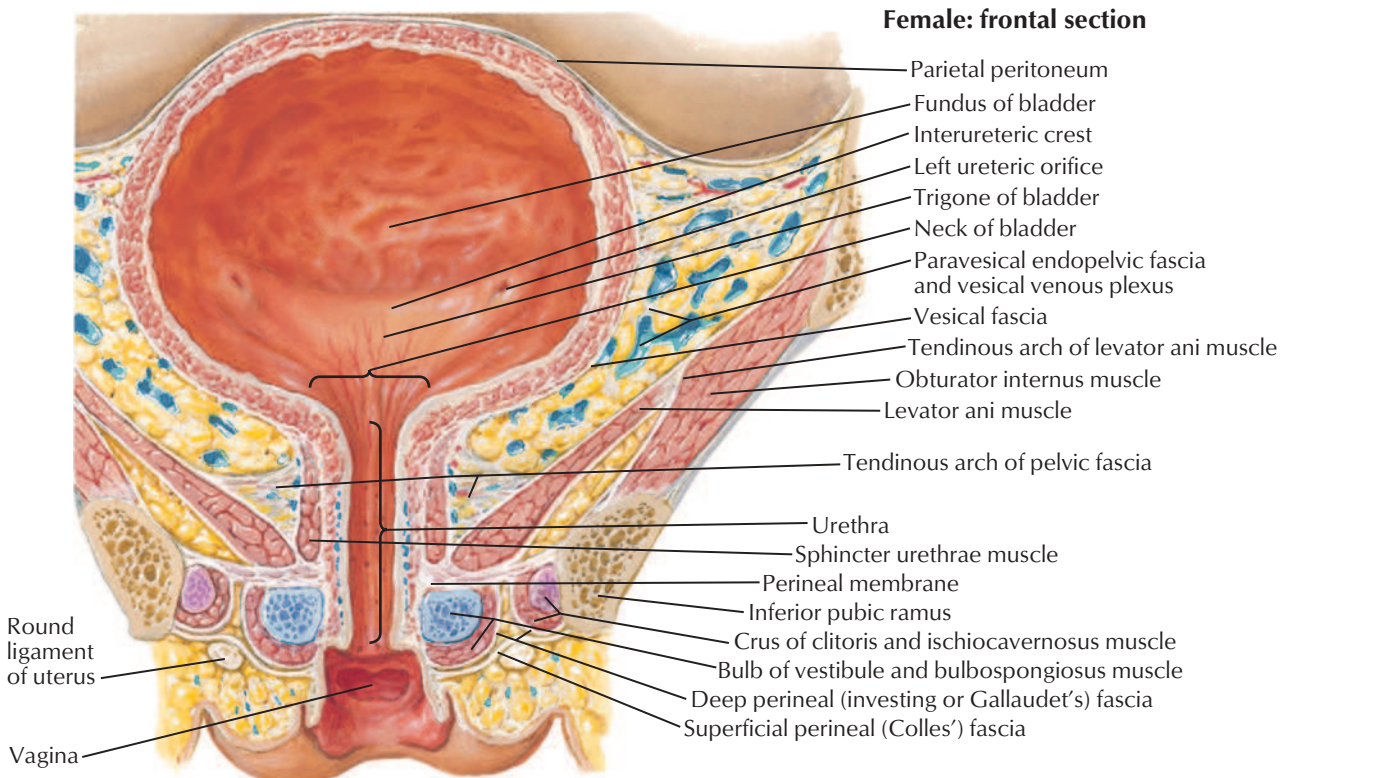


Superior view with peritoneum and vesical fascia removed

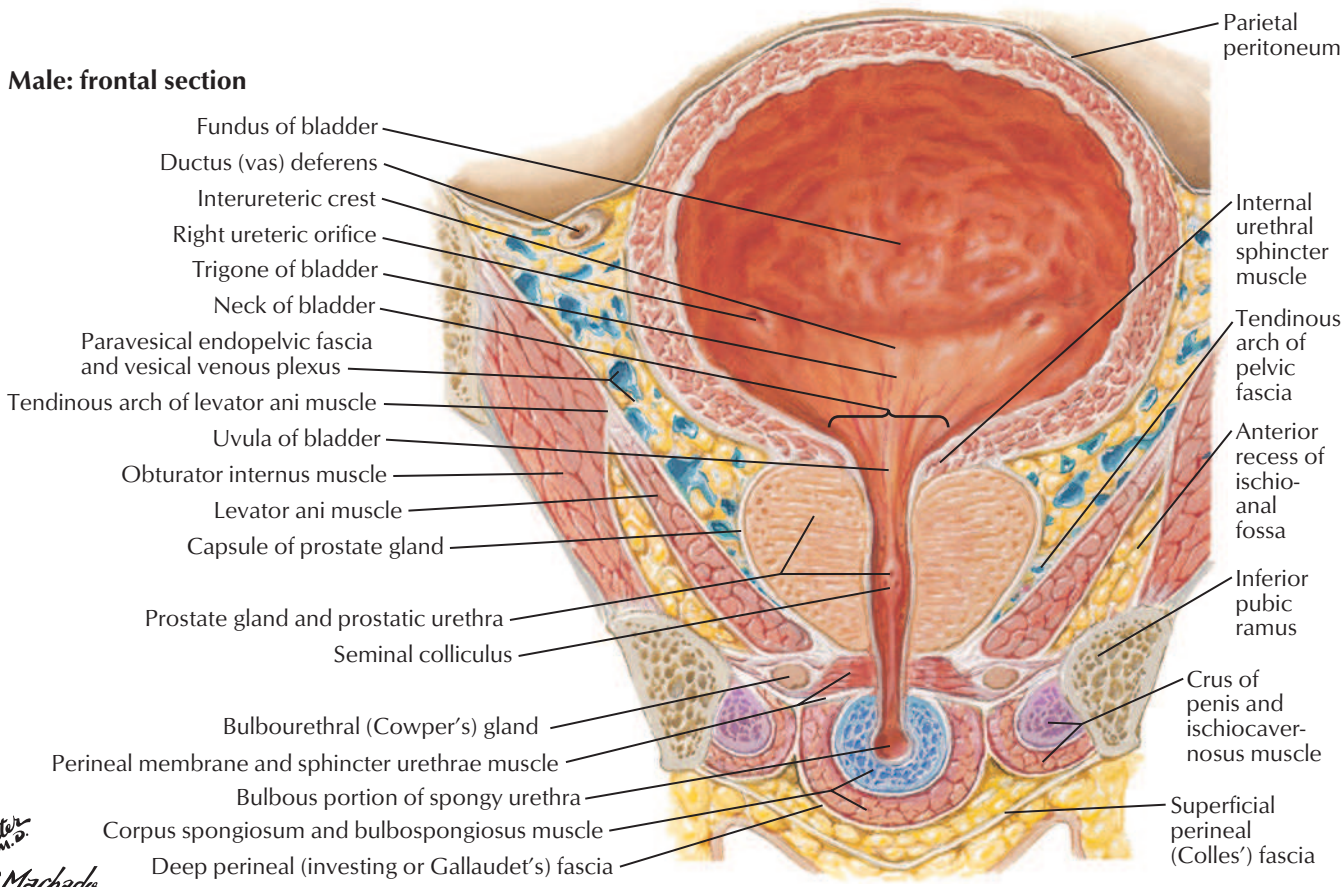


F. Netto M.D.
C. Machado M.D.

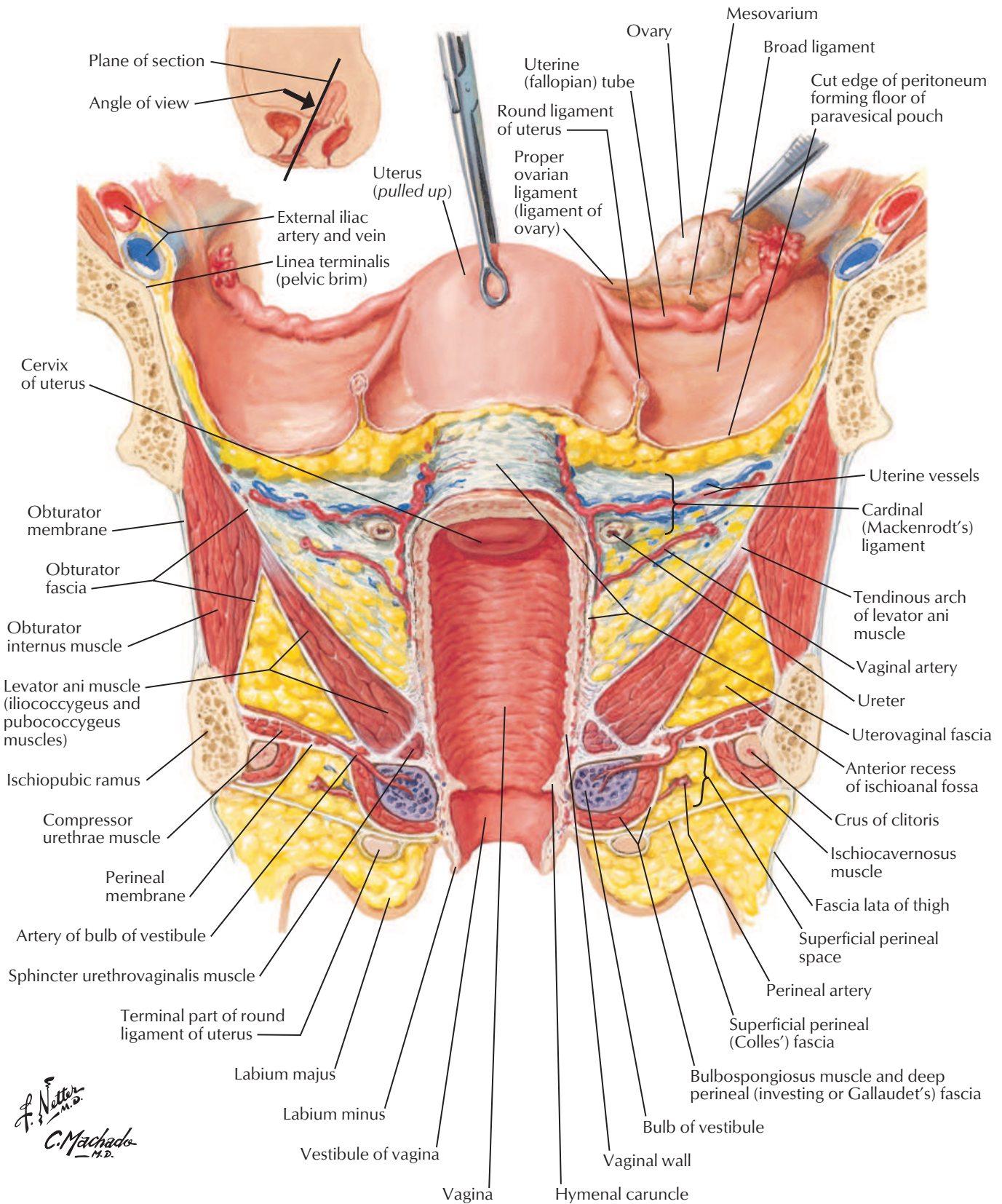




Male: frontal section

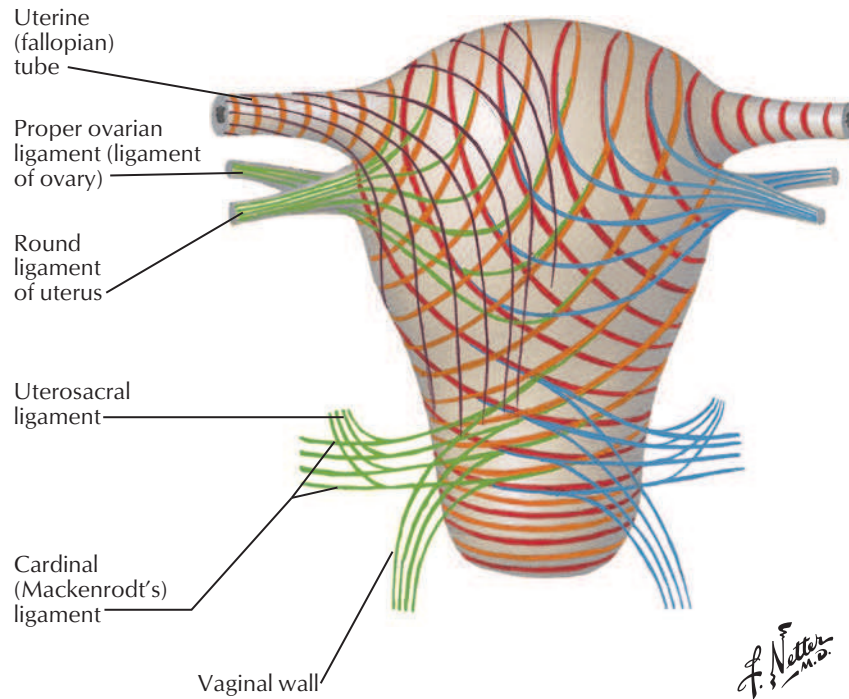


F. Netter M.D.
C. Machado M.D.

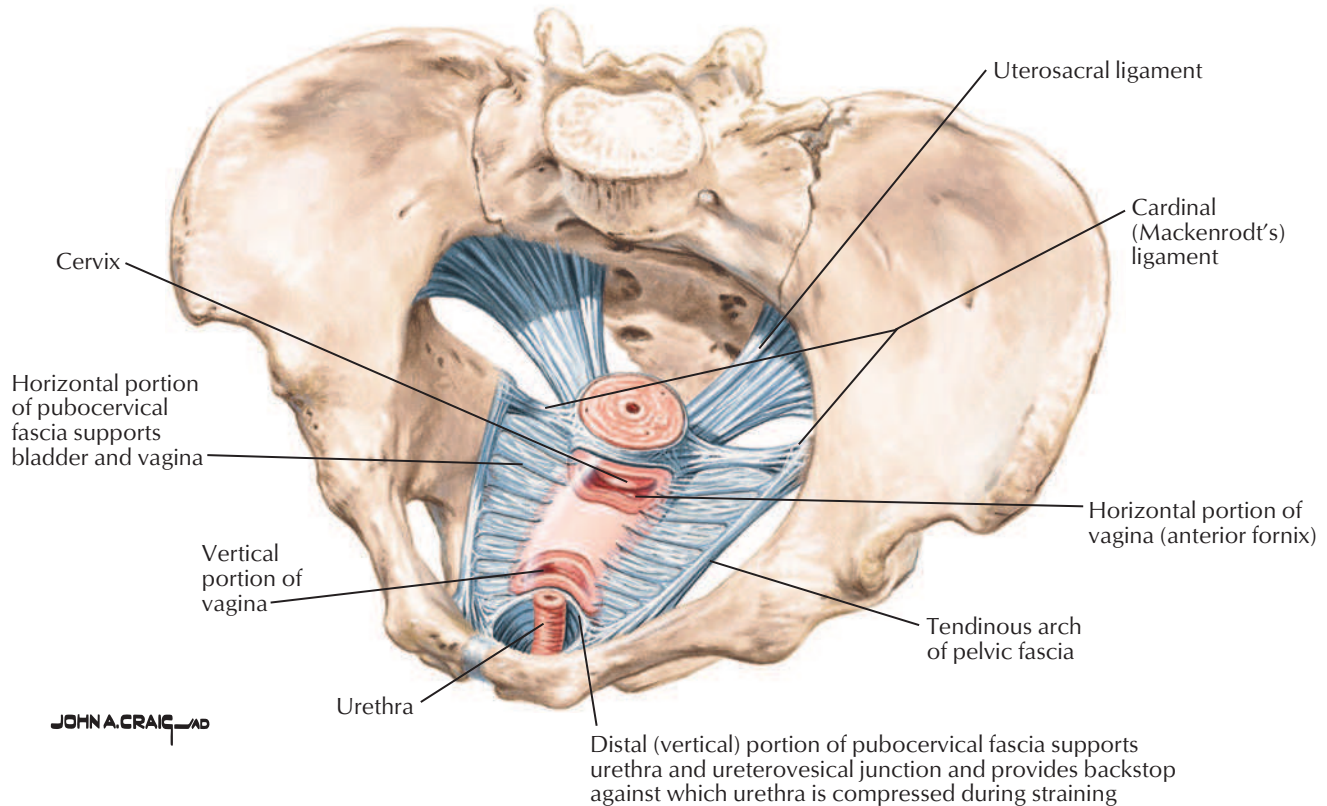


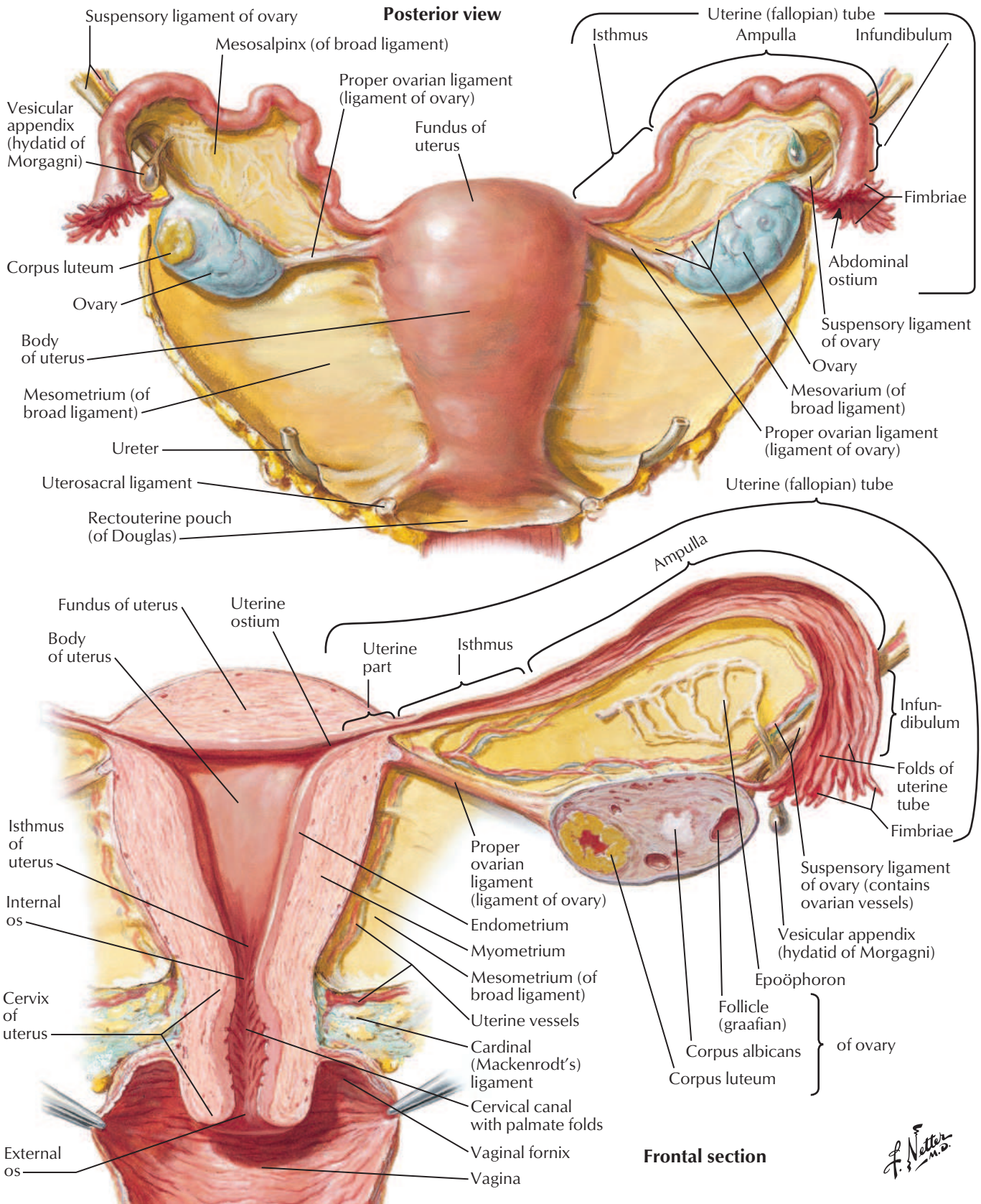
J. Netter M.D.
C. Machado M.D.

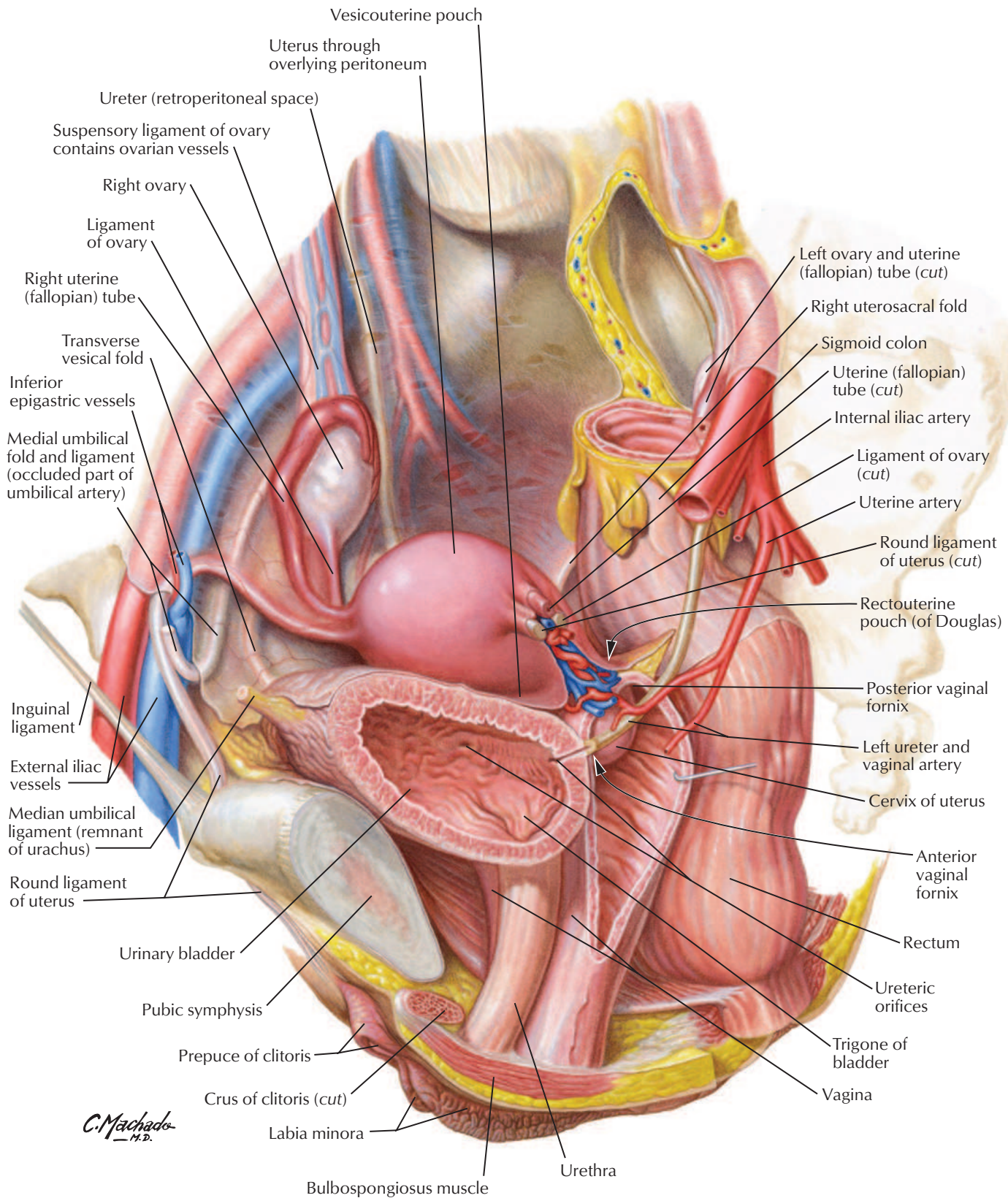
Fascial ligaments of uterus

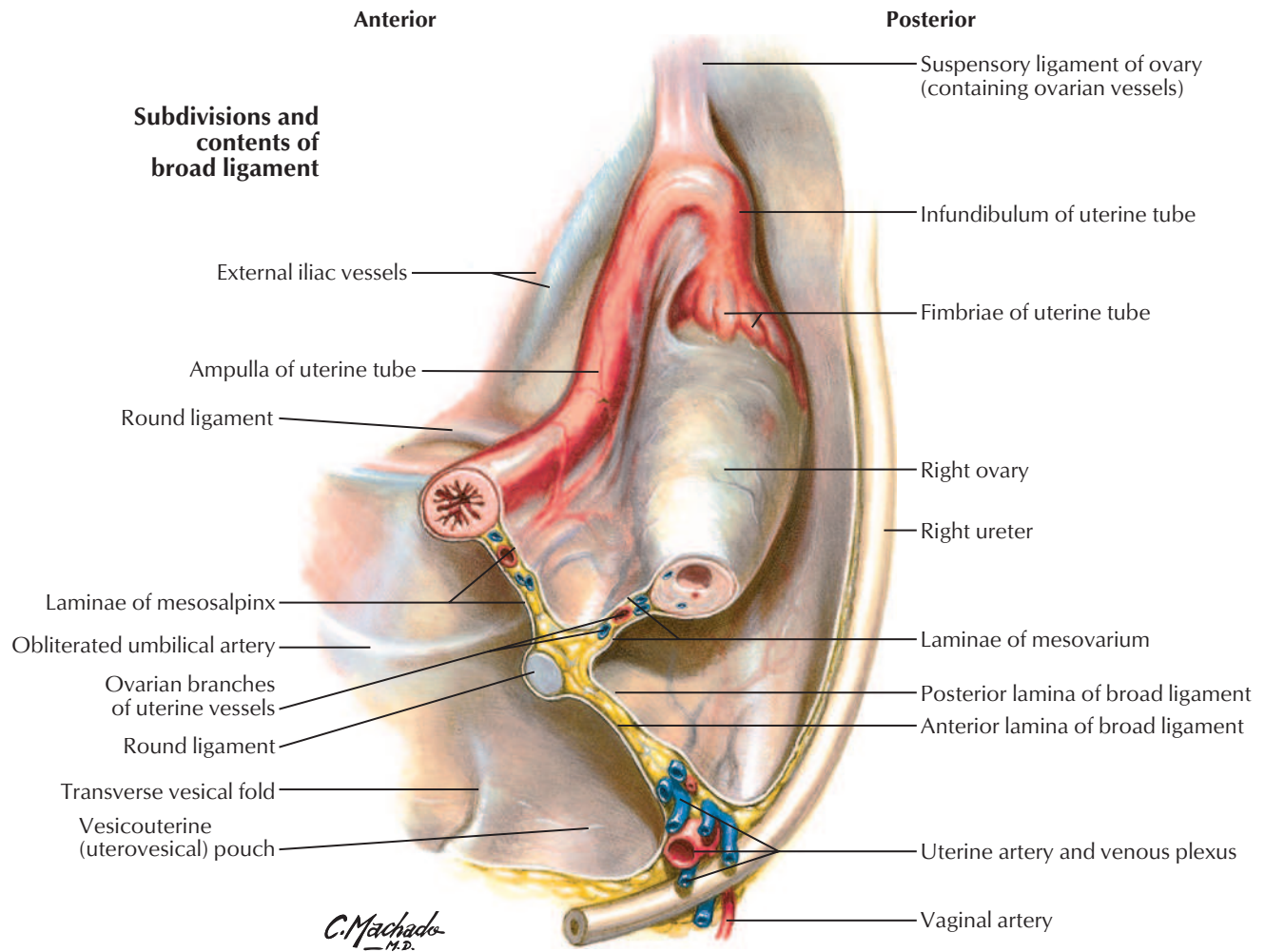


Pelvic fascia and ligaments

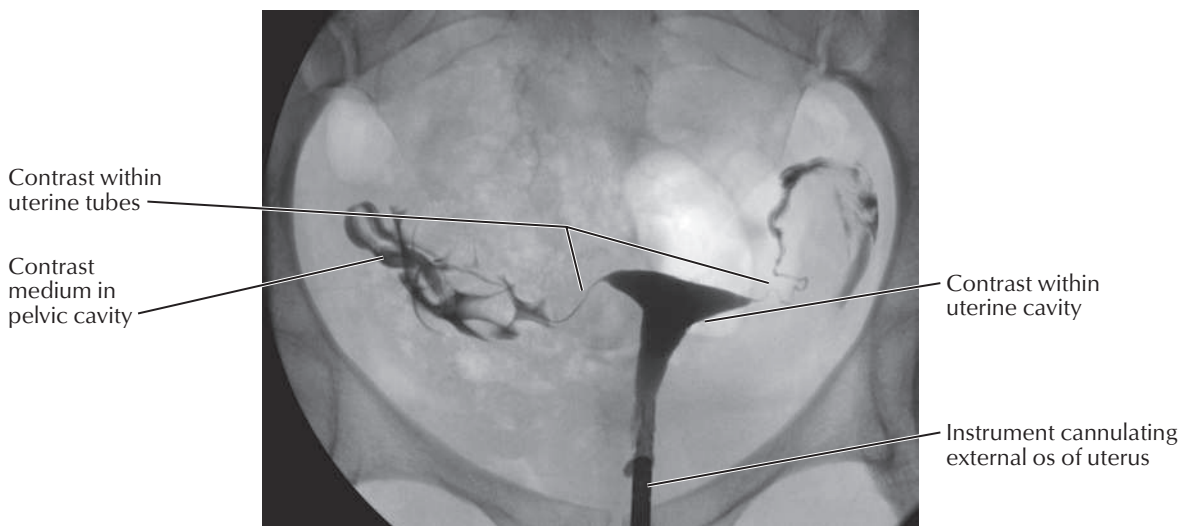


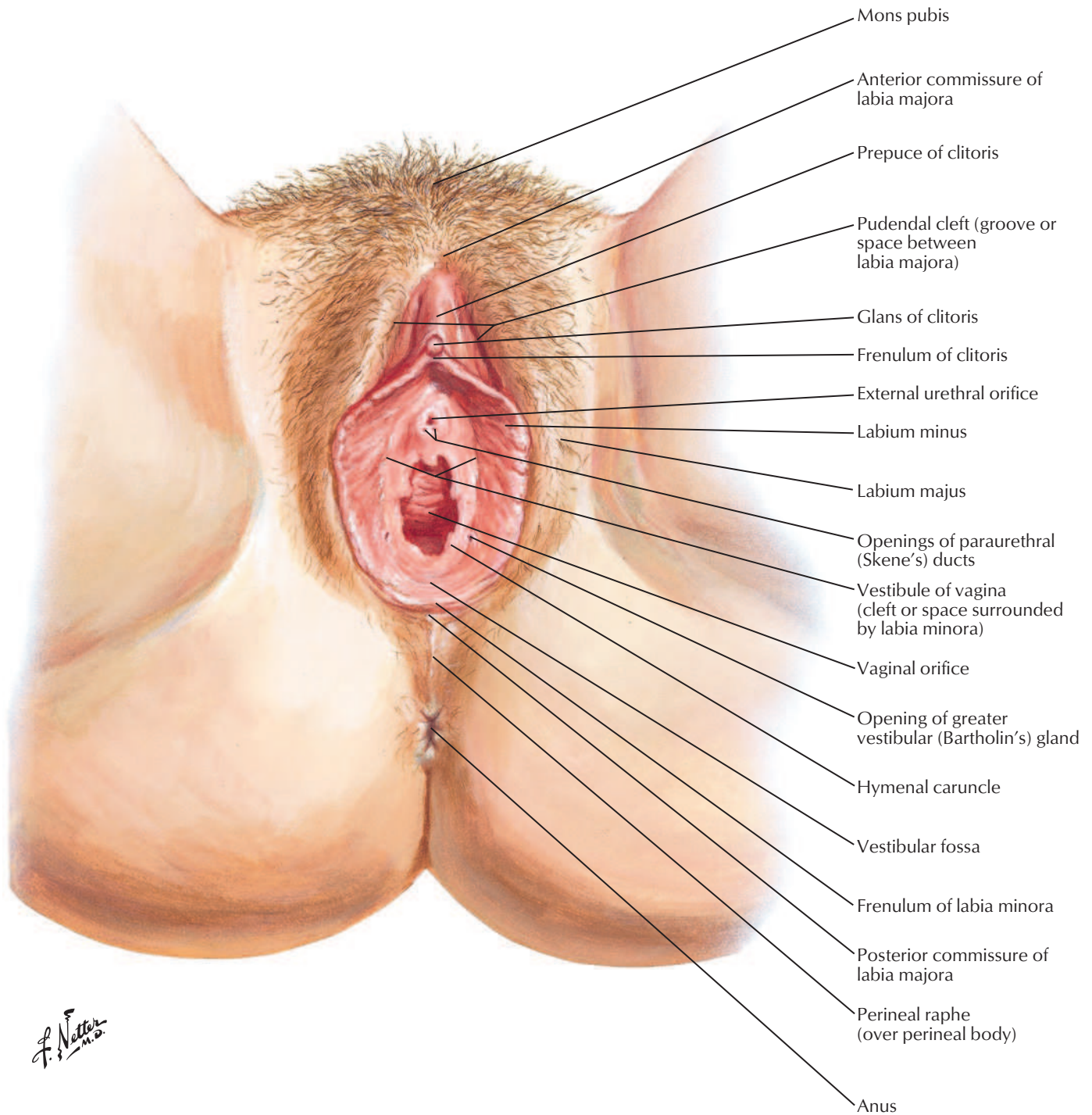


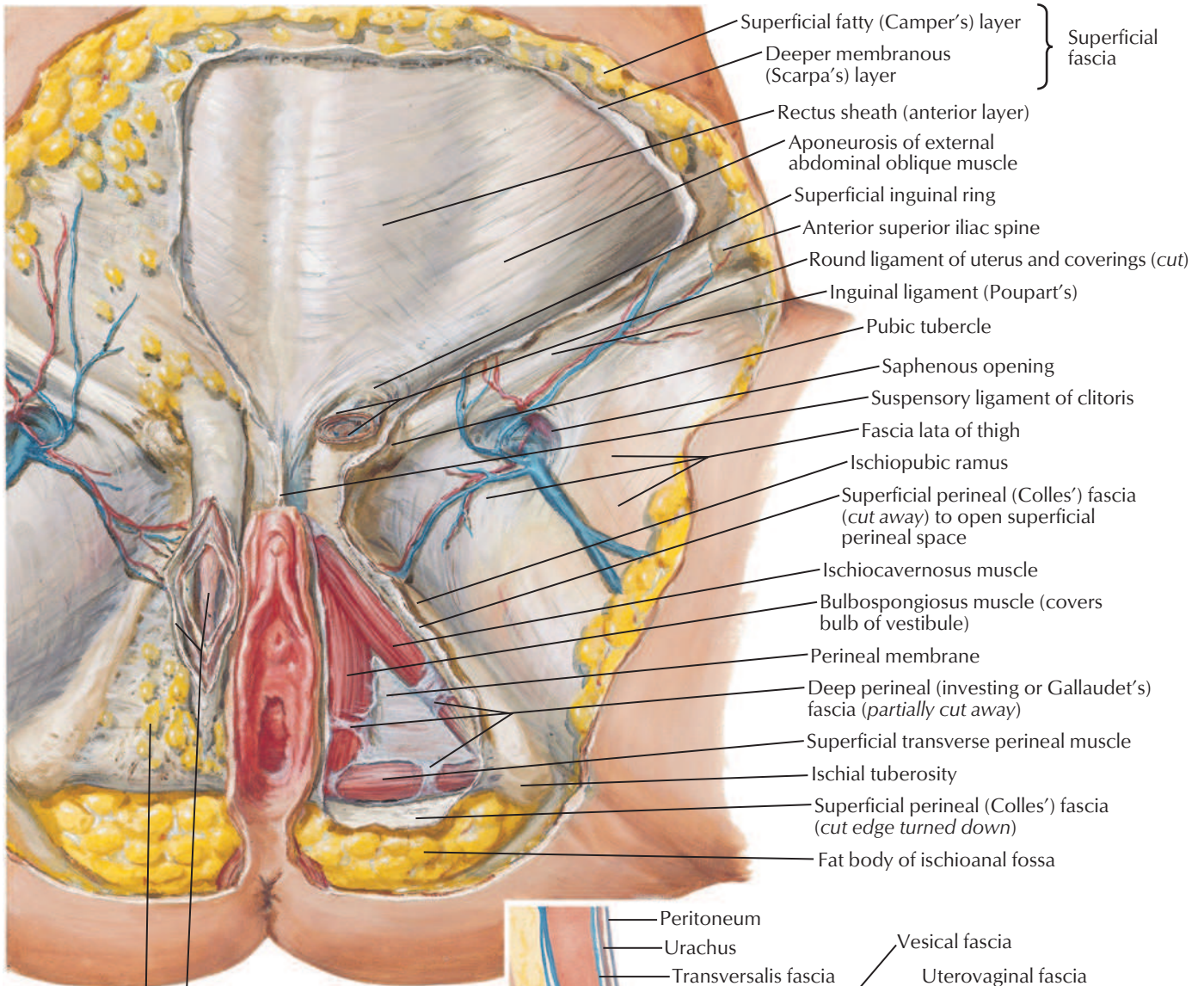




Anteroposterior fluoroscopic image obtained during hysterosalpingography







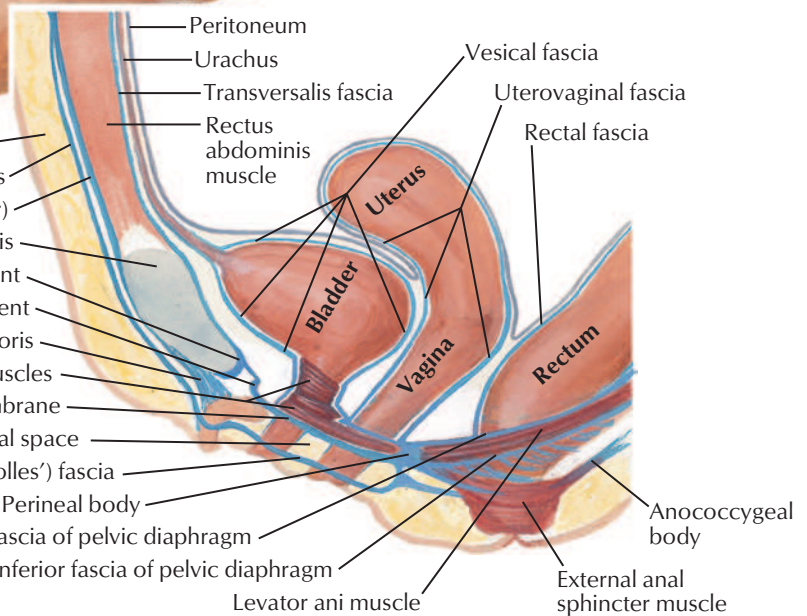
Superficial perineal (Colles') fascia

Round ligament of uterus and coverings

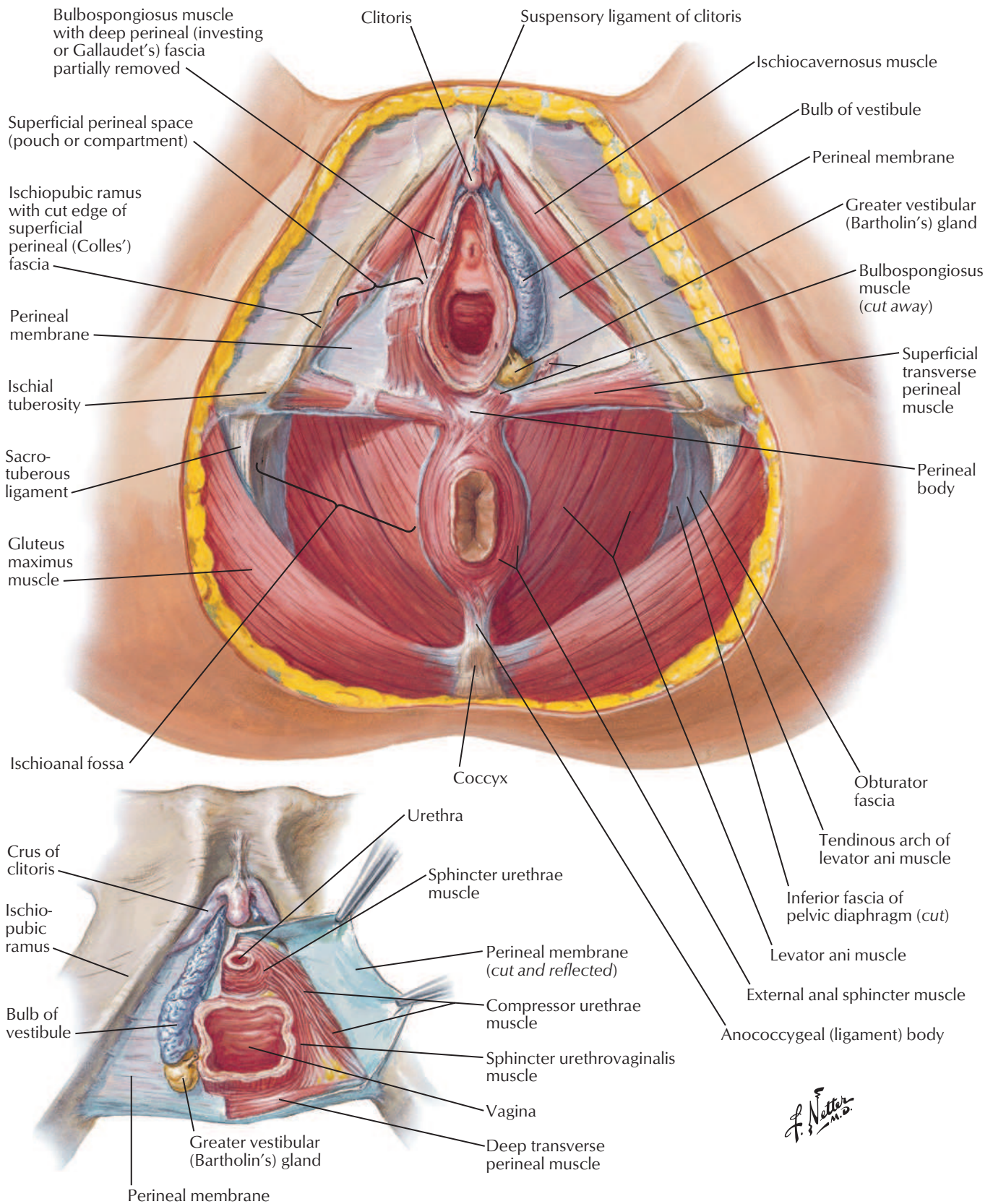
Sphincter urethrae and sphincter urethrovaginalis muscles

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C. Machado M.D.

Superficial fascia { Fatty
Membranous }
Rectus sheath (anterior layer)
Pubic symphysis
Inferior (arcuate) pubic ligament
Transverse perineal ligament
Suspensory ligament of clitoris
Perineal membrane
Superficial perineal space
Superficial perineal (Colles') fascia
Perineal body
Superior fascia of pelvic diaphragm
Inferior fascia of pelvic diaphragm

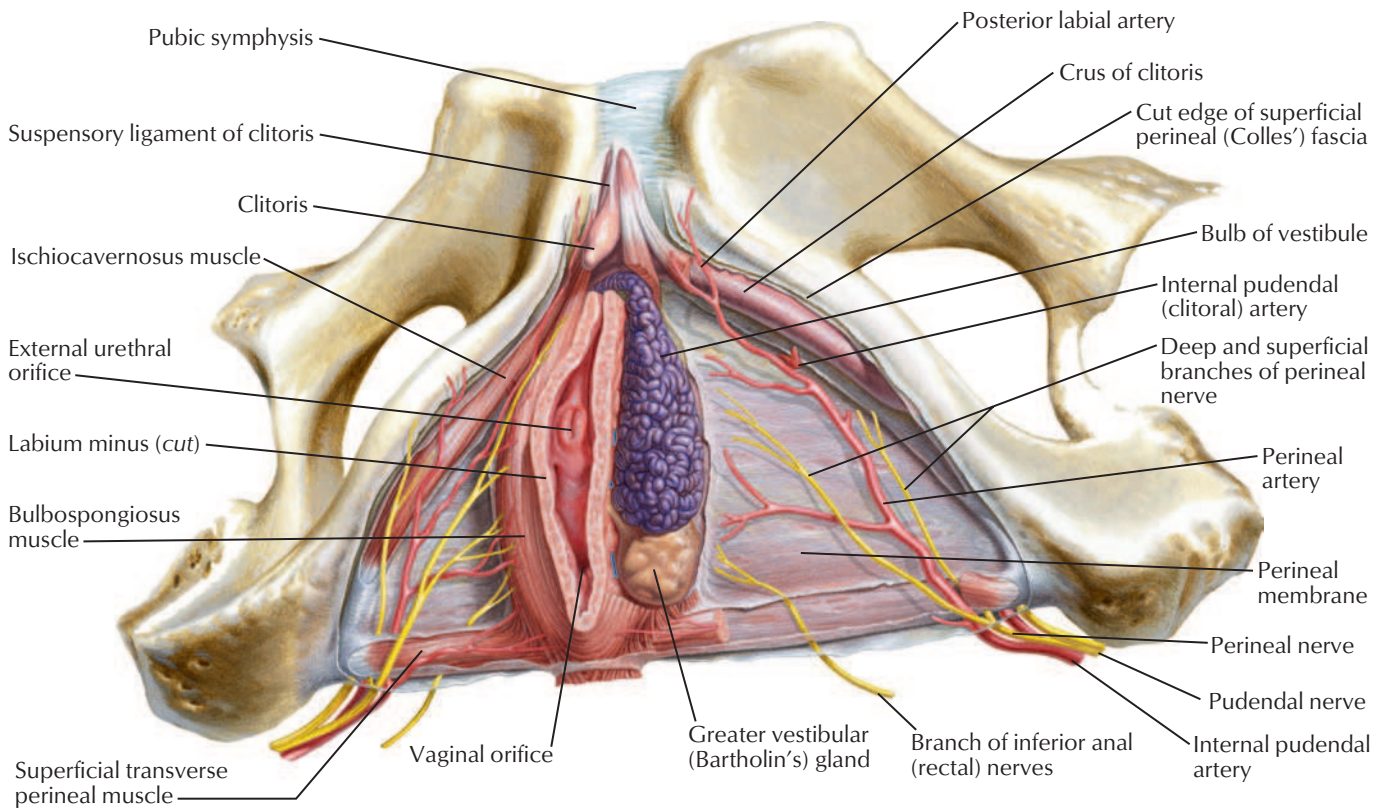


Female Perineum and Deep Perineum

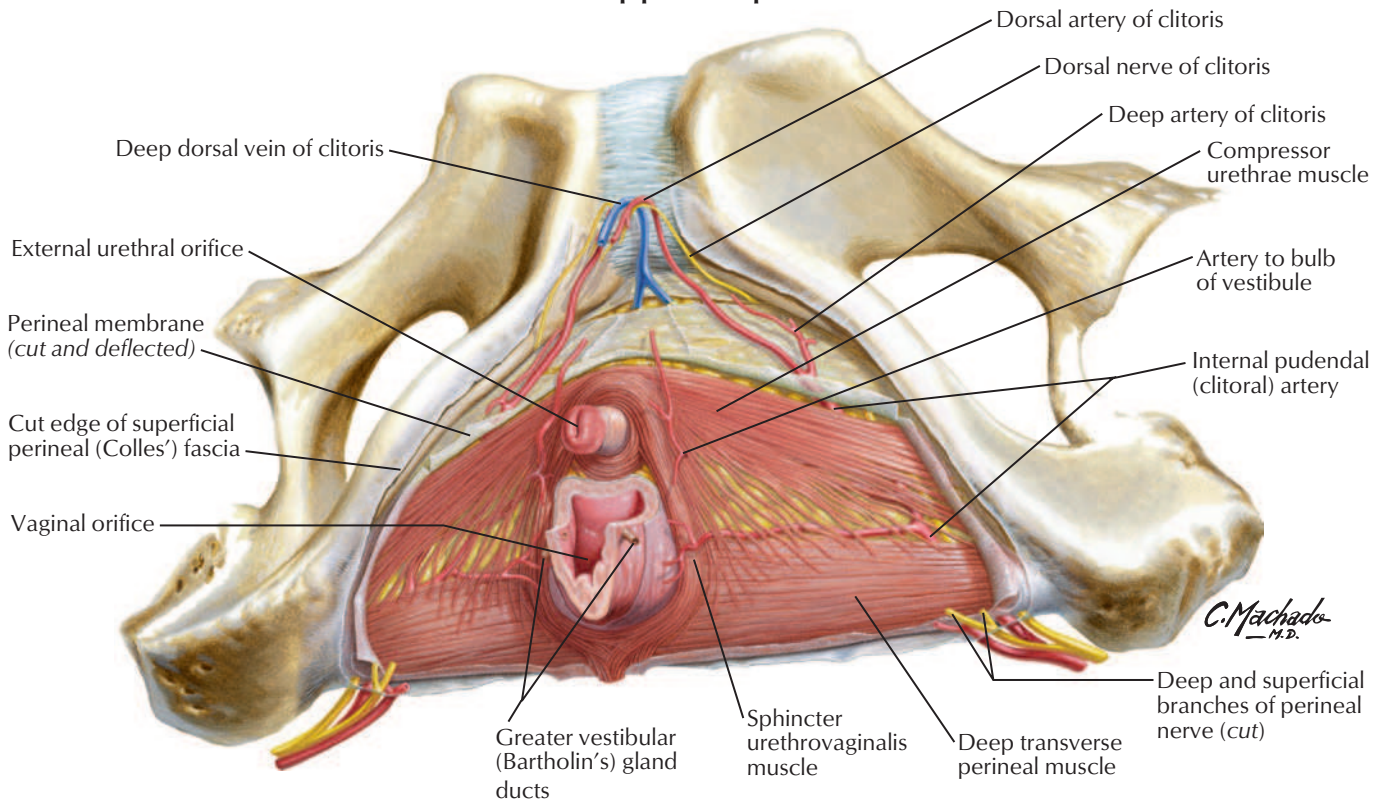


F. Netter M.D.

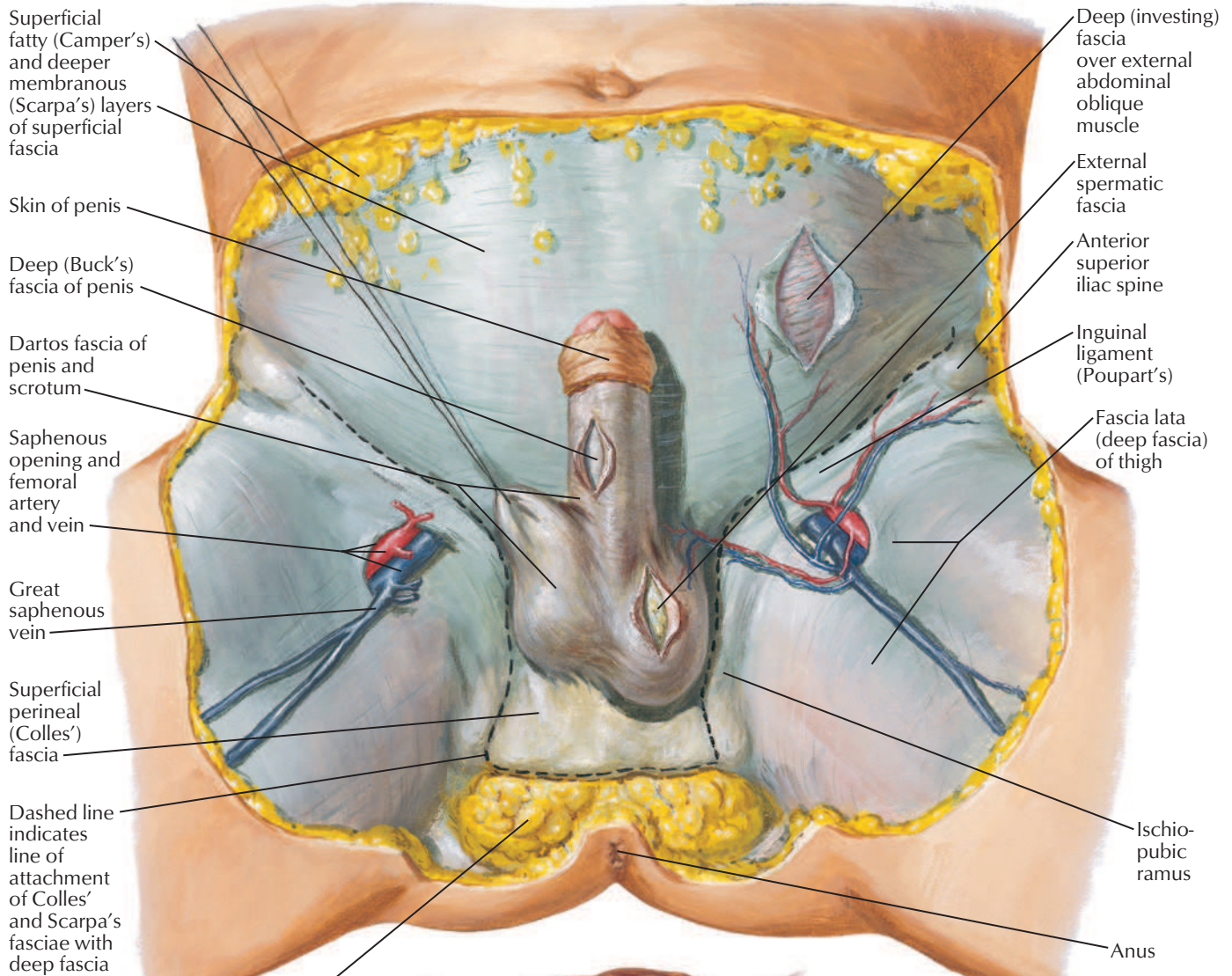
Superficial perineal space



Deep perineal space

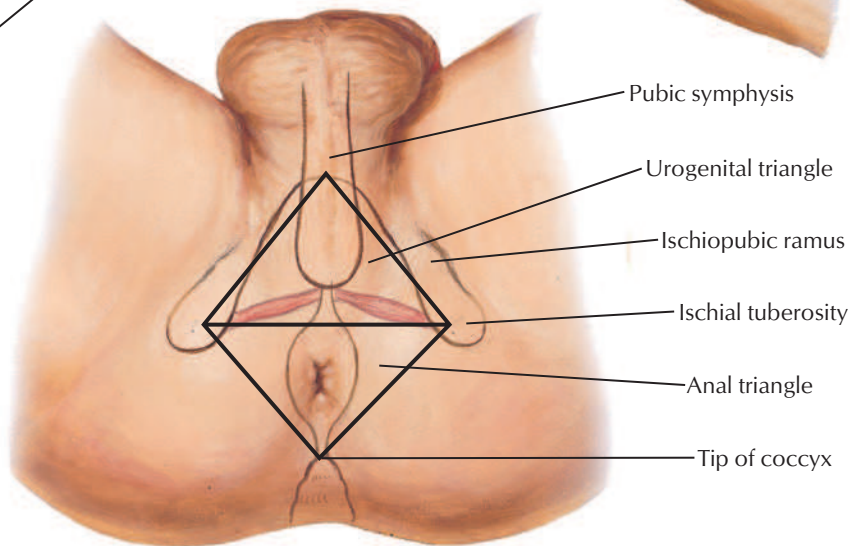


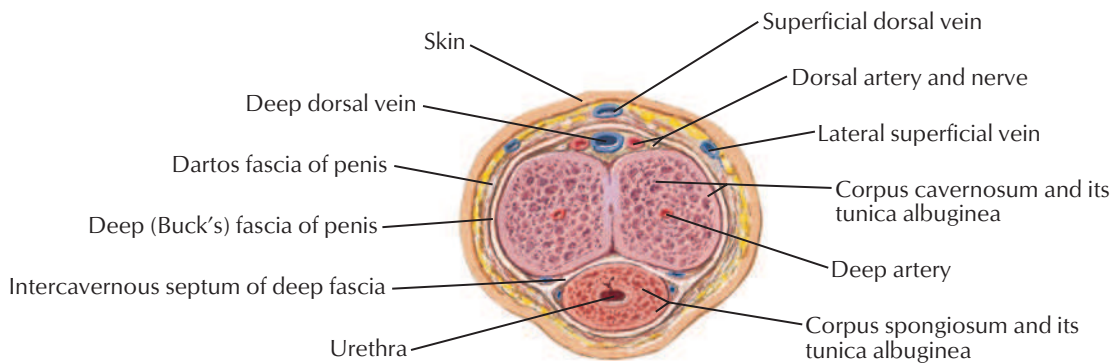
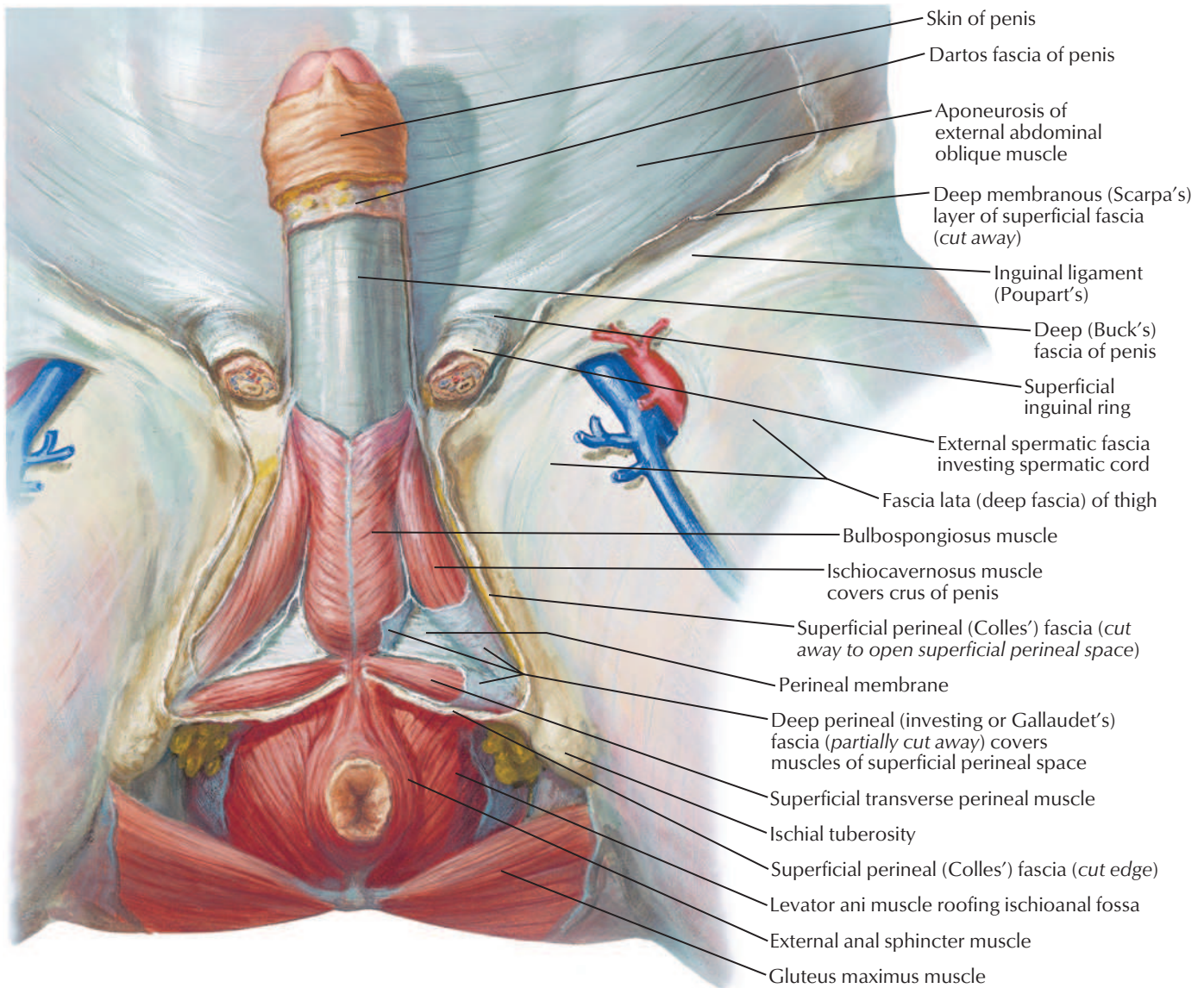
Male Perineum and External Genitalia (Superficial Dissection)



Regions (triangles) of perineum: surface topography

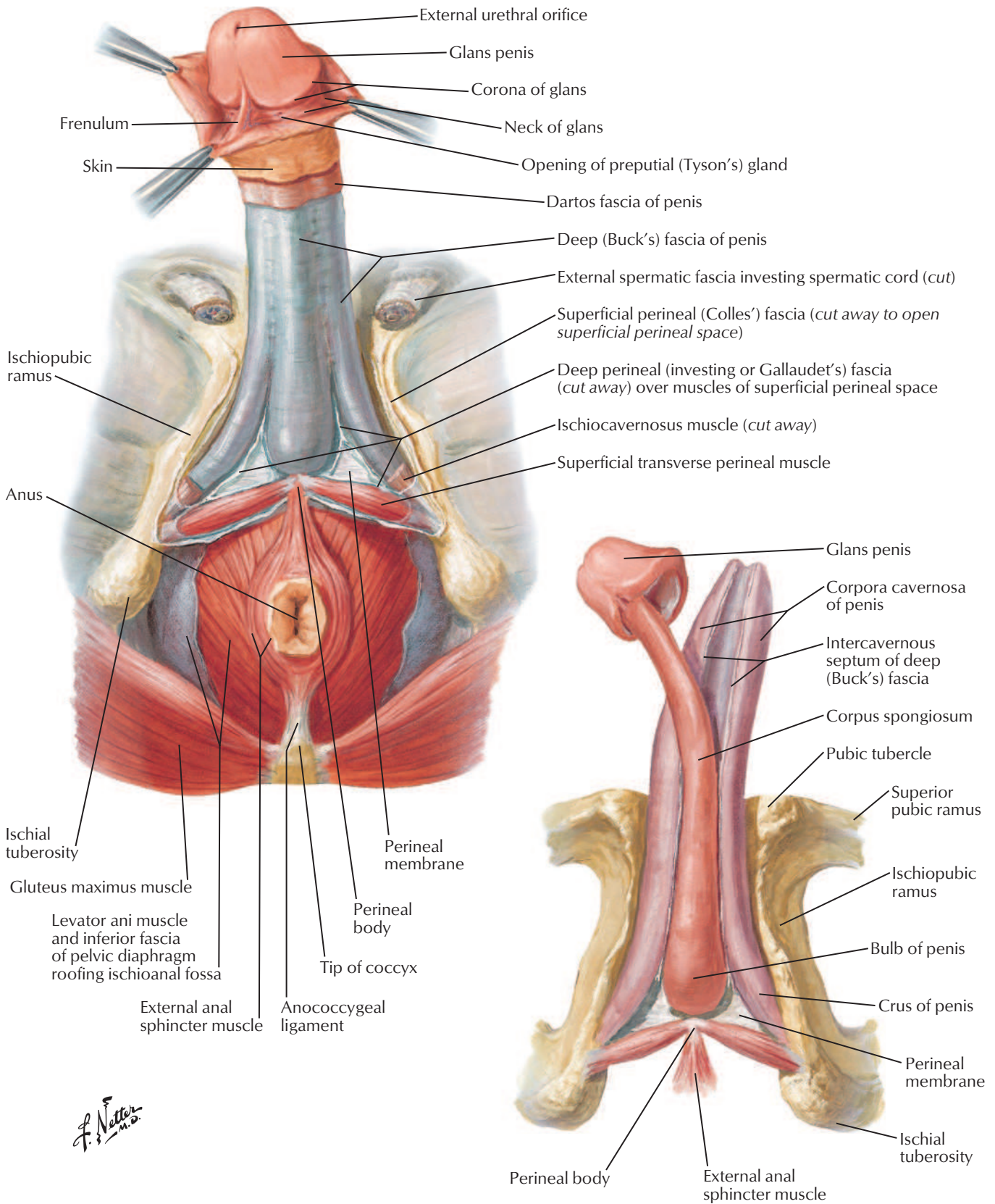
F. Netter M.D.



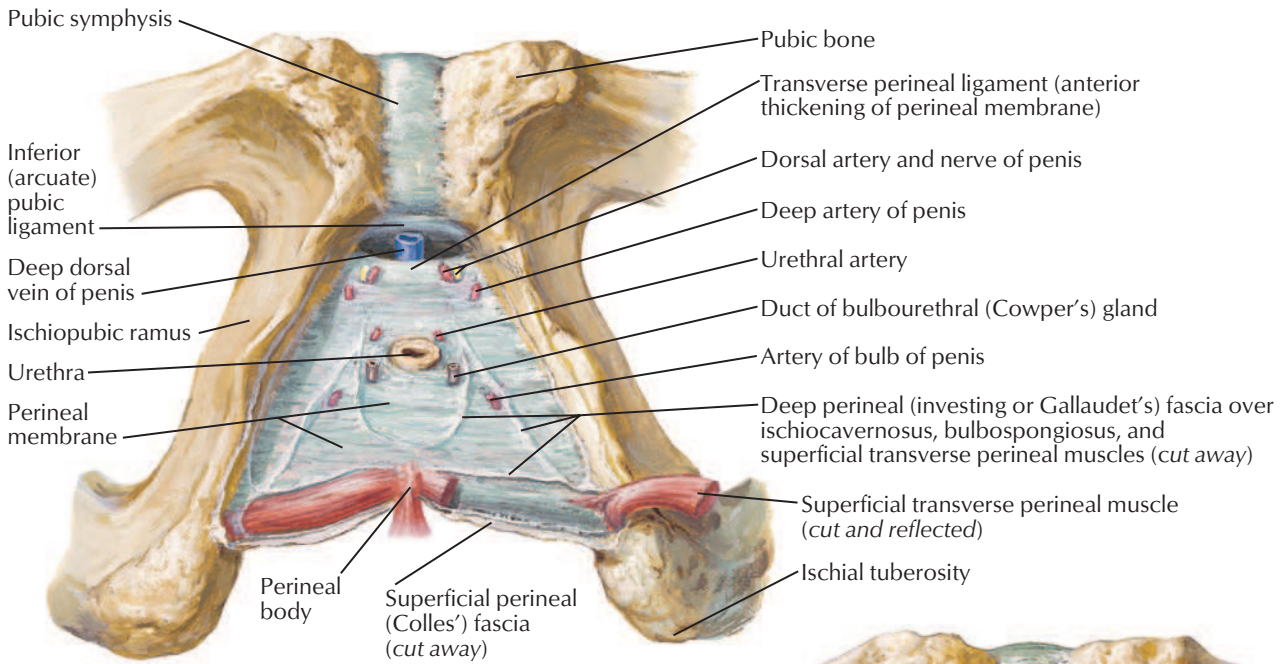


Transverse section through body of penis

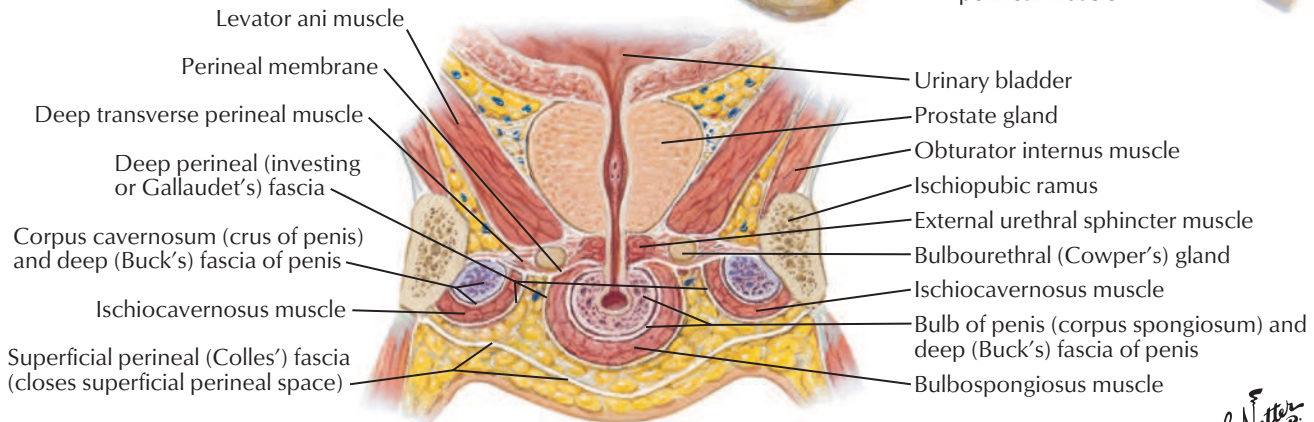
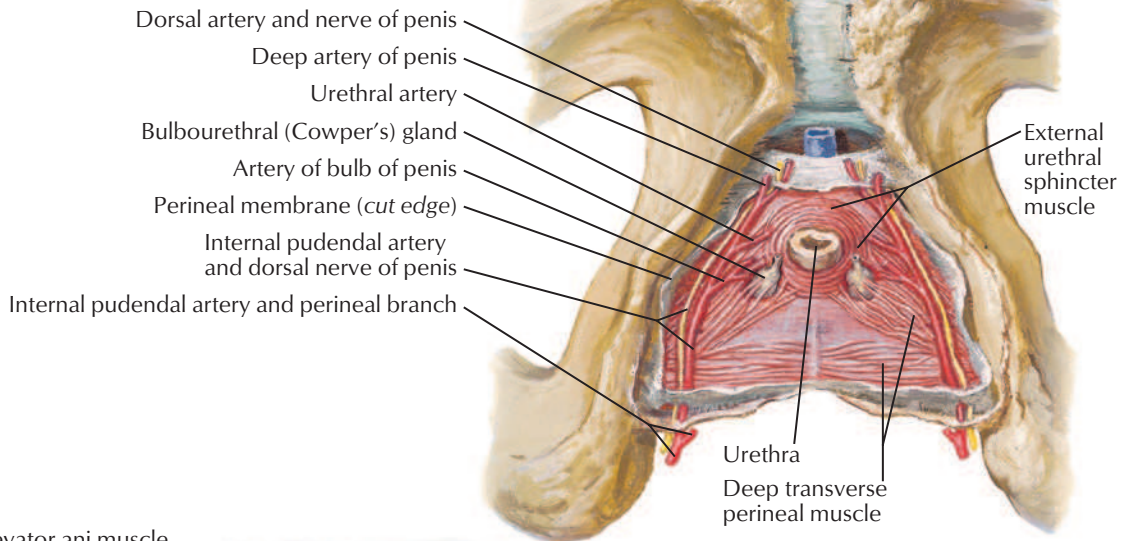
F. Netter M.D.



F. Netter M.D.



Inferior views

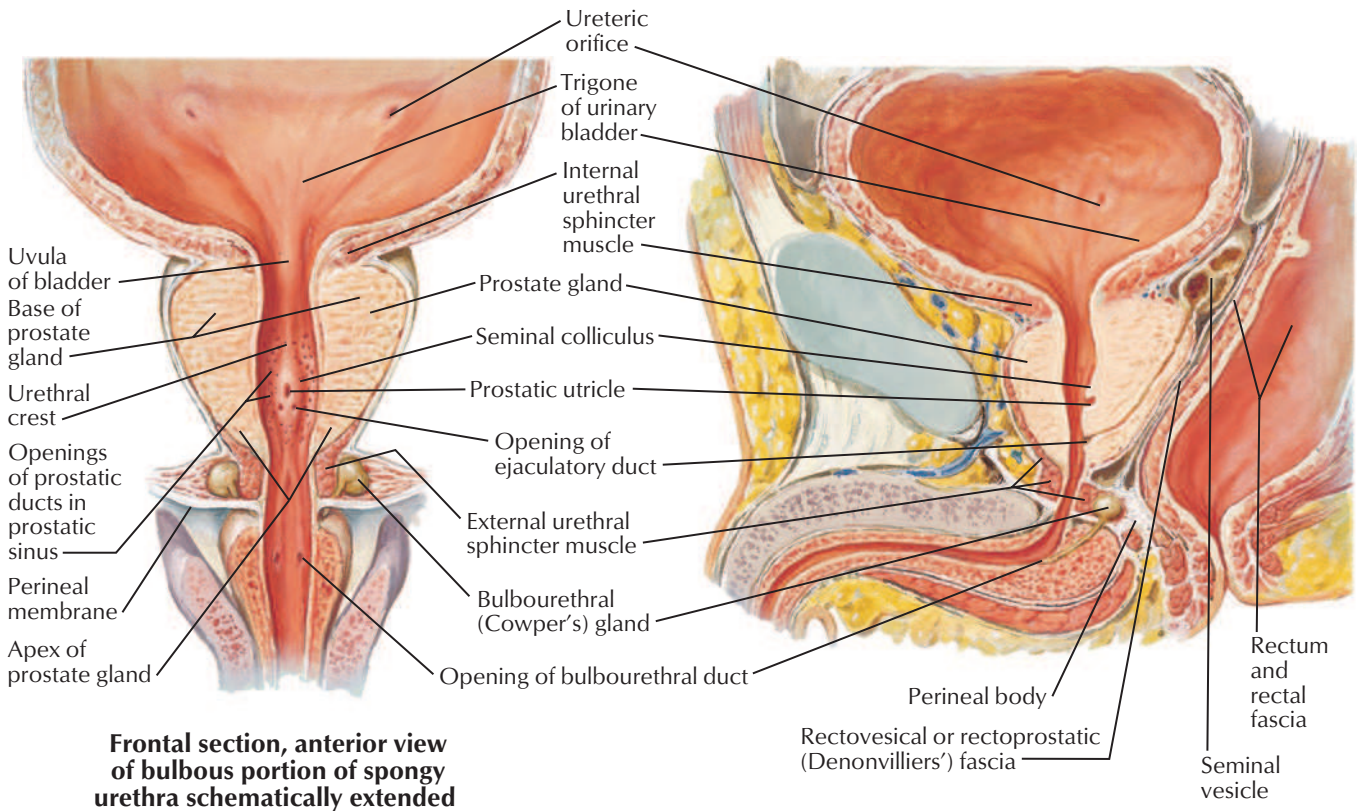


Frontal section, anterior view of perineum: schema

F. Netter M.D.
C. Machado M.D.

Prostate Gland and Seminal Vesicles

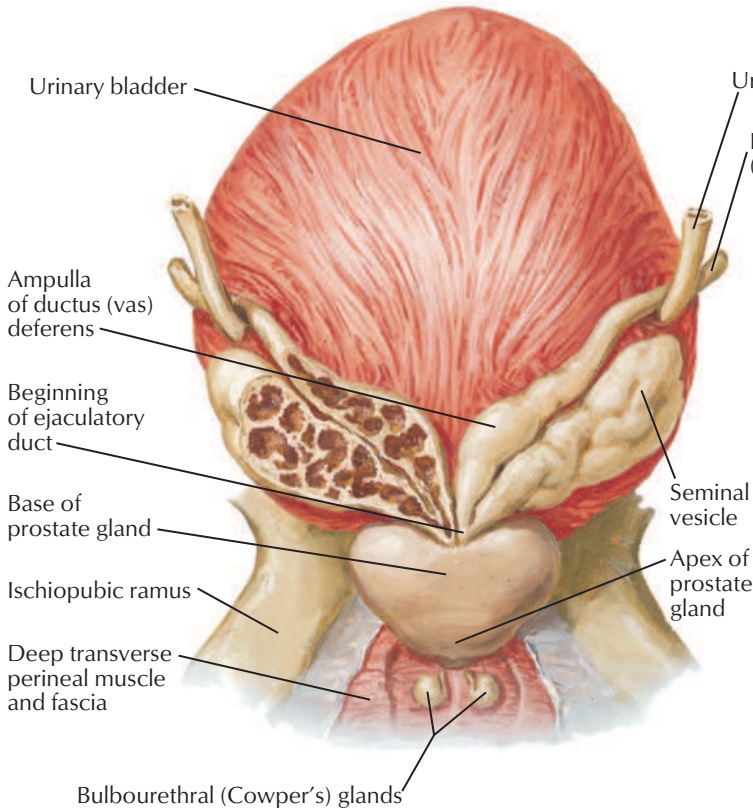
See also [Plates 349, 352, 385](#)



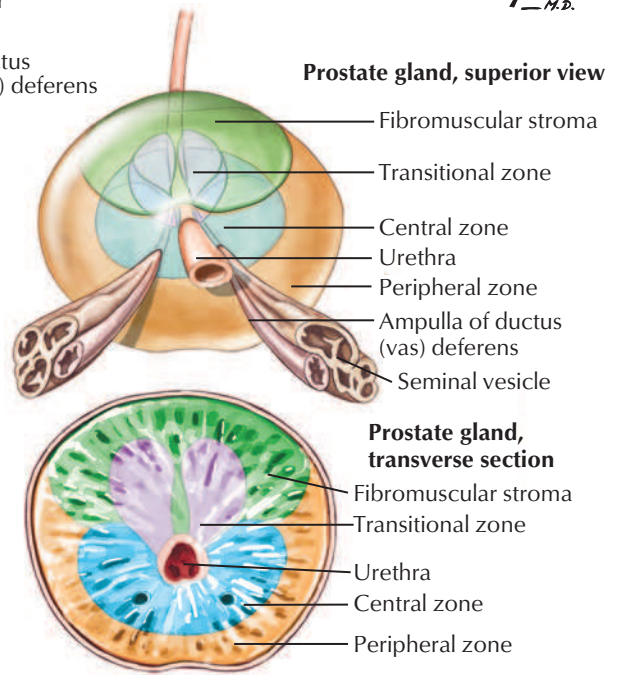
Frontal section, anterior view of bulbous portion of spongy urethra schematically extended

Sagittal section

F. Netter M.D.
C. Machado M.D.



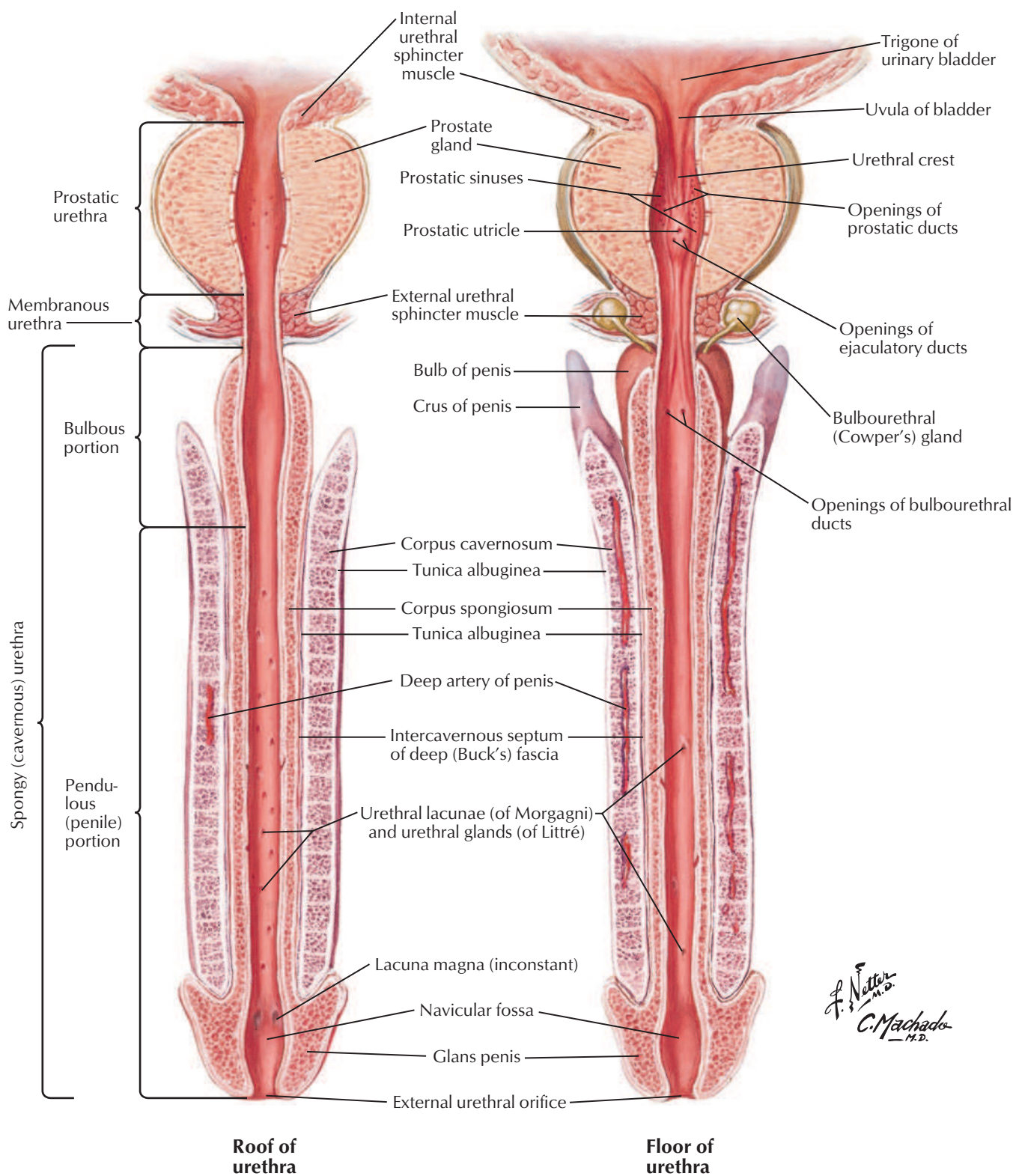
Posterior view



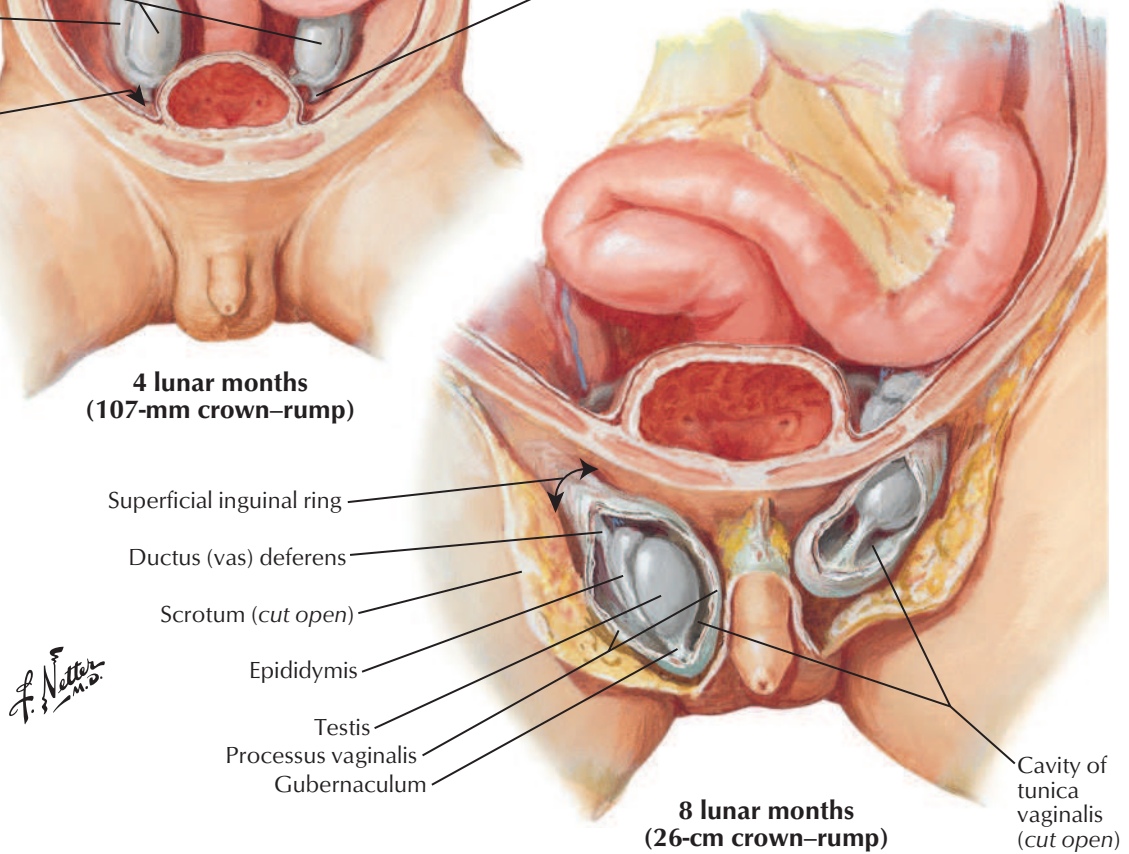
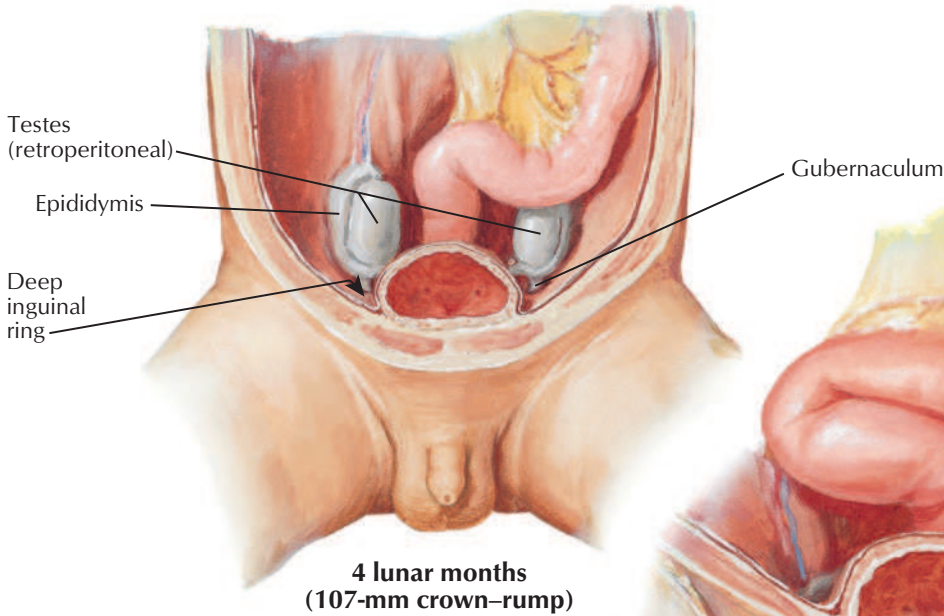
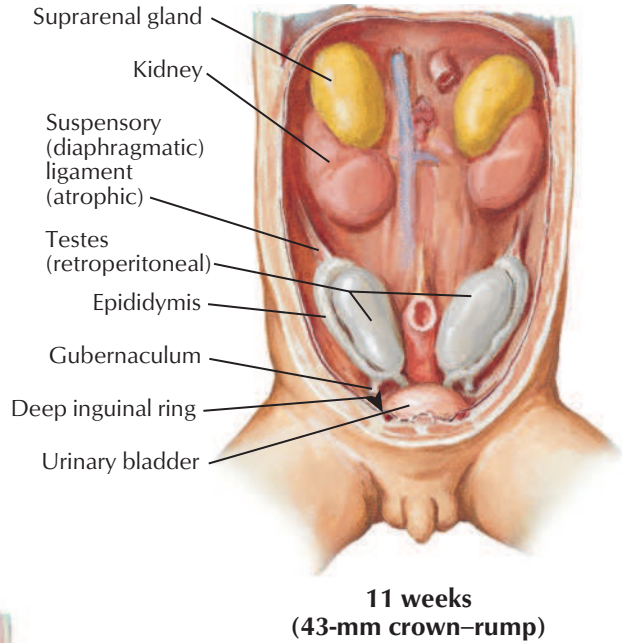
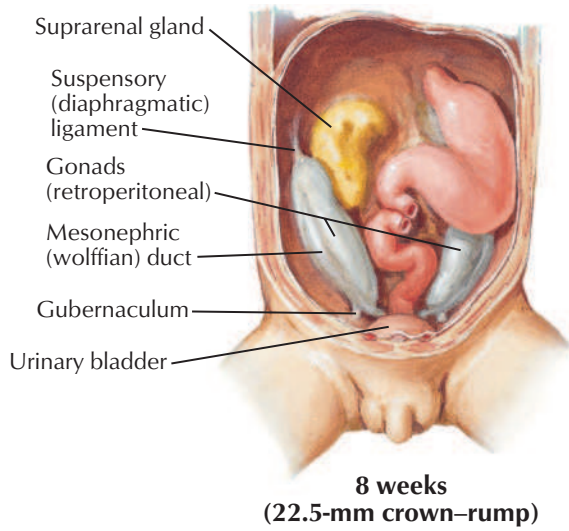
Prostate gland, superior view

Prostate gland, transverse section

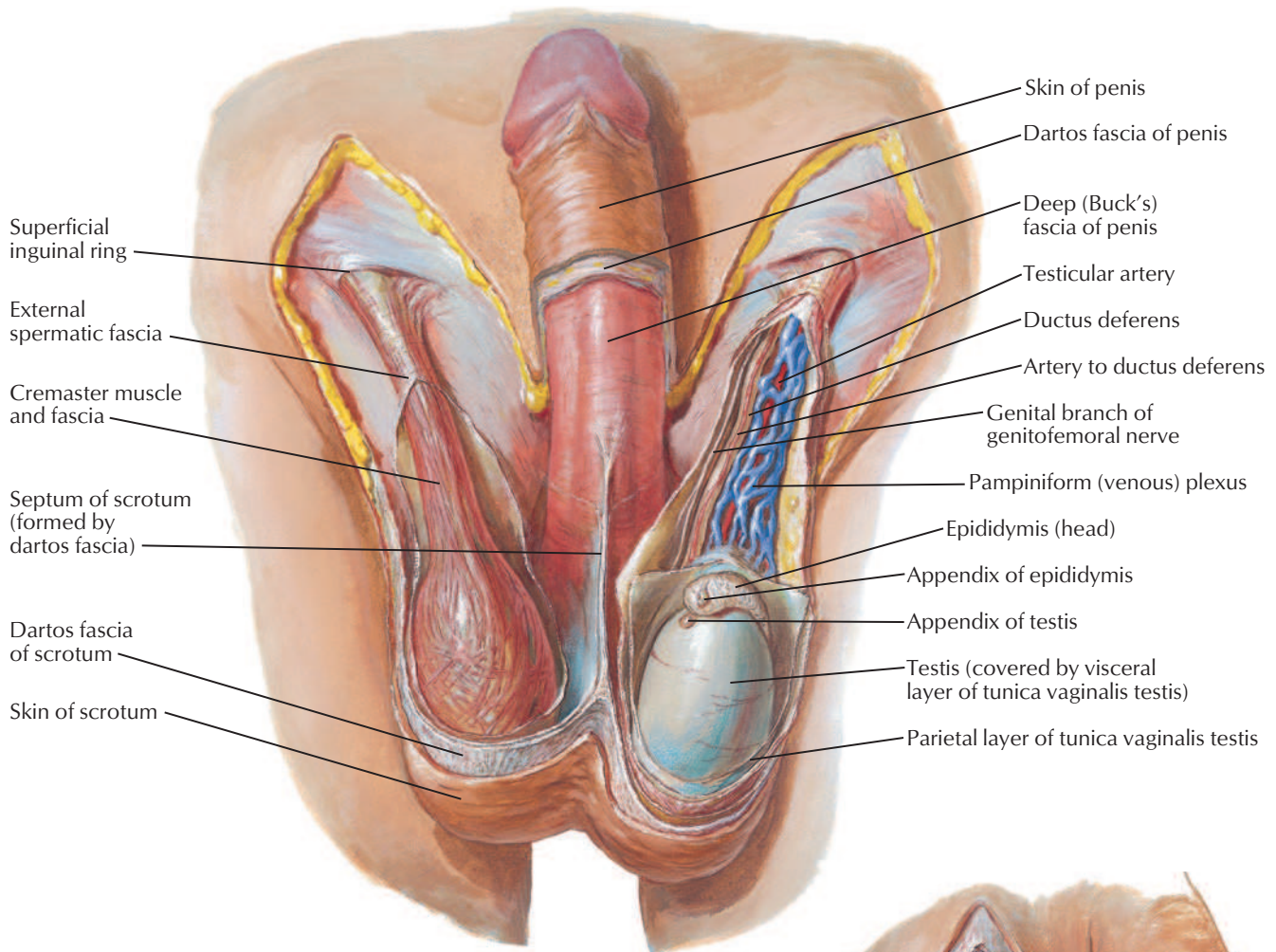
Posterior view



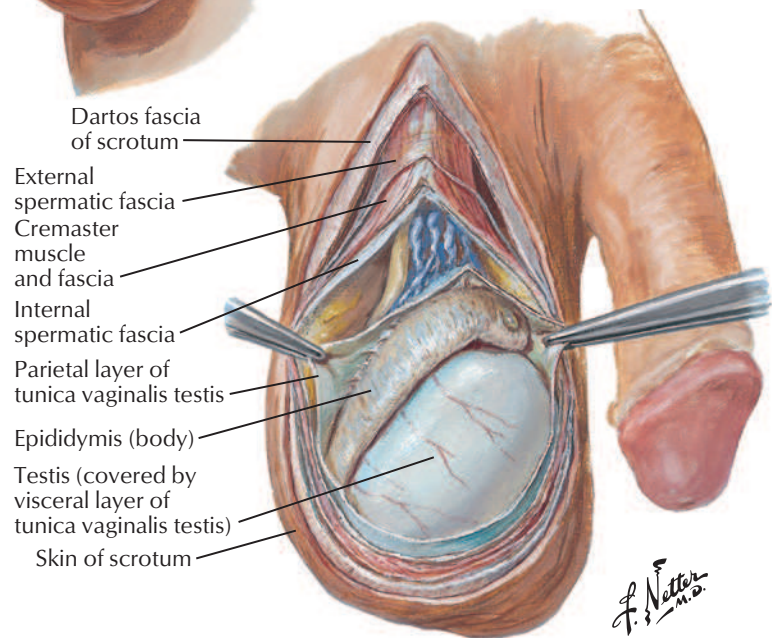
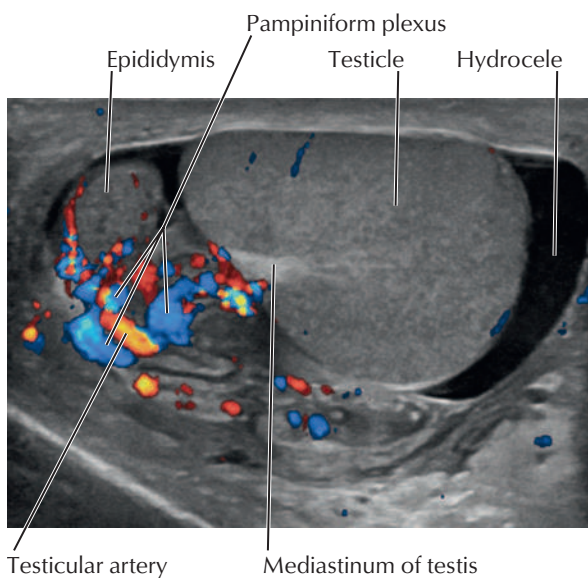
Descent of Testis

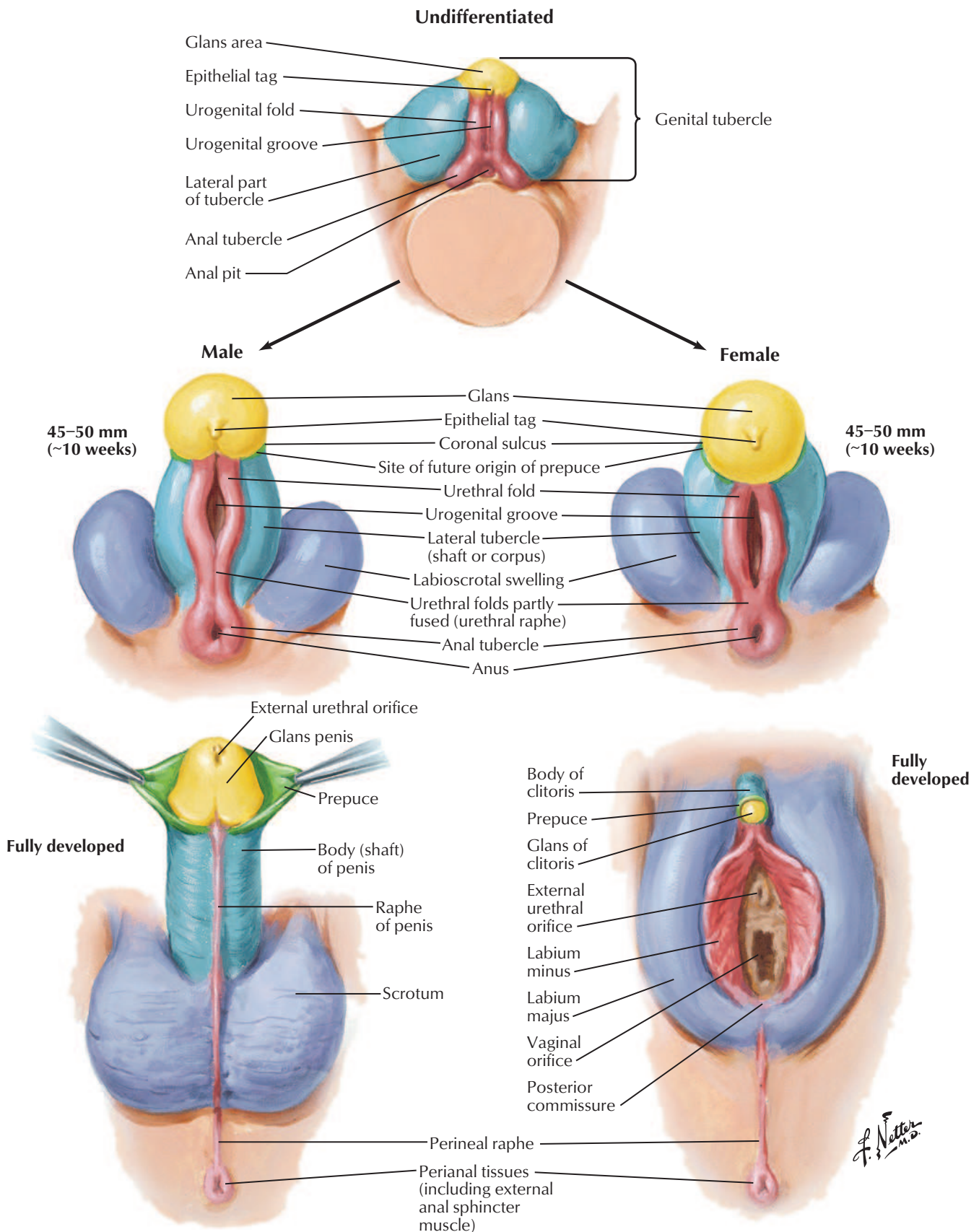


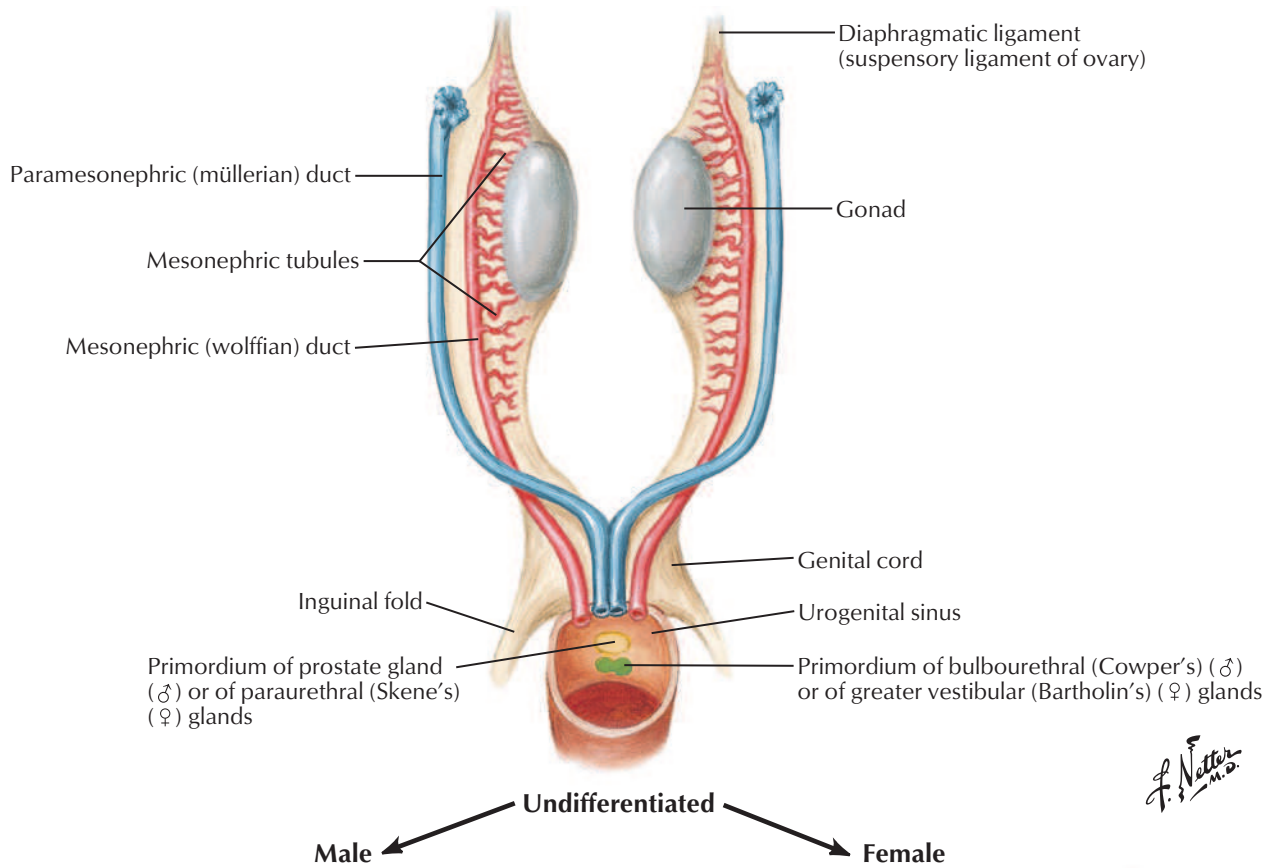
F. Netter M.D.



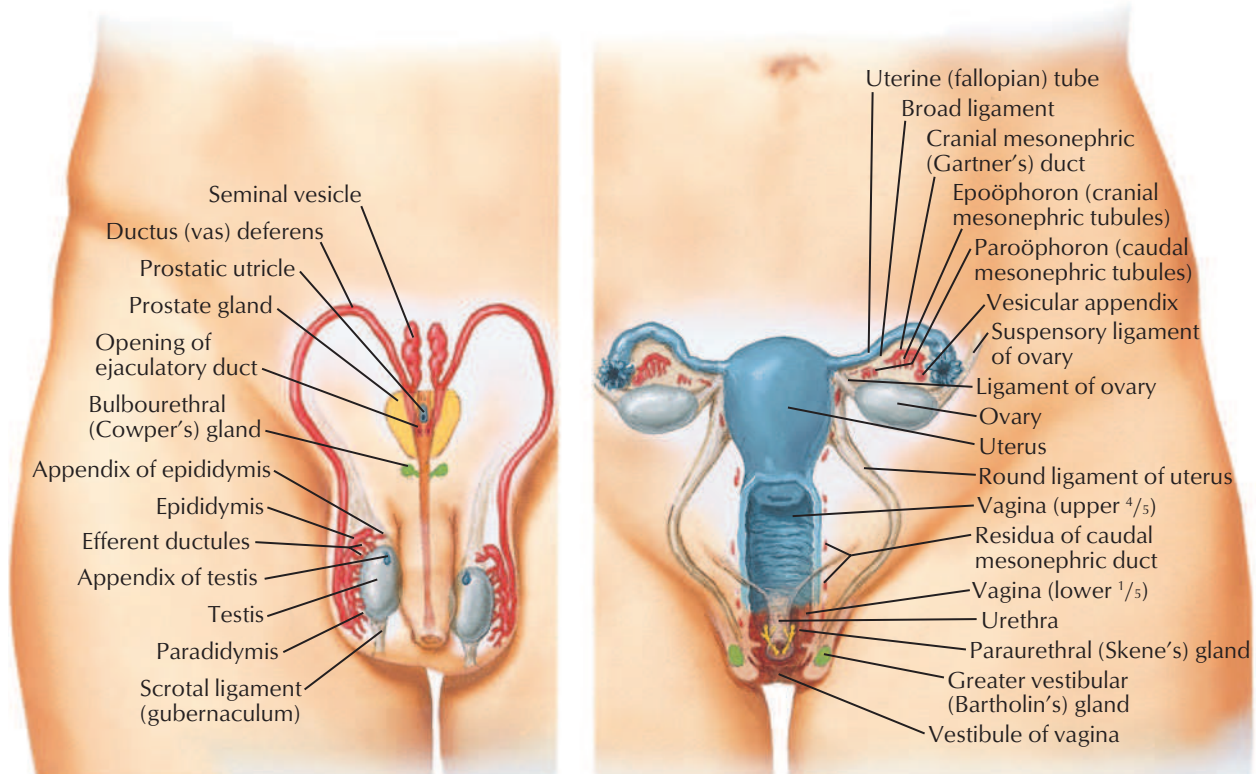
Color Doppler ultrasound: transverse view of testicle

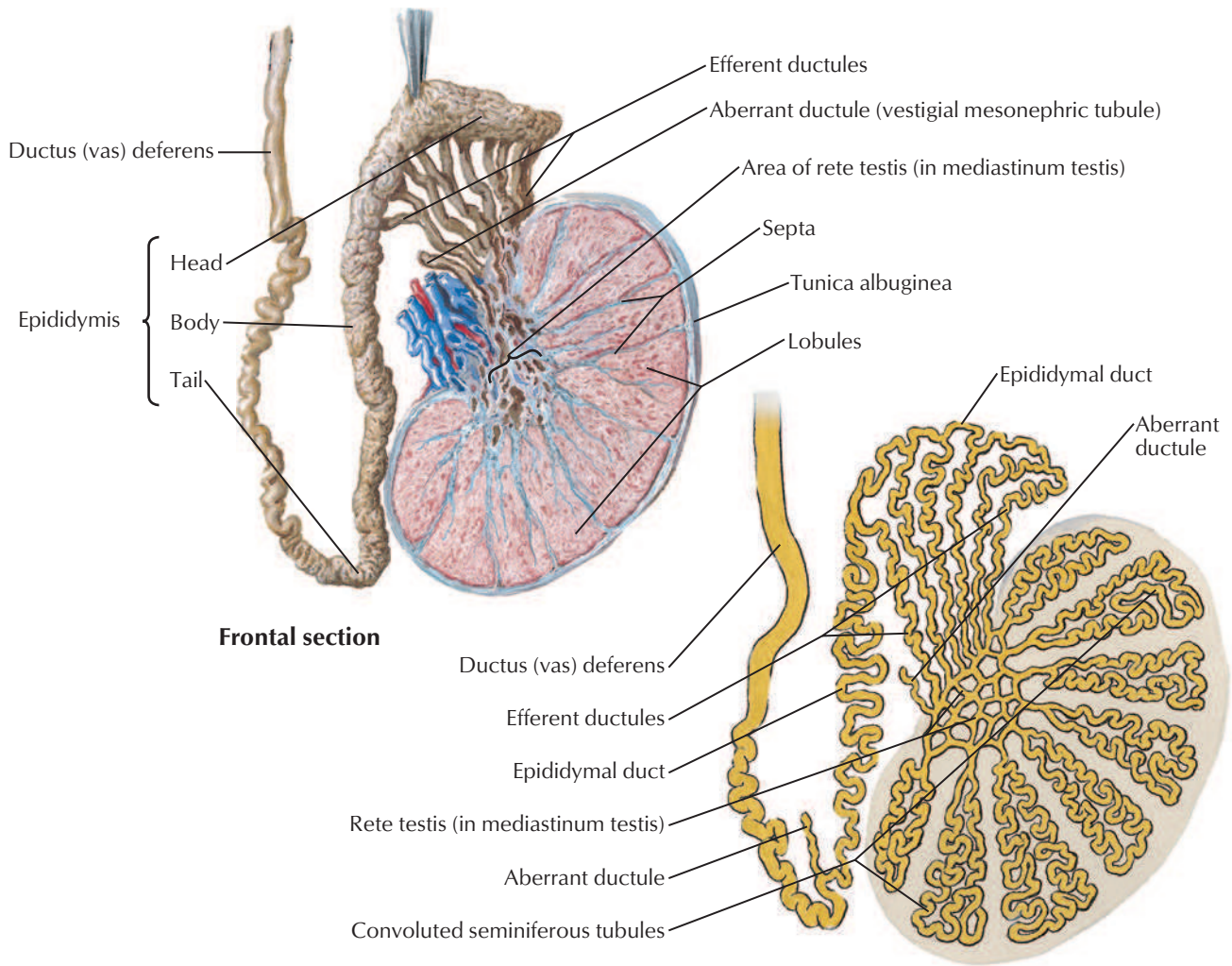






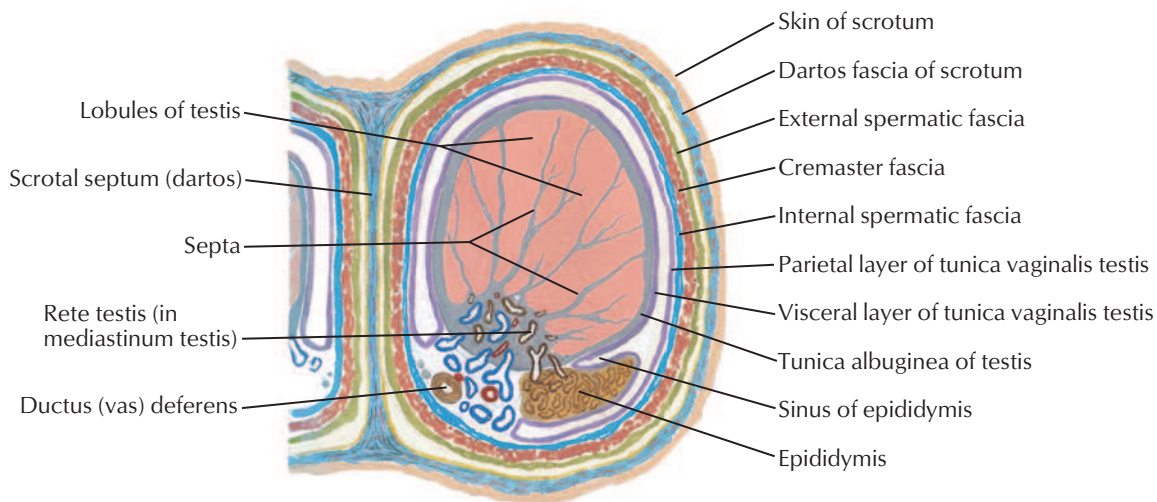
F. Netter M.D.



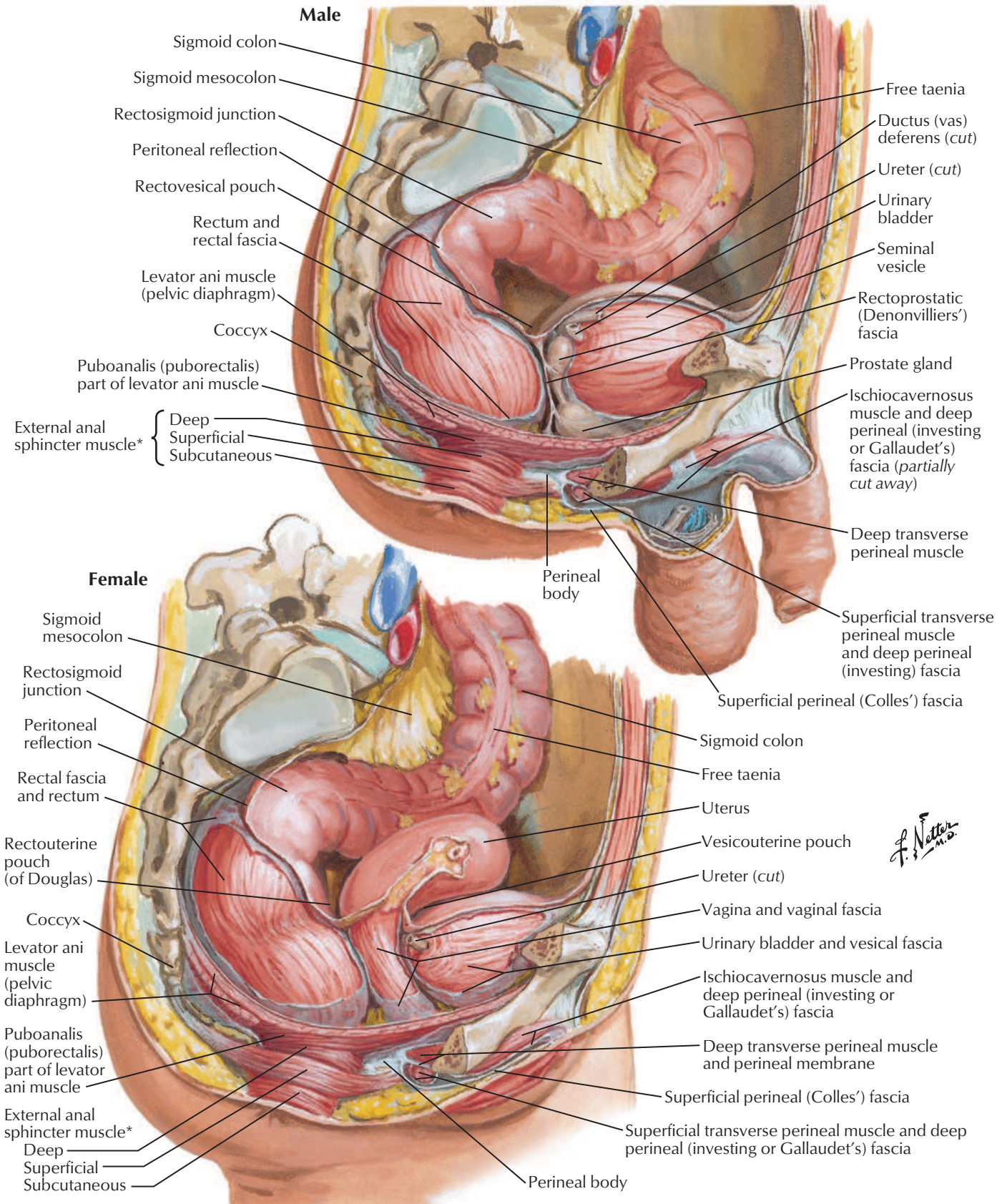


Frontal section

Schema



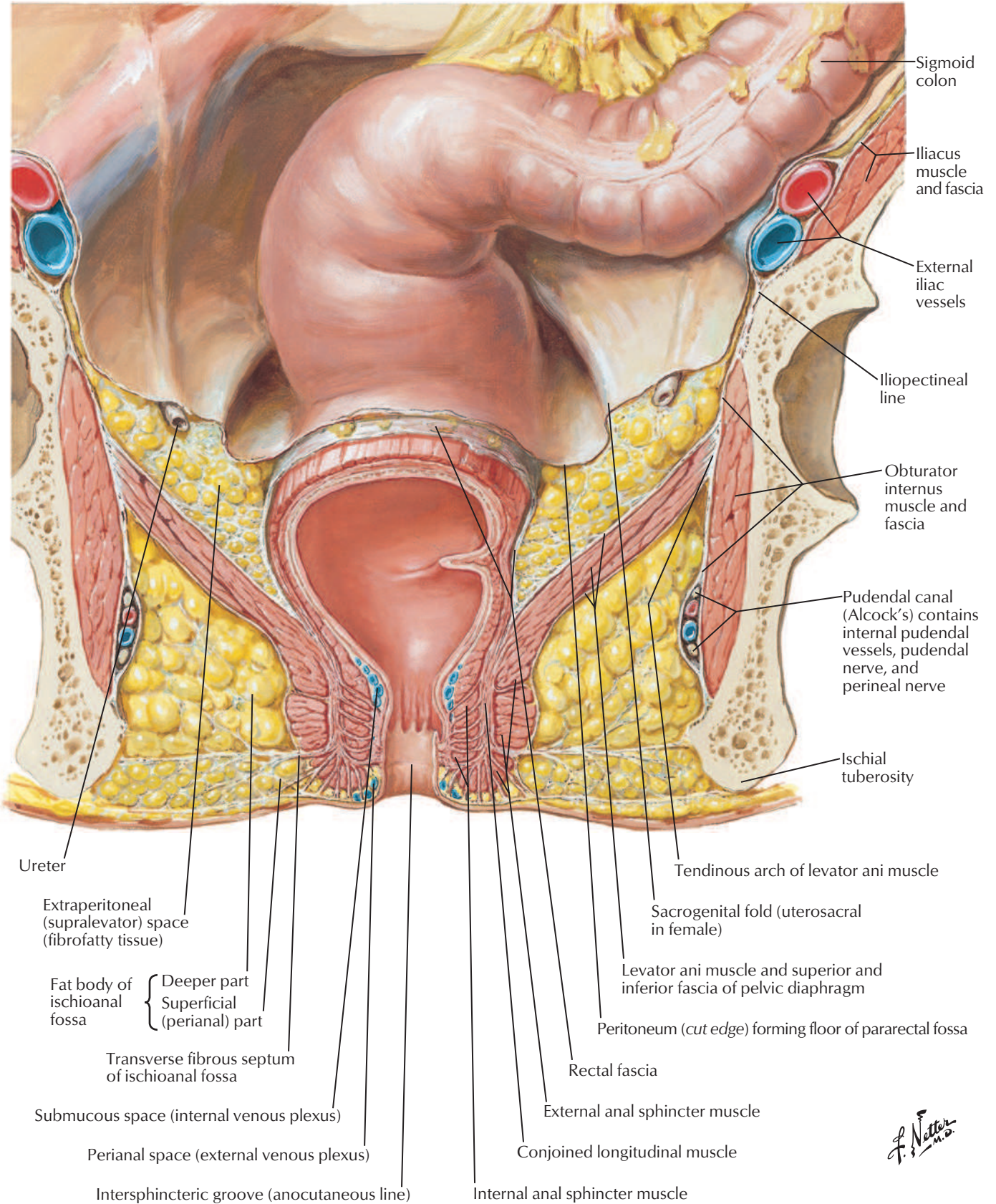
Cross section through scrotum and testis

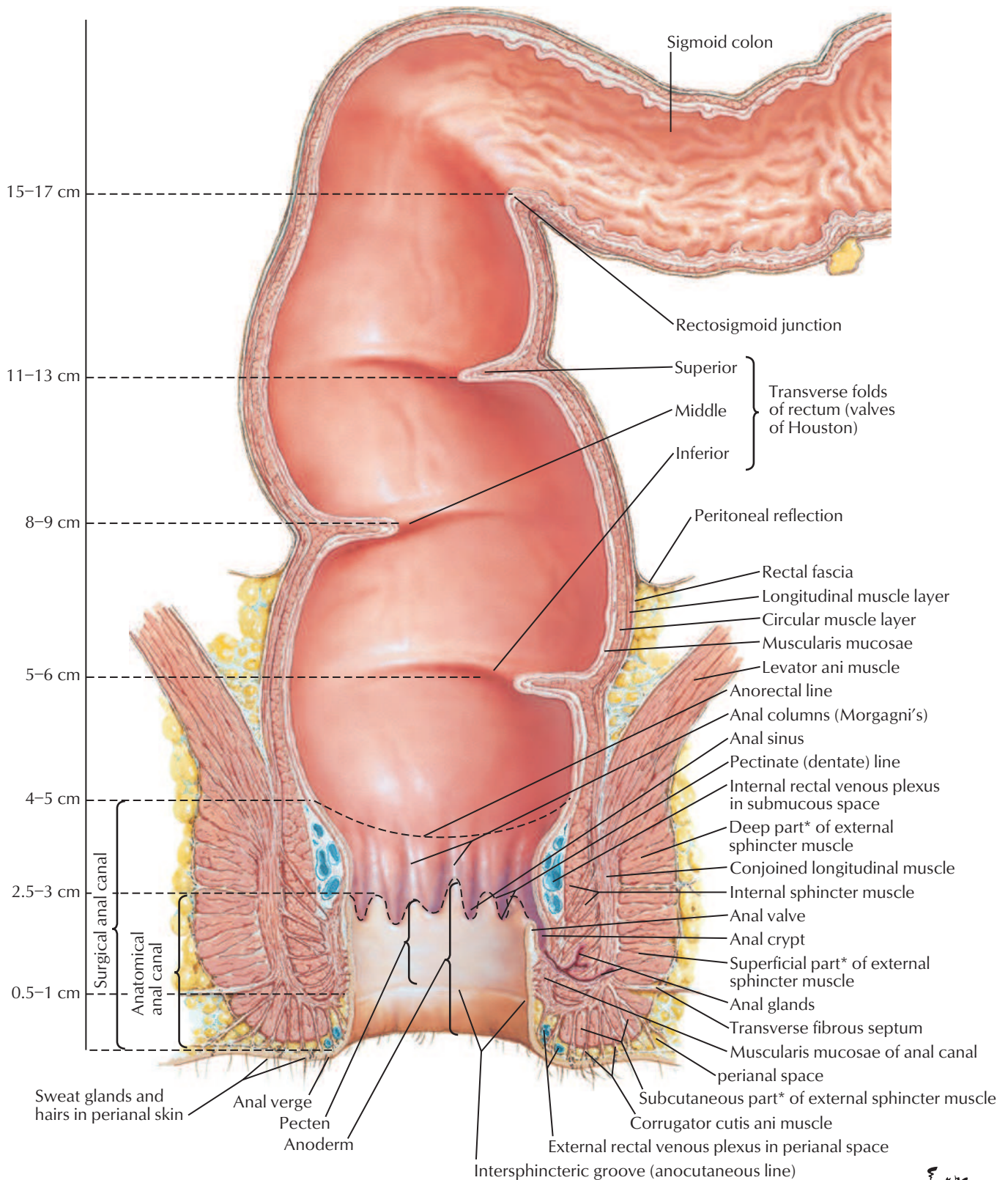


*Parts variable and often indistinct

Ischioanal Fossae

See also [Plate 392](#)



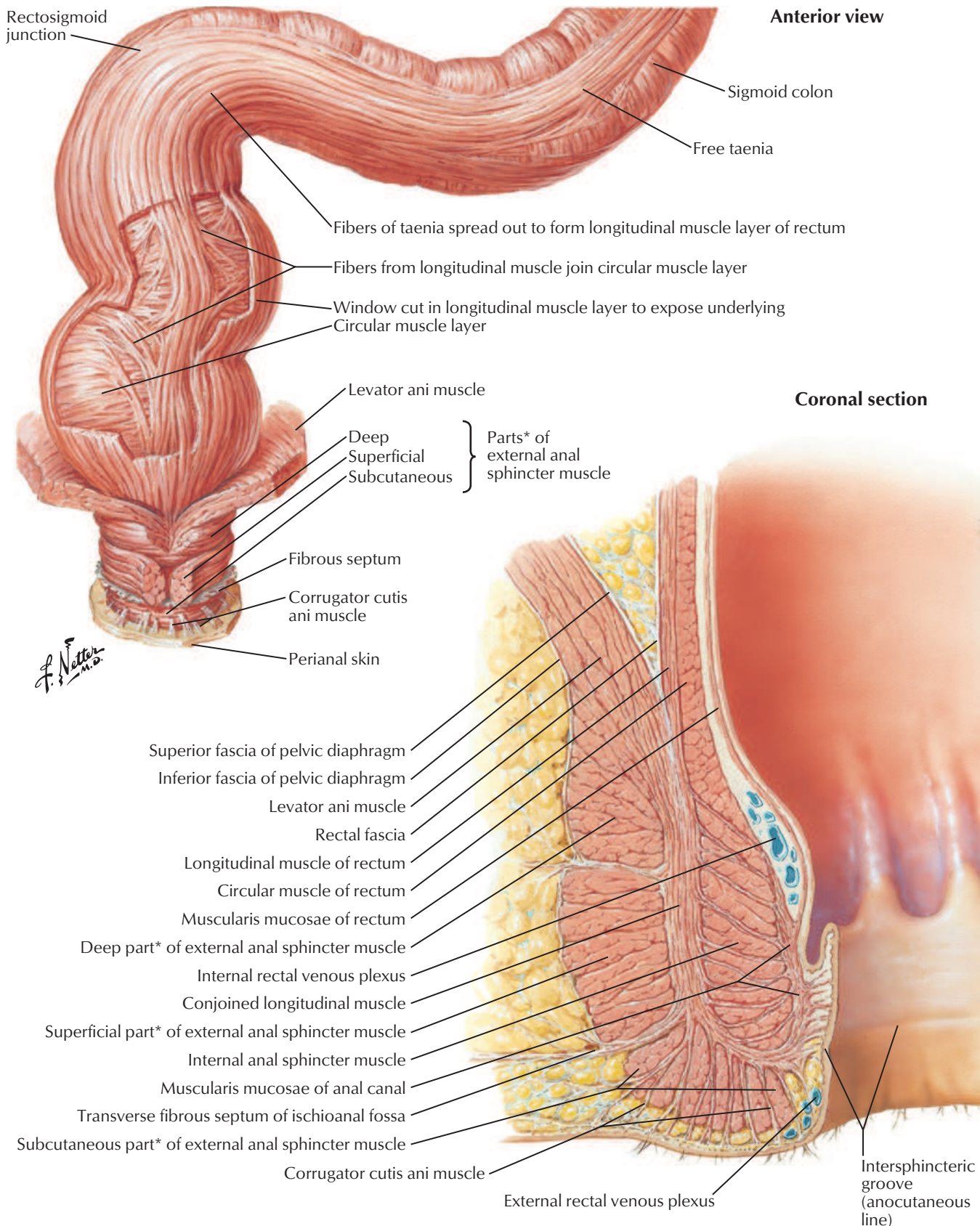


*Parts variable and often indistinct

F. Netter M.D.

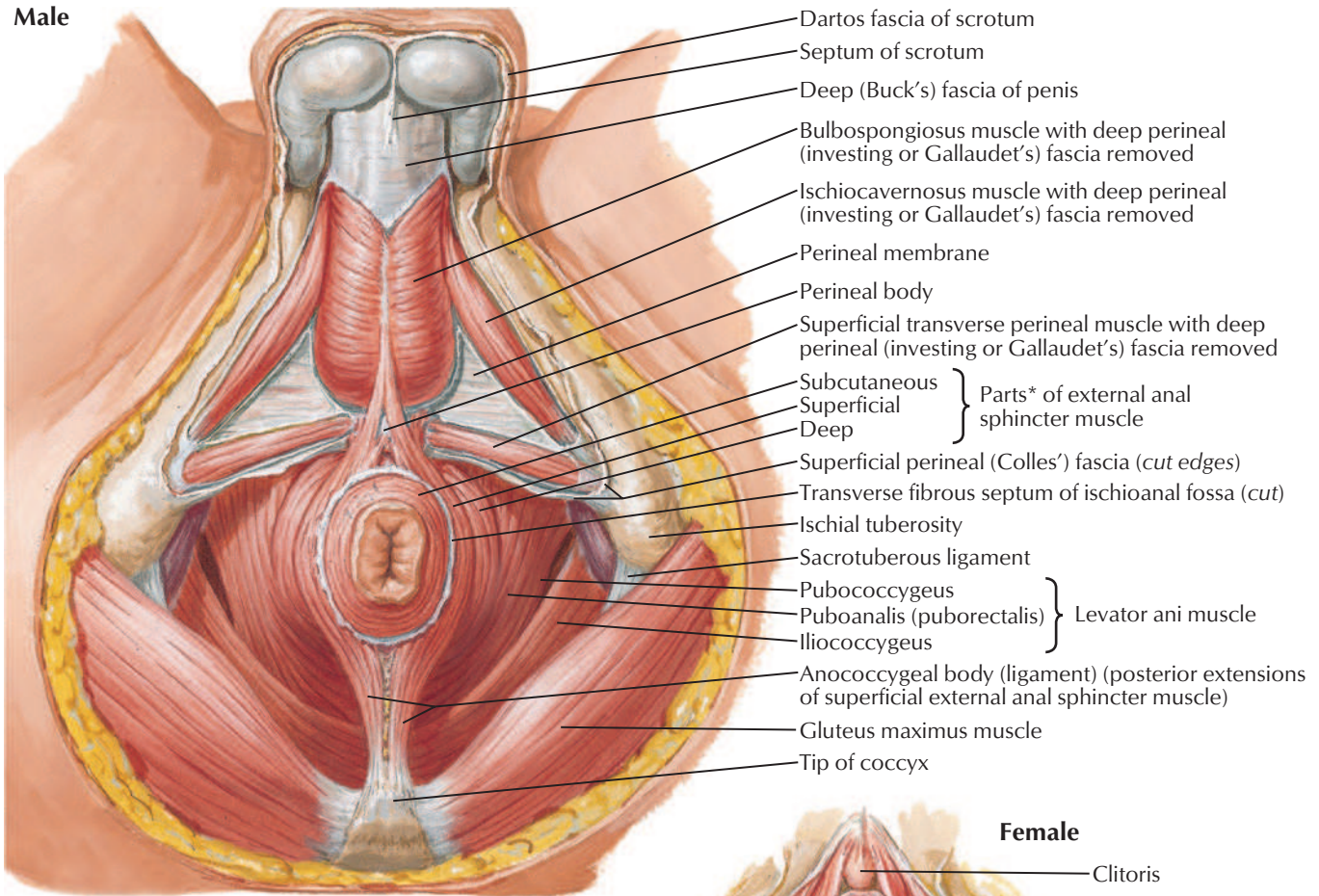
Anorectal Musculature

See also [Plate 381](#)

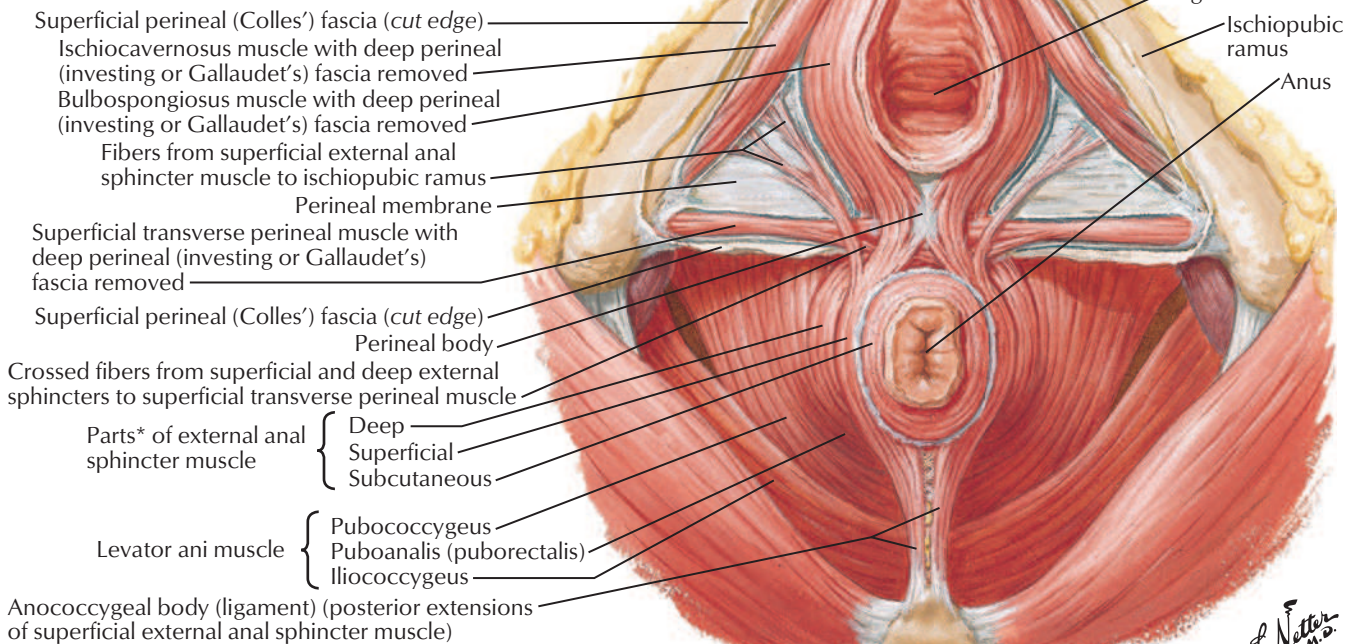


*Parts variable and often indistinct

Male



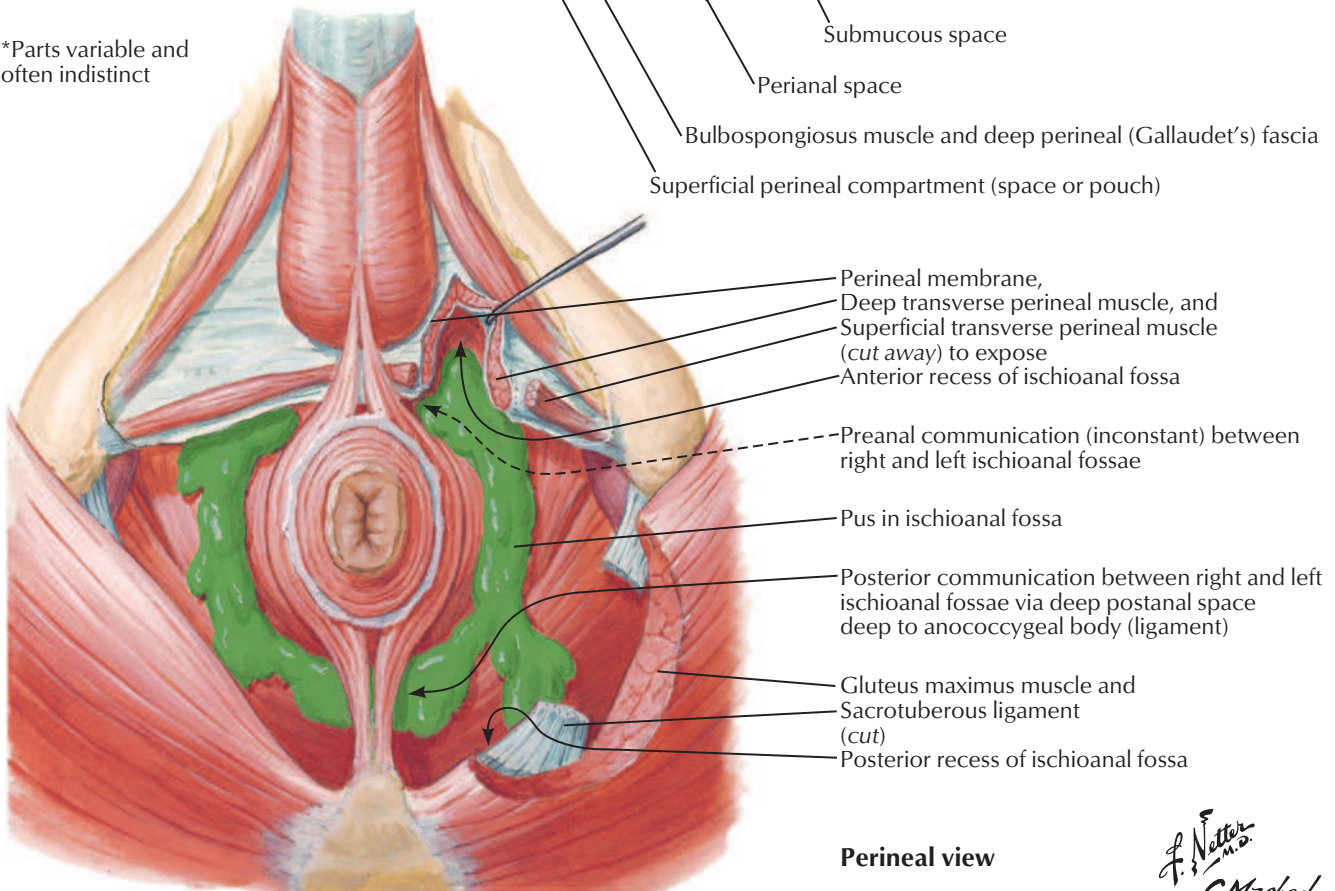
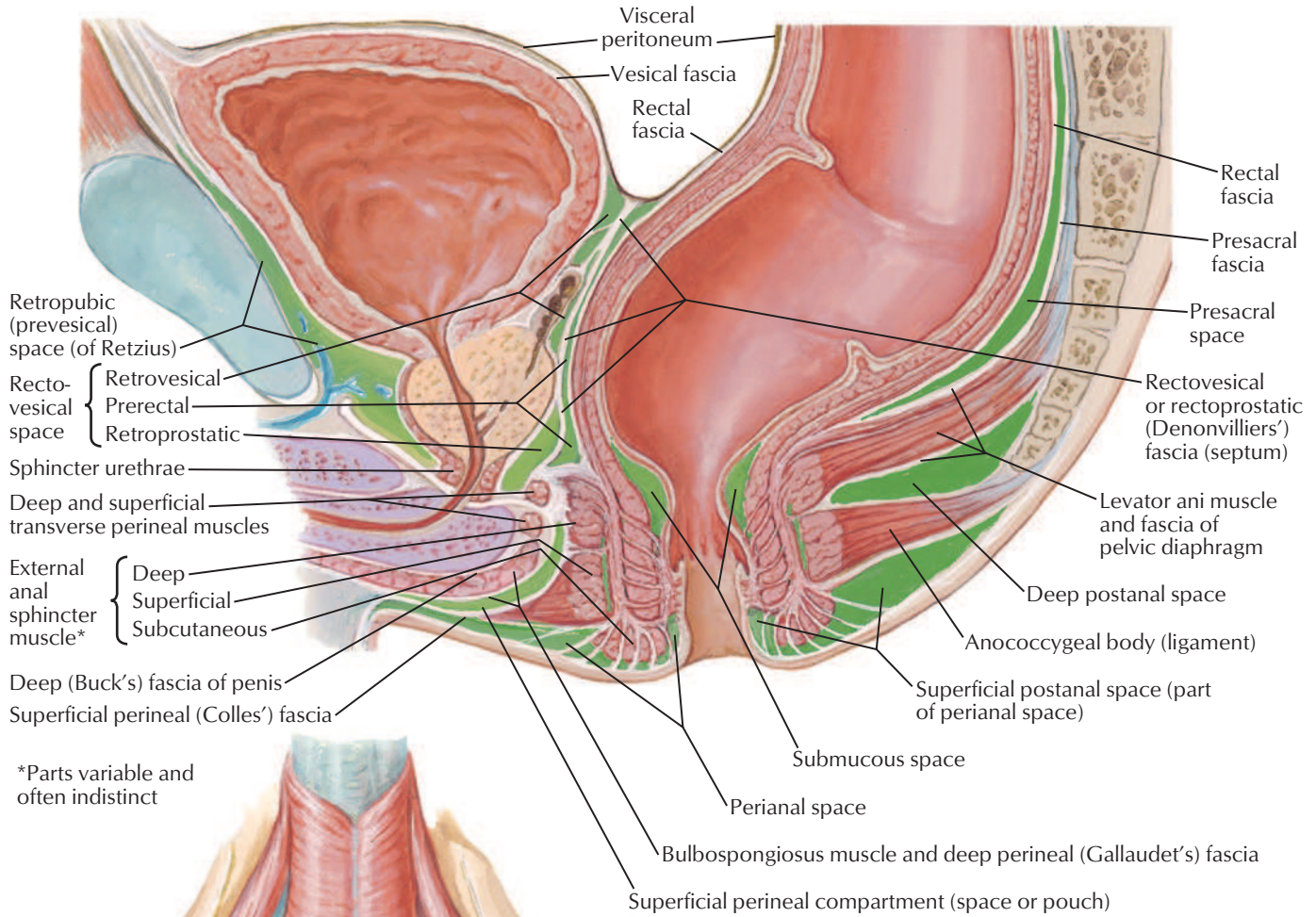
Female



*Parts variable and often indistinct

J. Netter M.D.

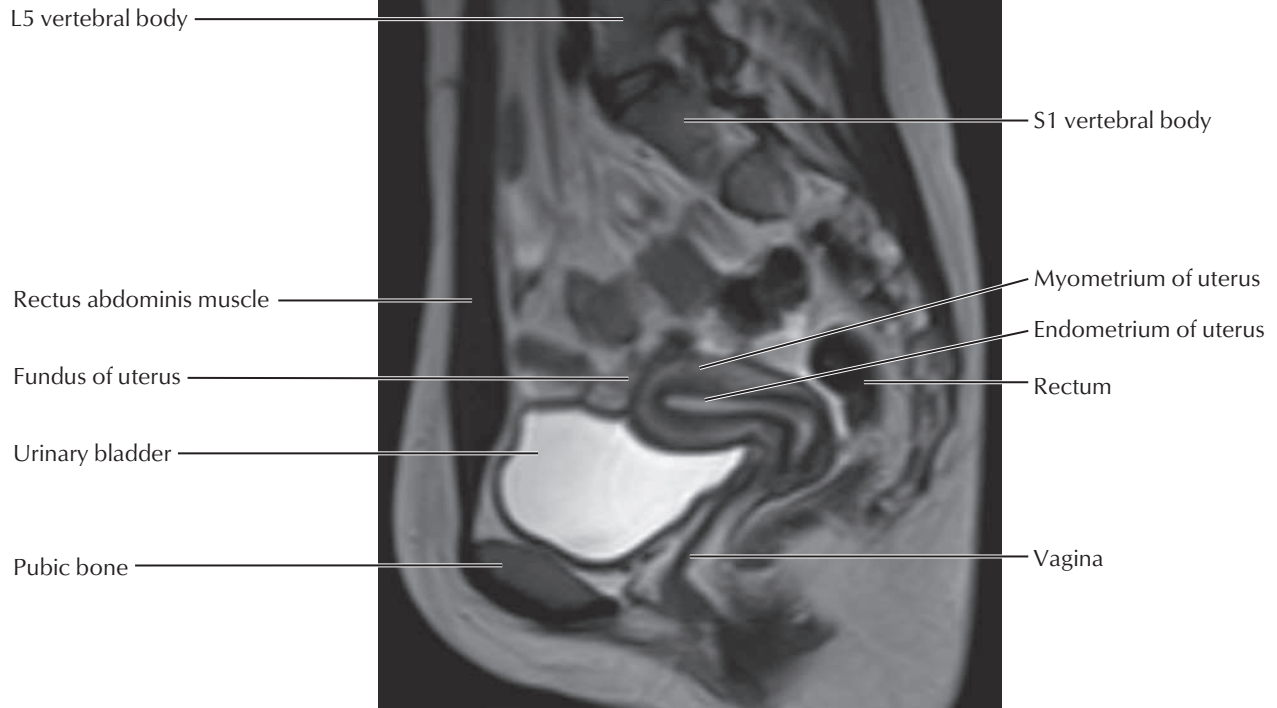
Sagittal section



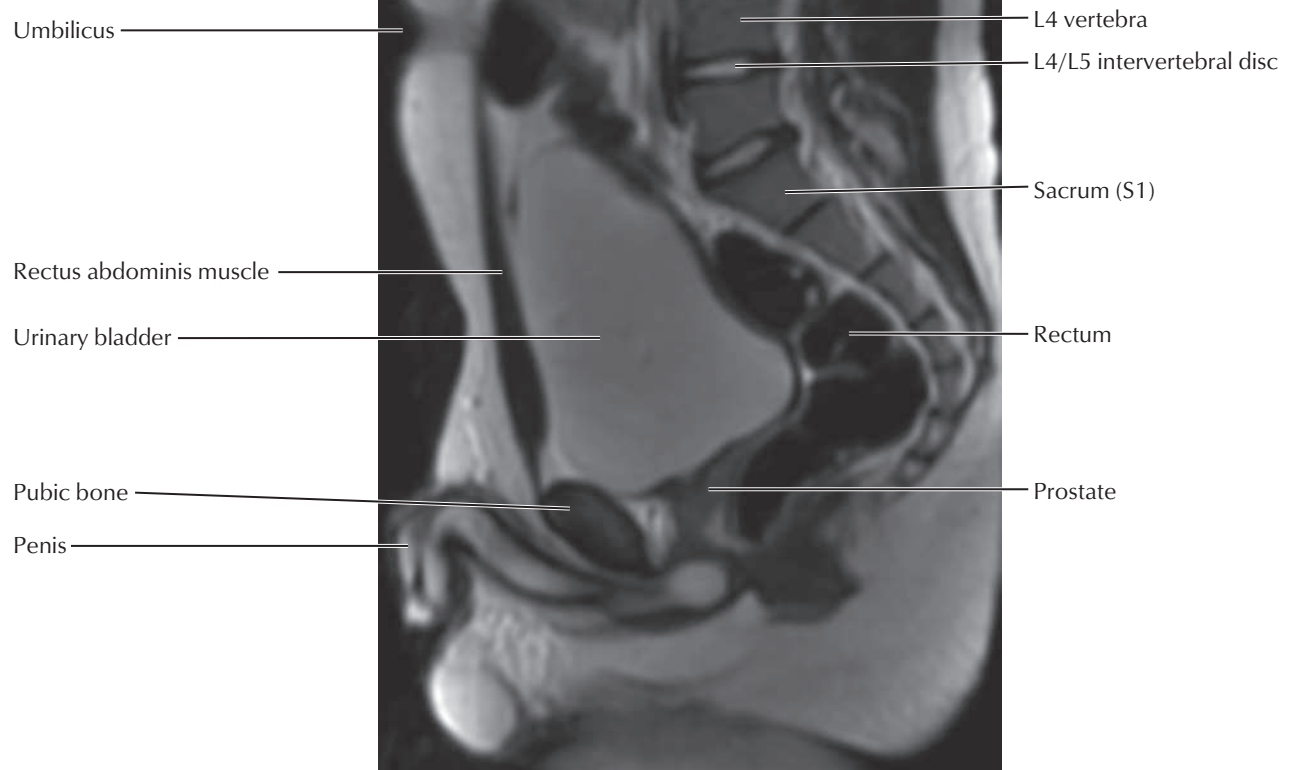
Perineal view

Spread of perineal abscess in perineal spaces

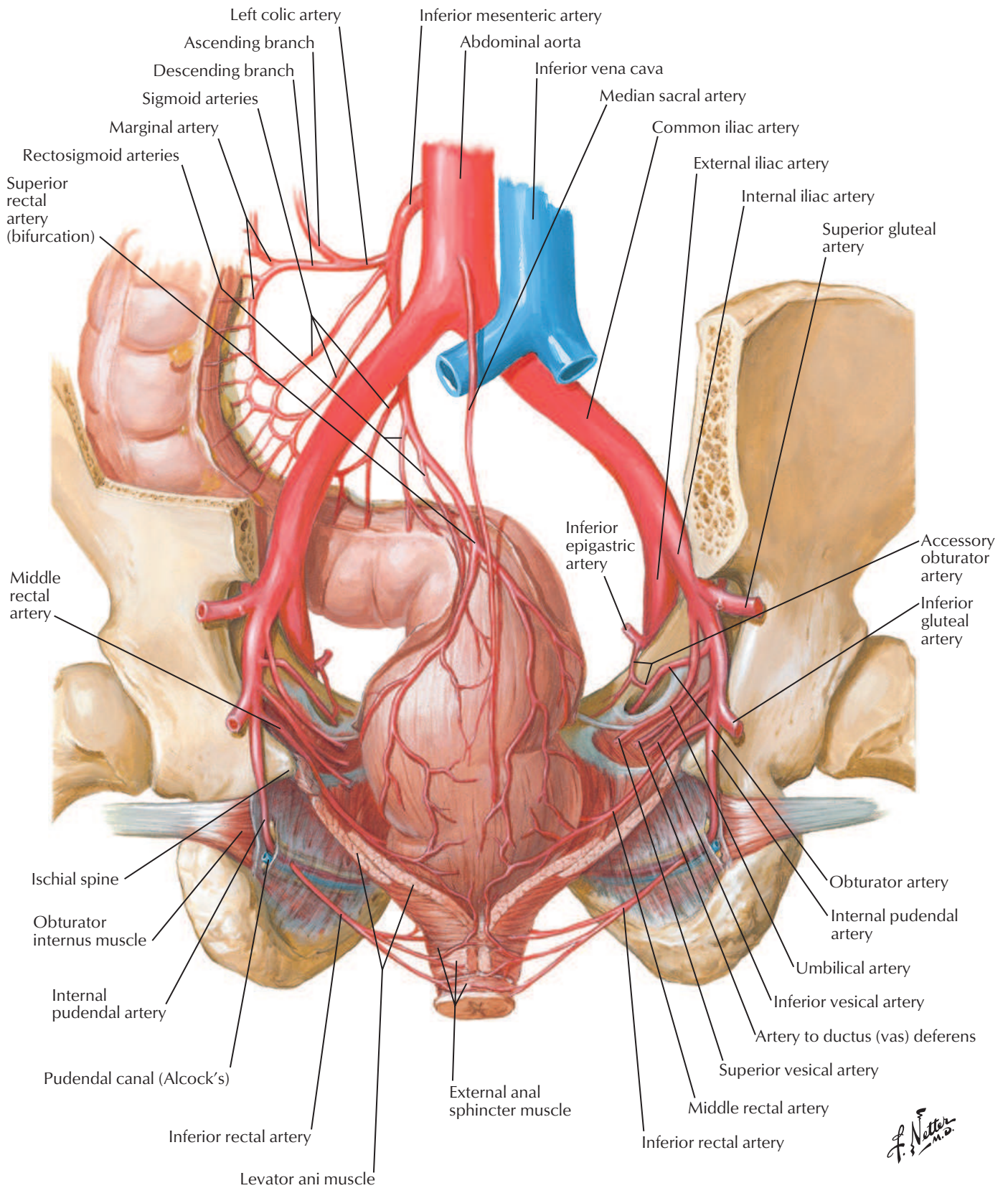
MRI of female pelvis (without intravenous contrast medium)



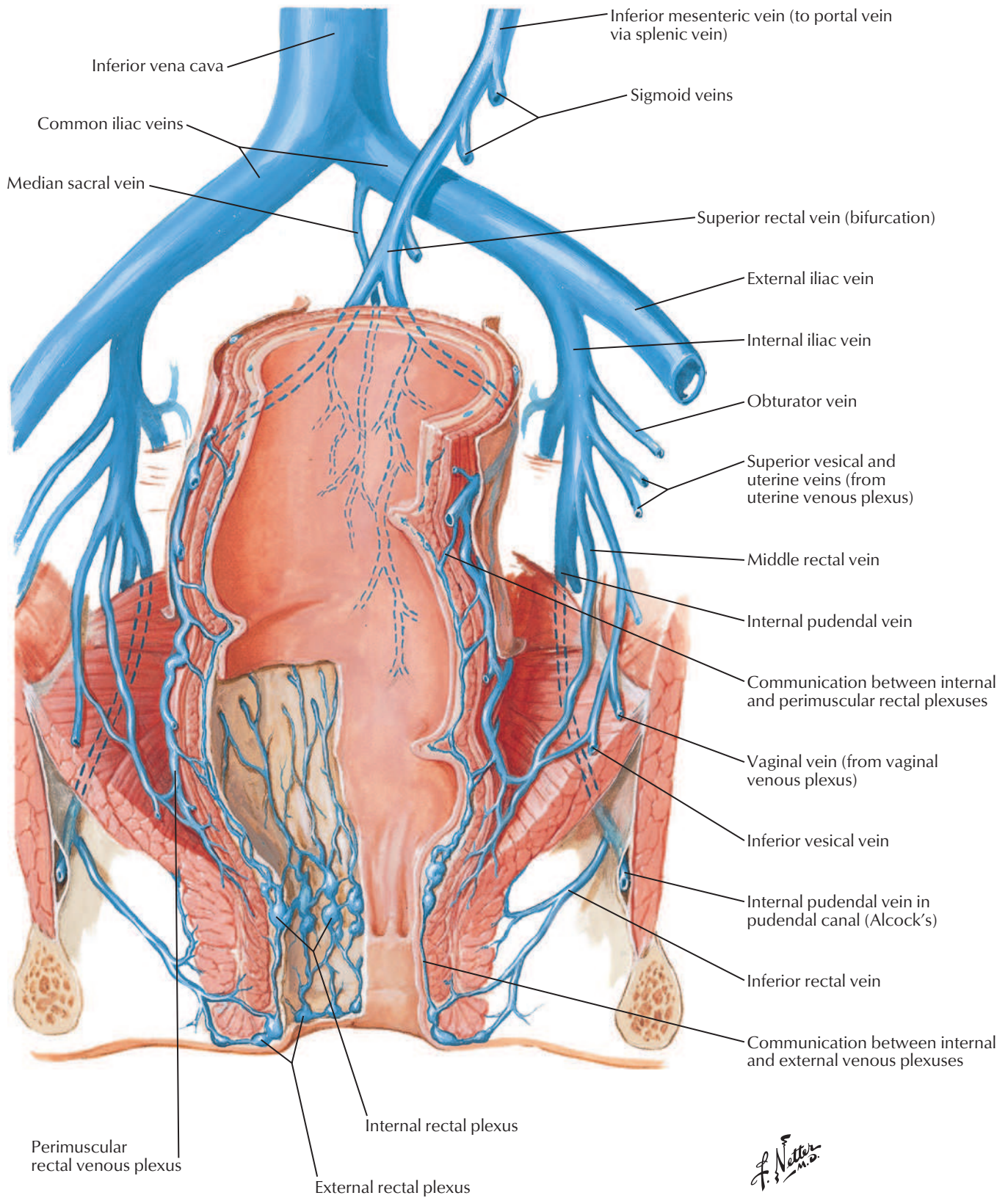
MRI of male pelvis (without intravenous contrast medium)



Arteries of Rectum and Anal Canal: Male Posterior View

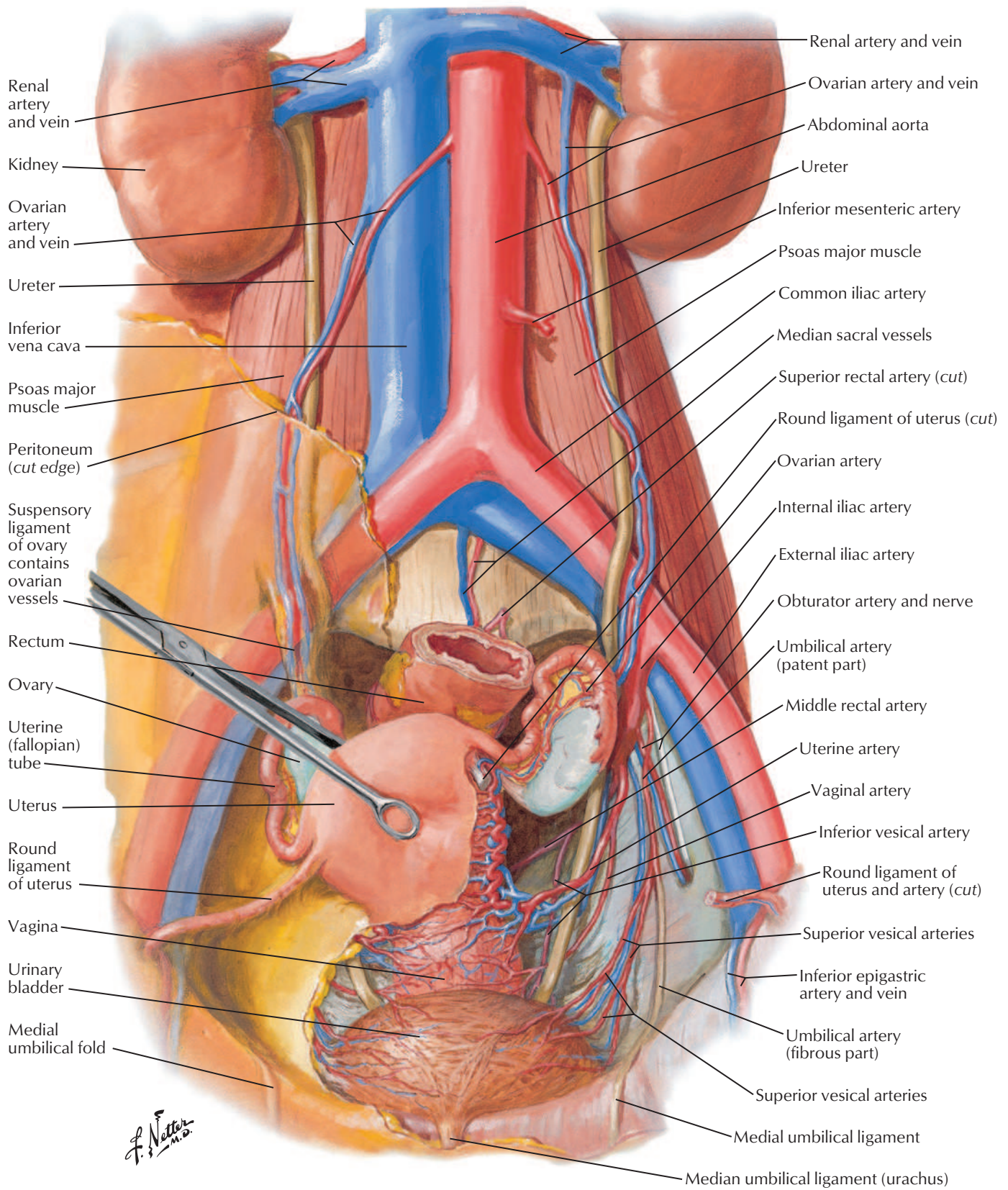


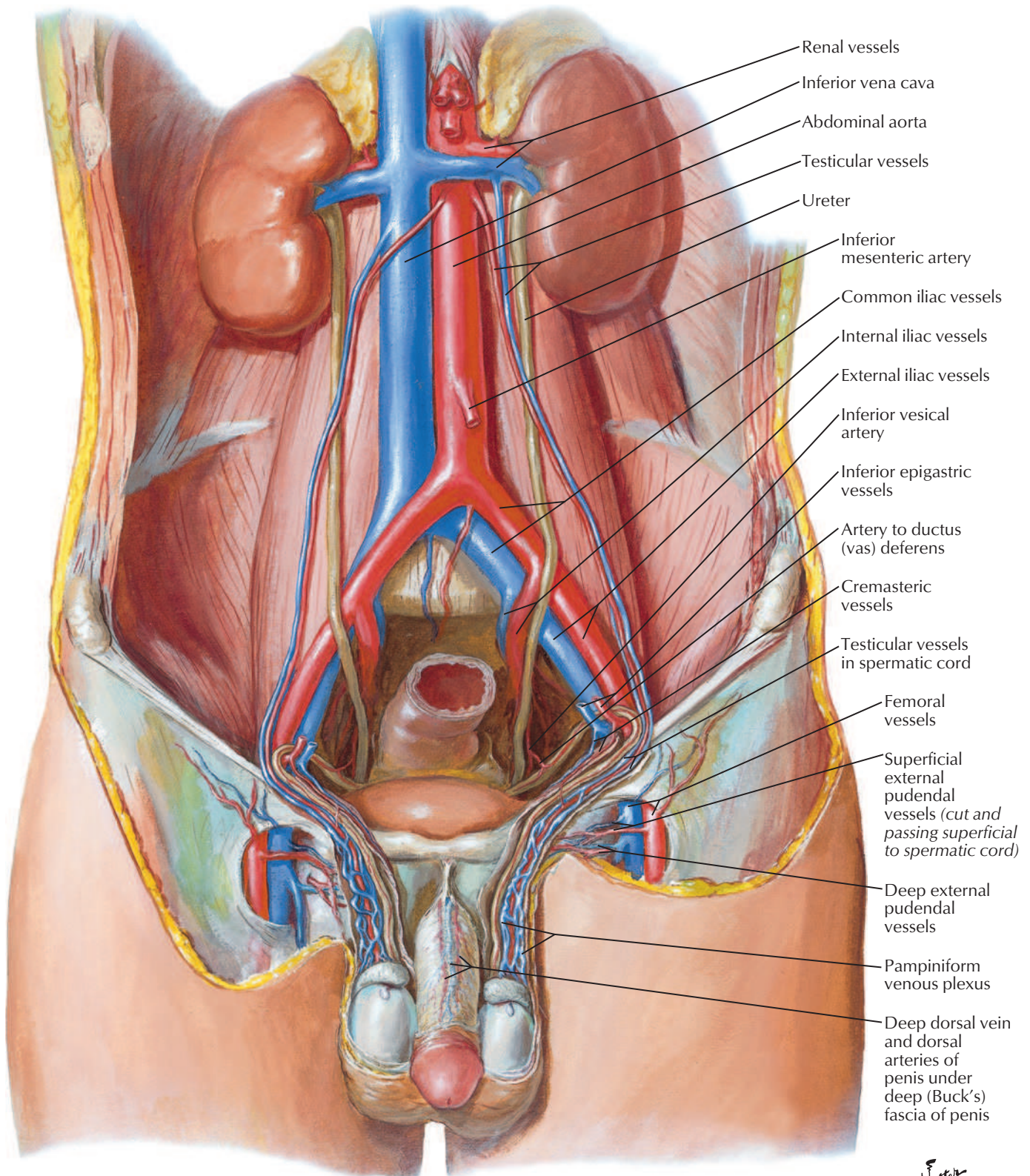
F. Netter M.D.



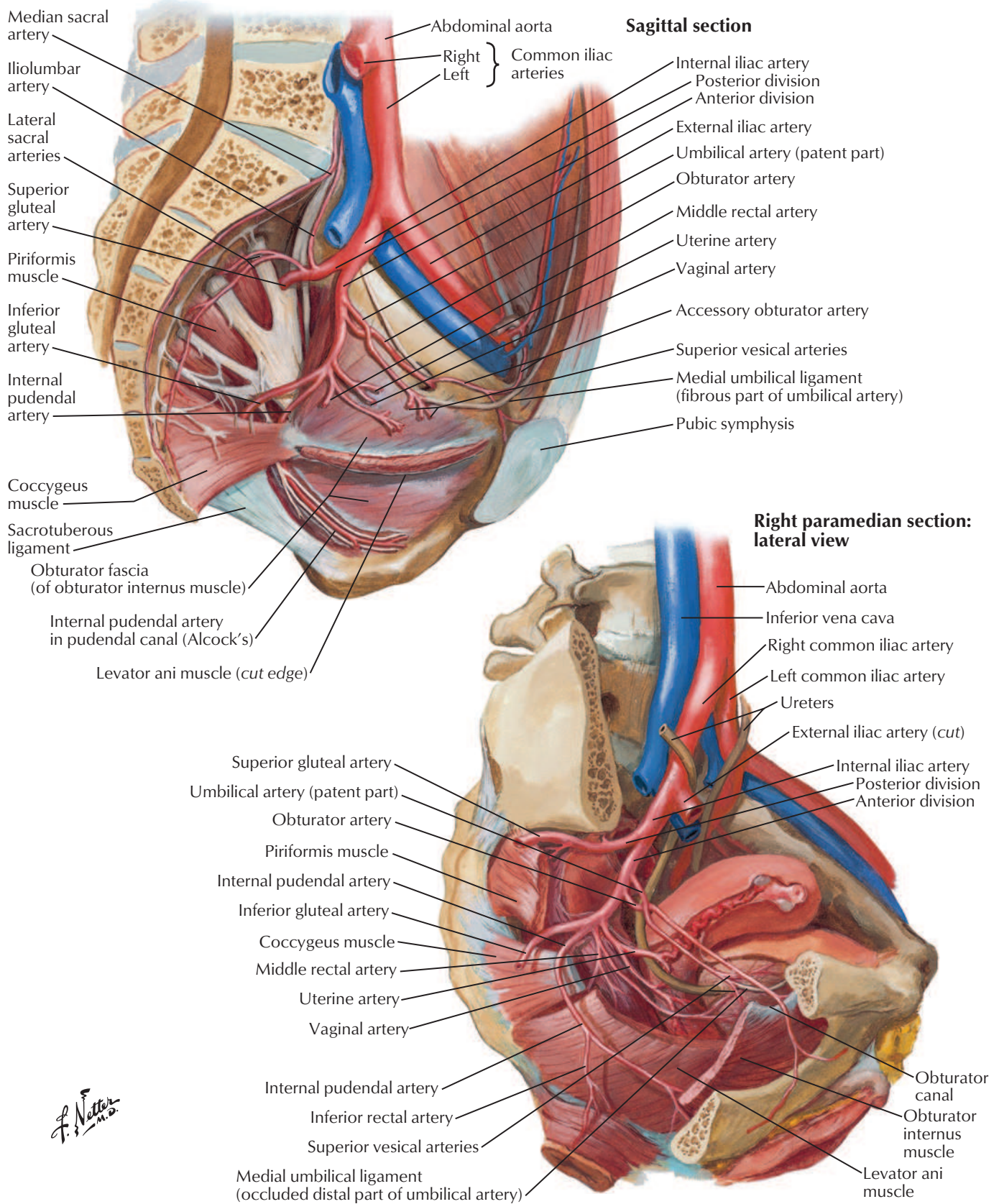
F. Netter M.D.

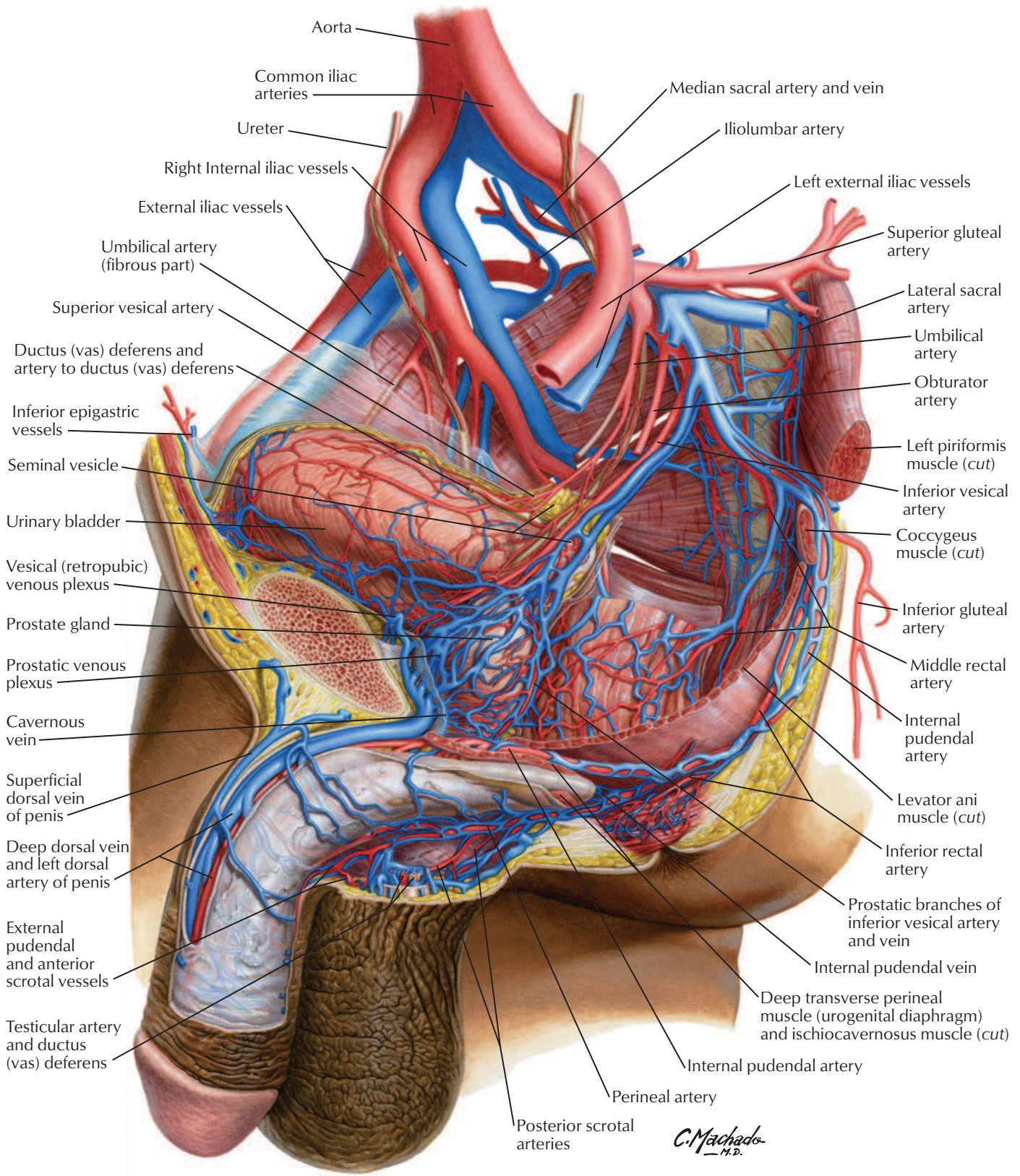
Arteries and Veins of Pelvic Organs: Female Anterior View



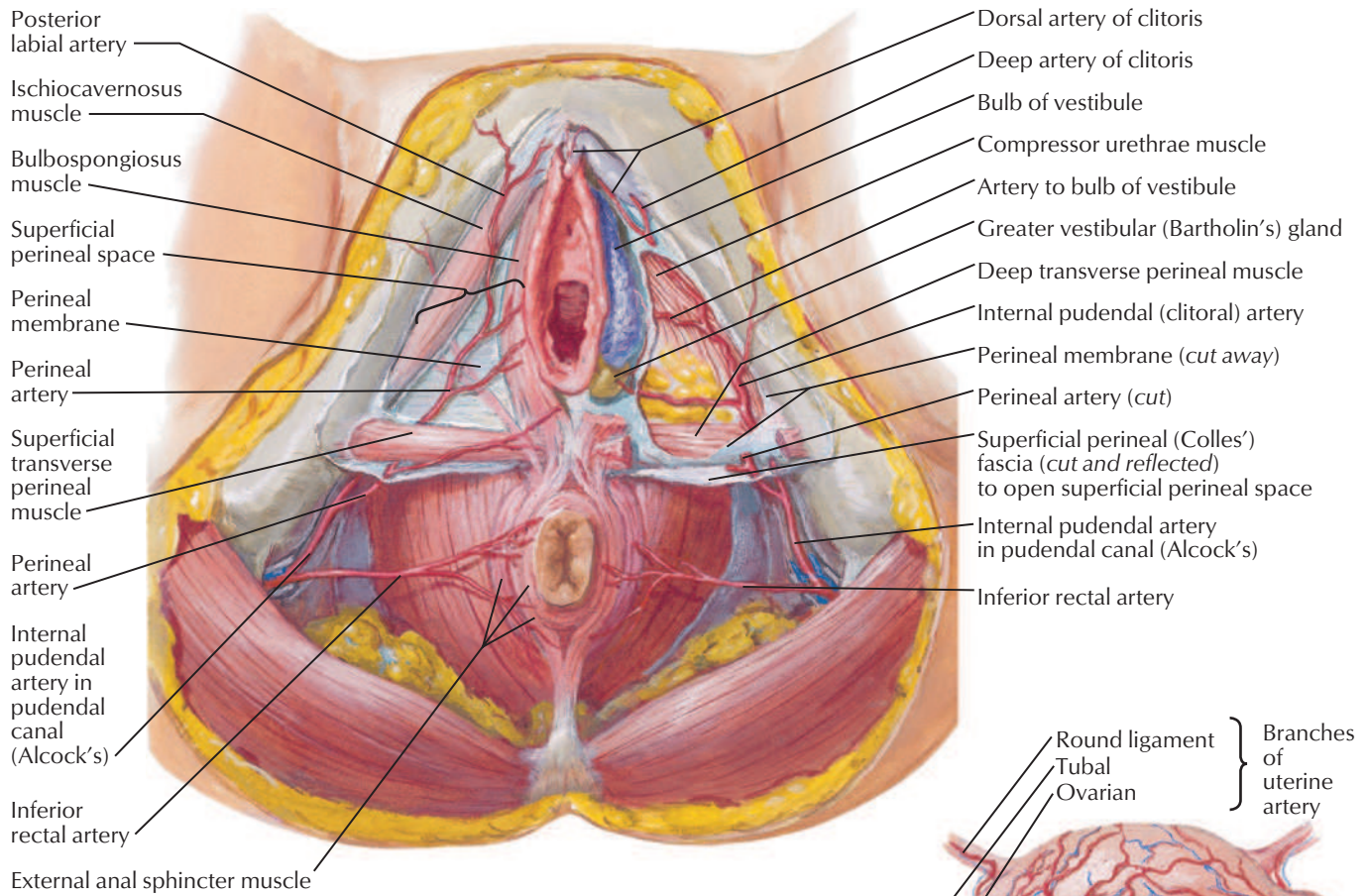


F. Netter M.D.

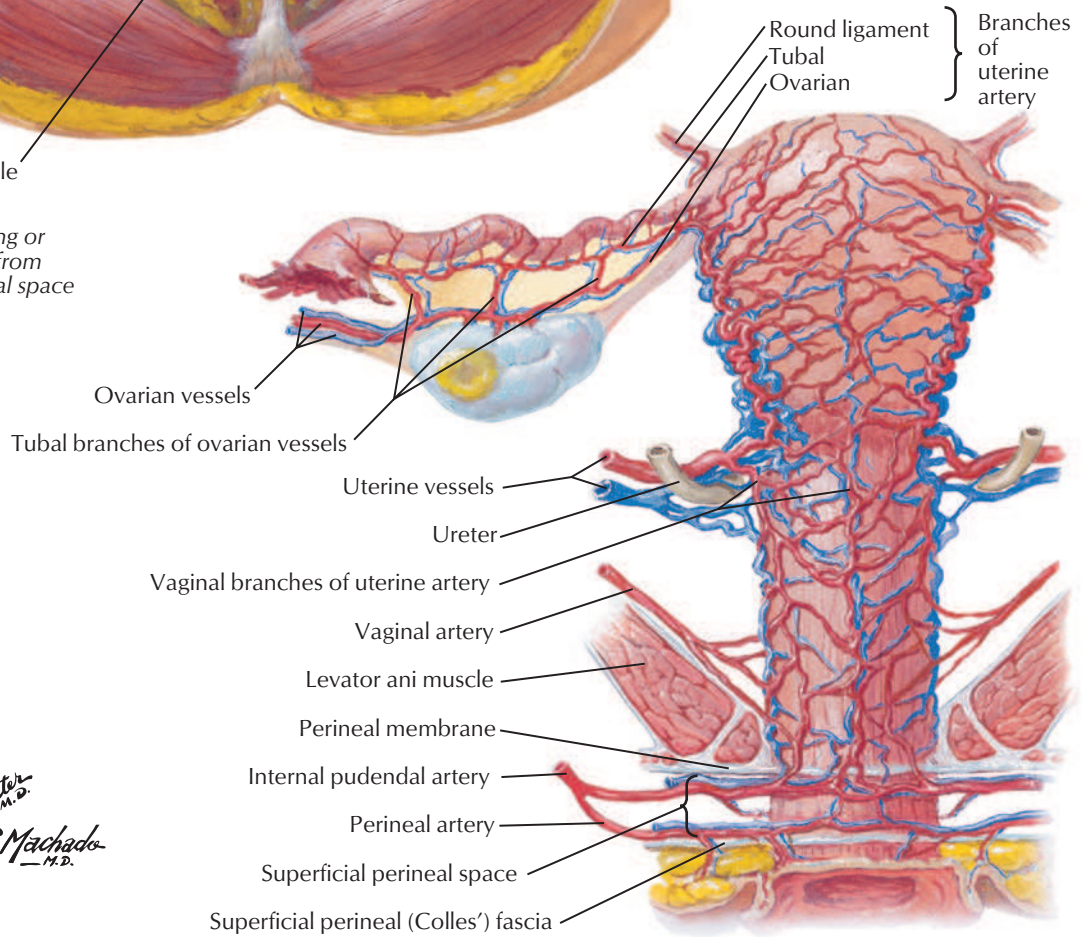




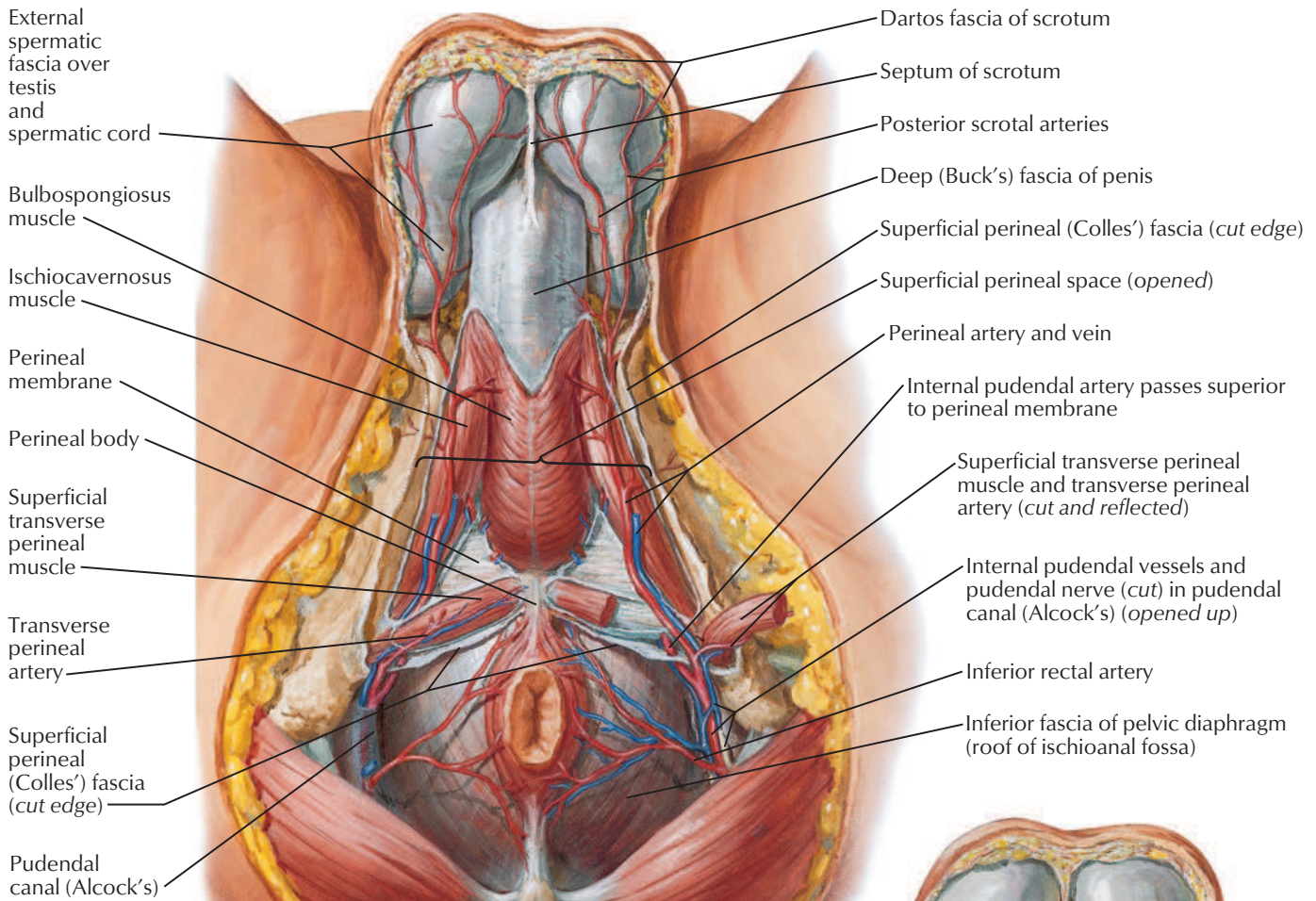
Arteries and Veins of Perineum and Uterus



Note: Deep perineal (investing or Gallaudet's) fascia removed from muscles of superficial perineal space

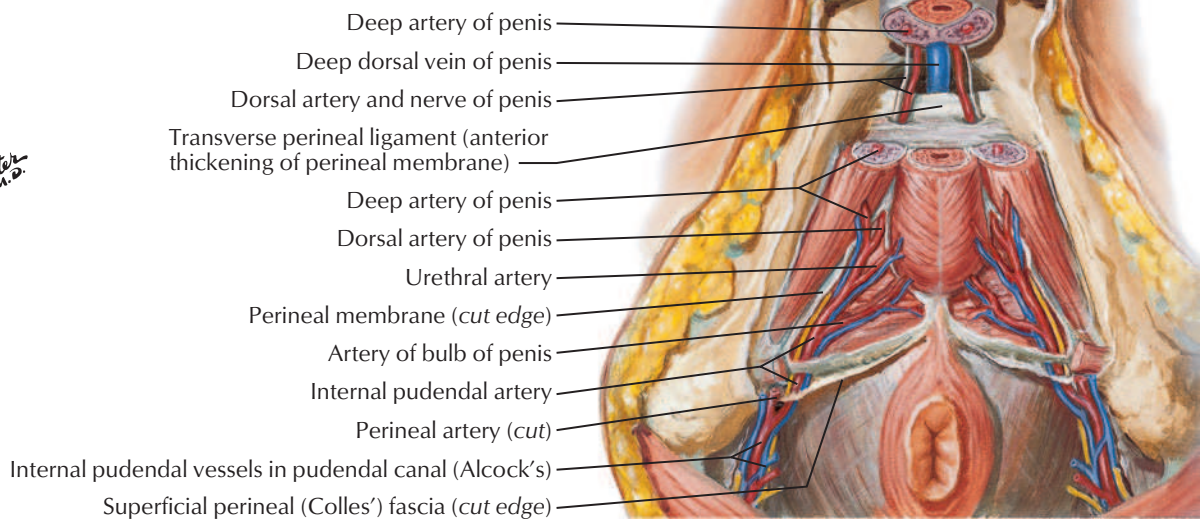


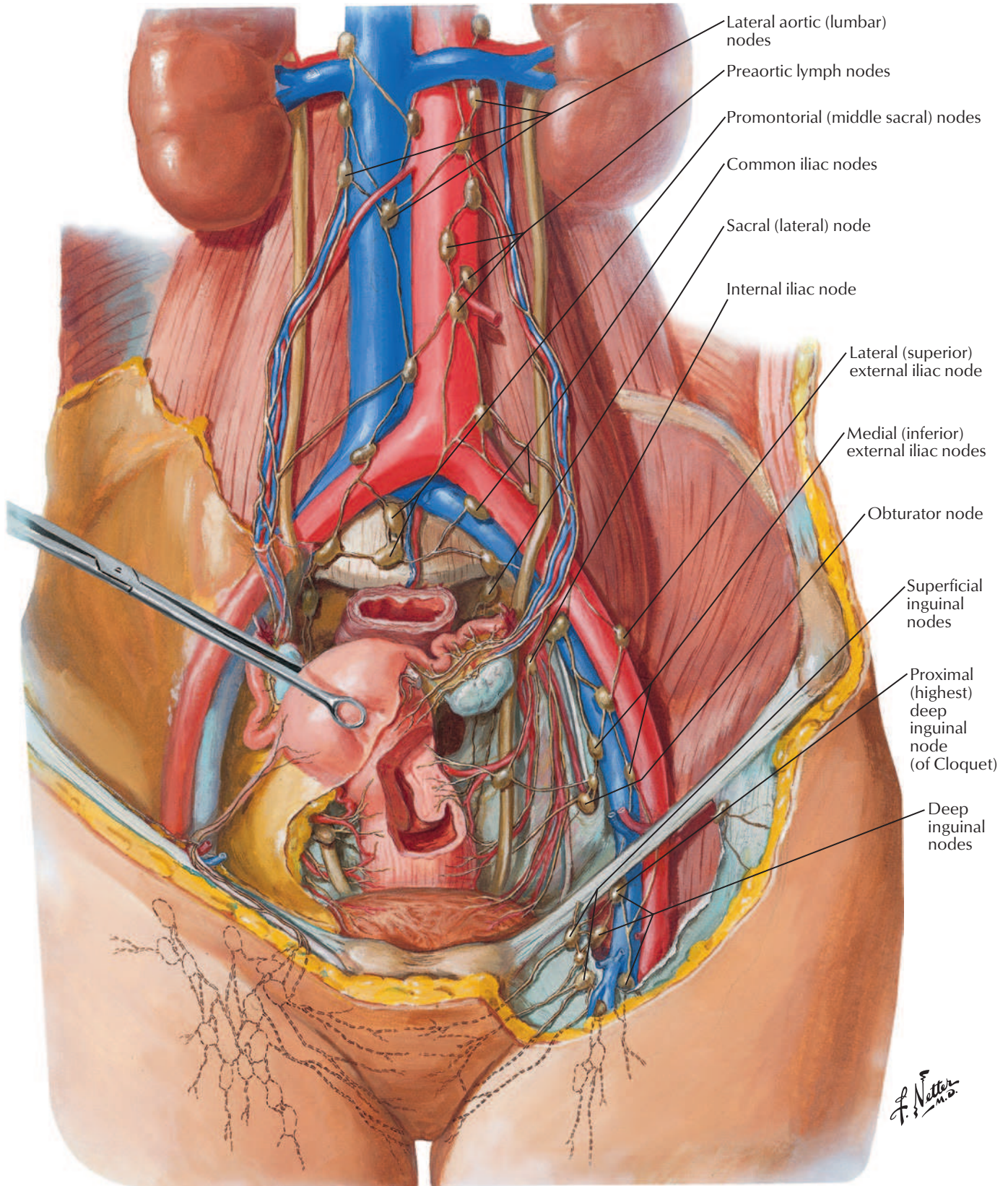
F. Netter M.D.
C. Machado M.D.

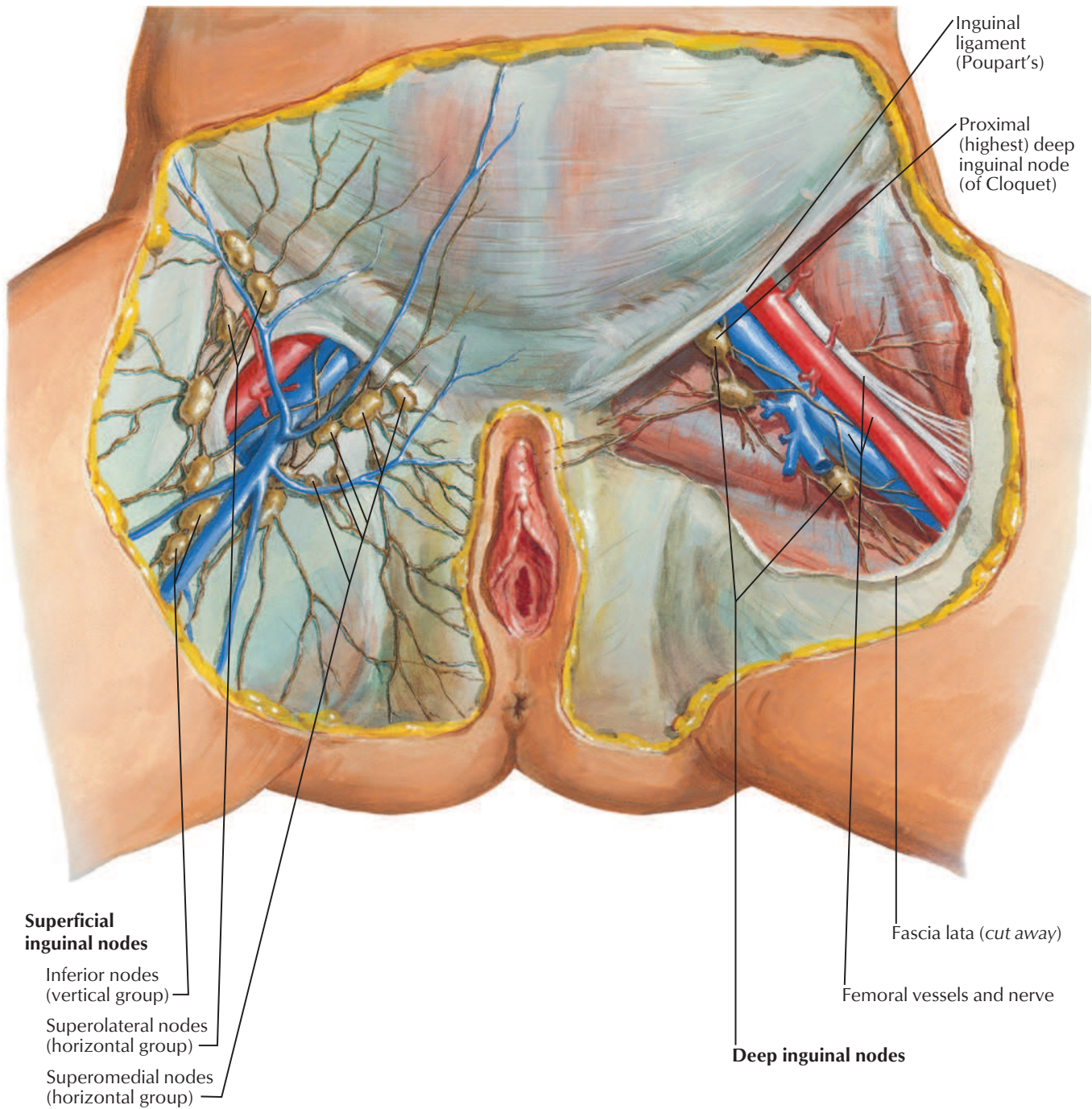


Note: Deep perineal (investing or Gallaudet's) fascia removed from muscles of superficial perineal space

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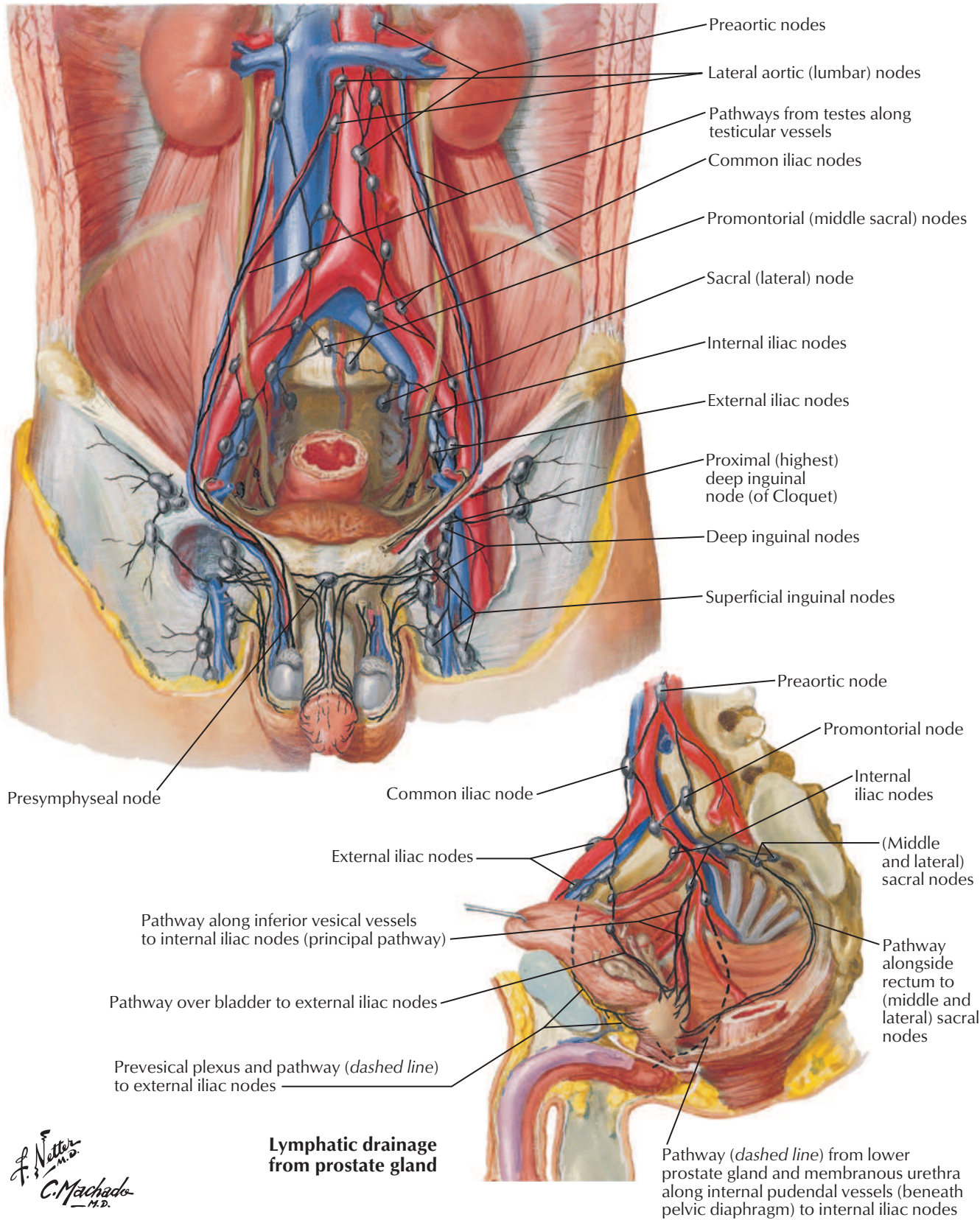






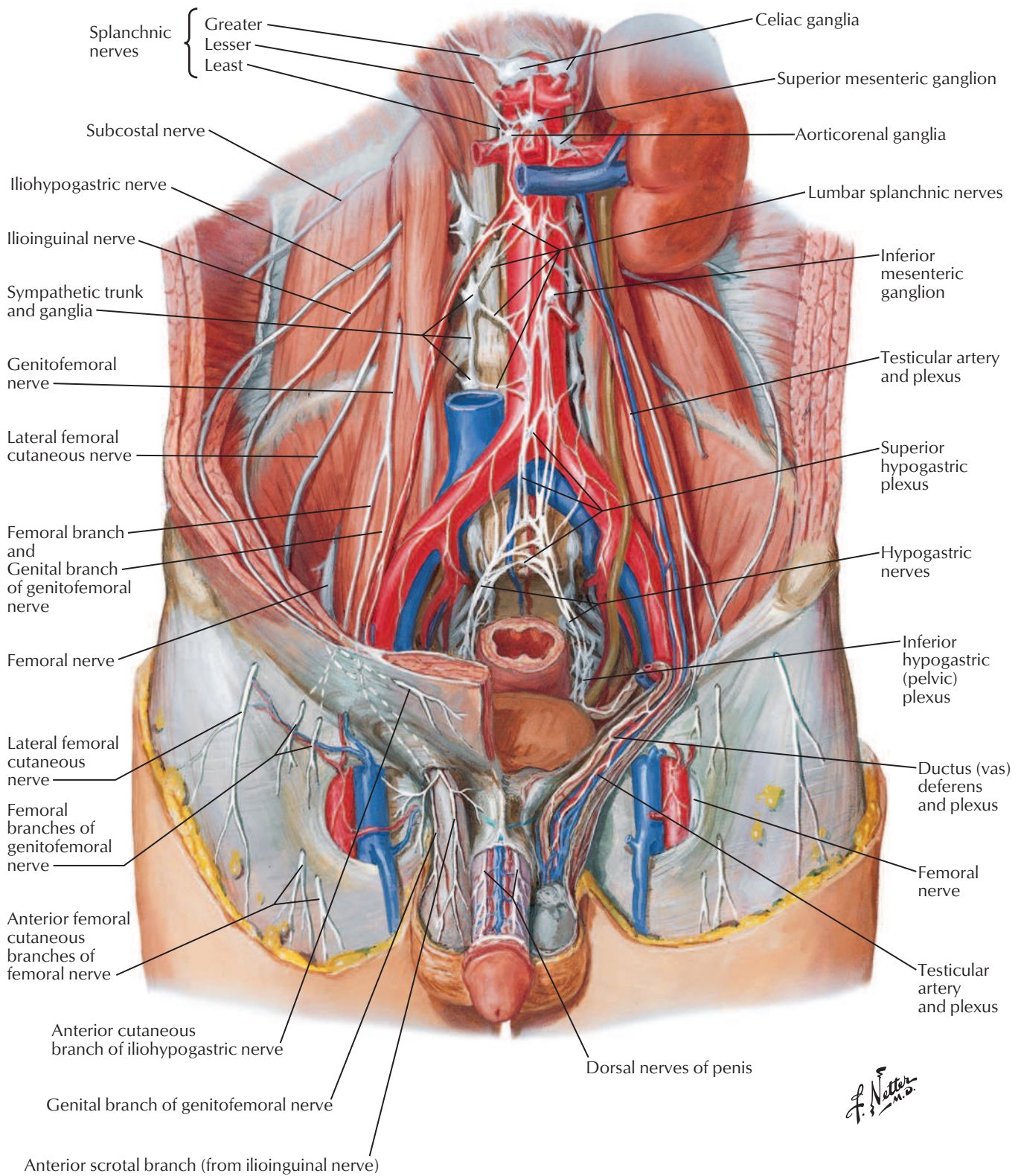
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Lymph Vessels and Nodes of Pelvis and Genitalia: Male



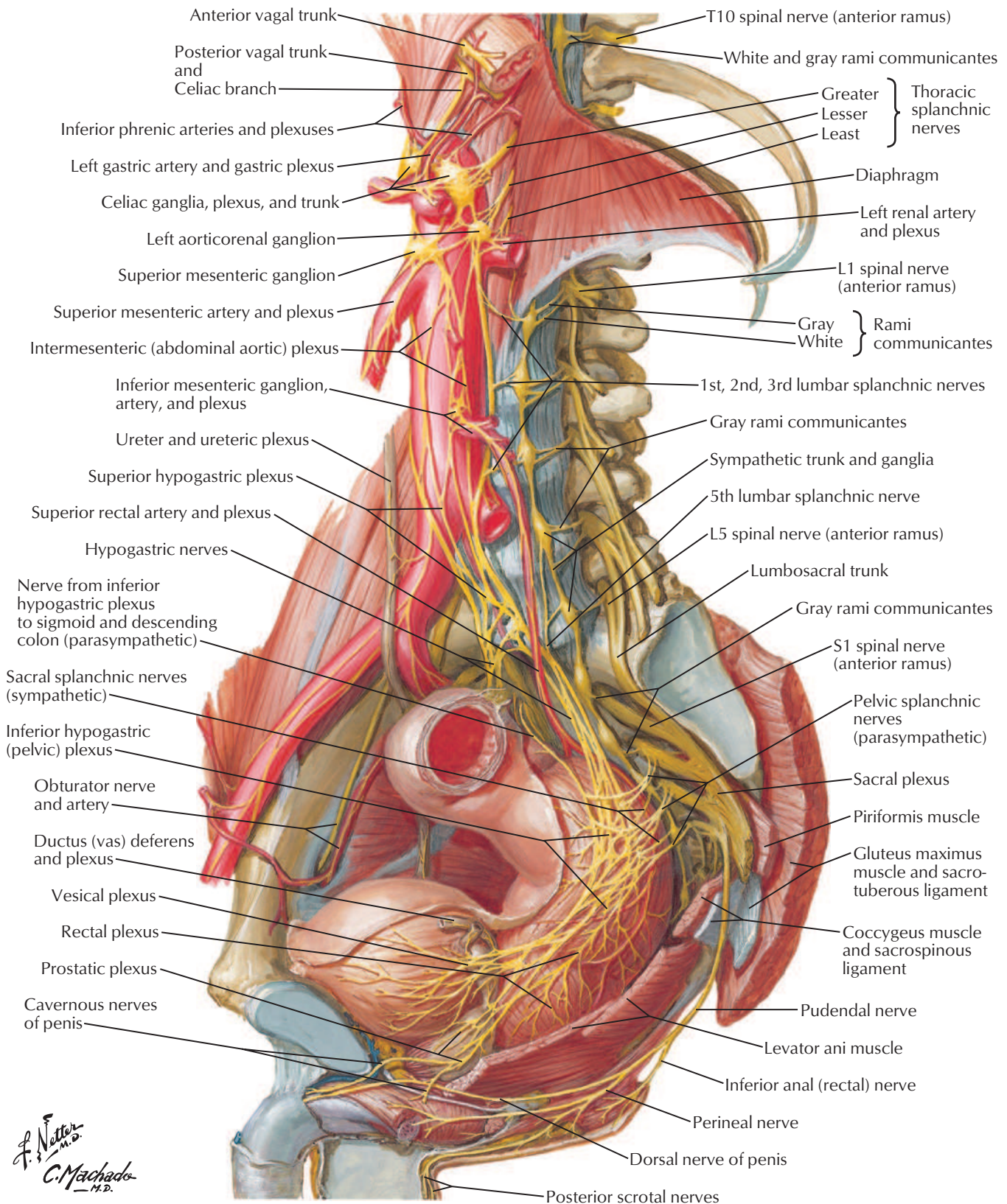
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Lymphatic drainage from prostate gland

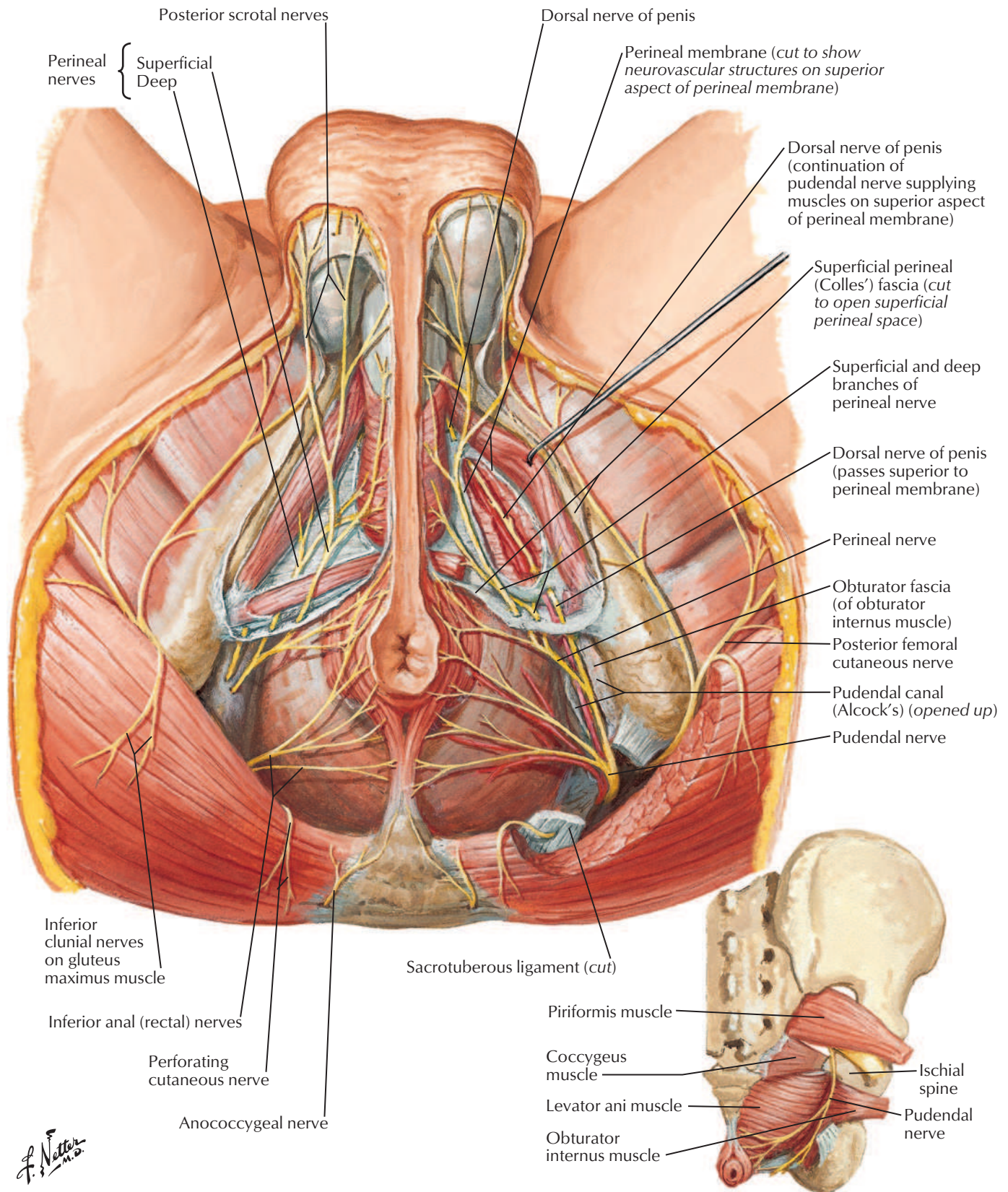


Nerves of Pelvic Viscera: Male

See also [Plates 300, 385](#)



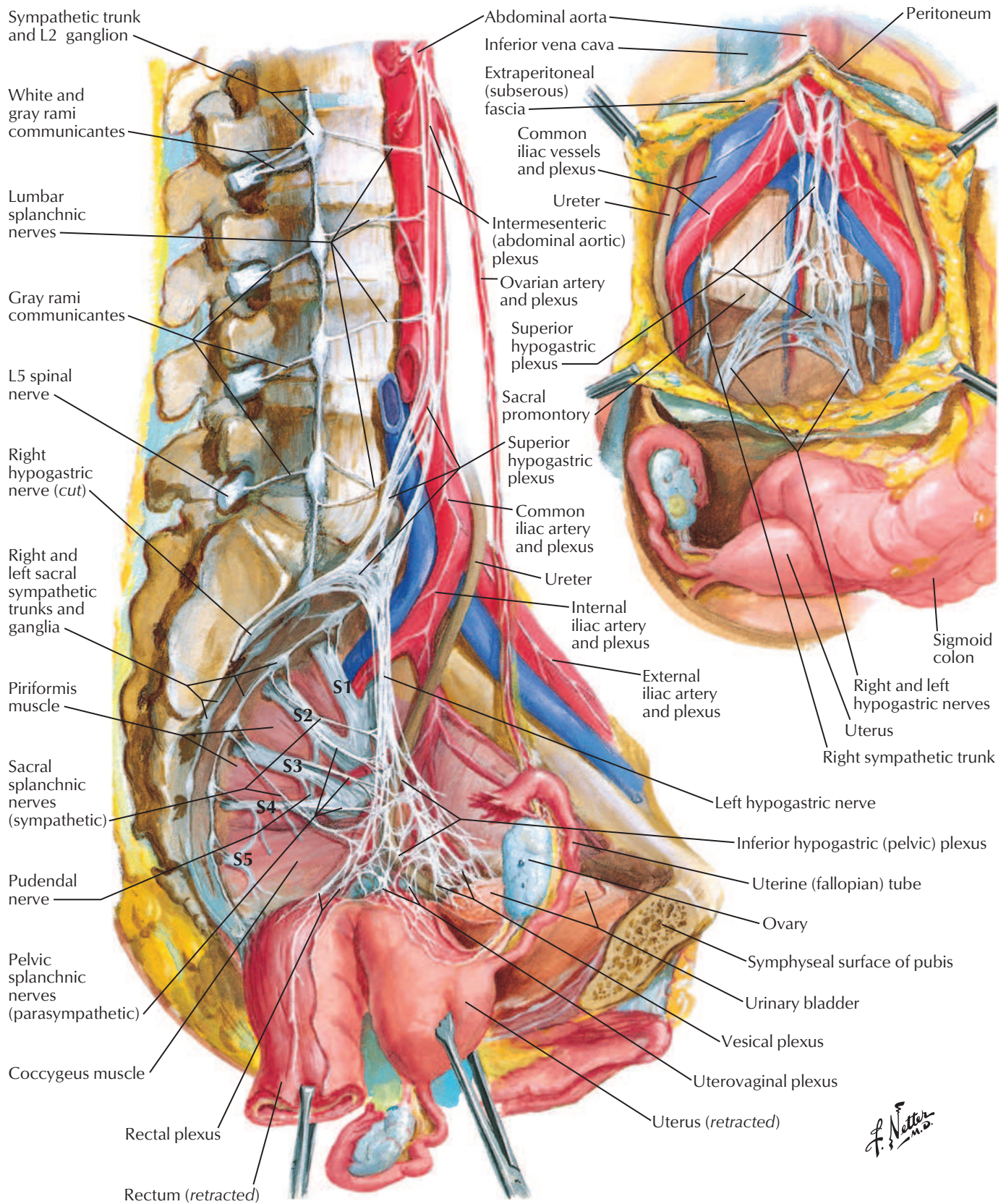
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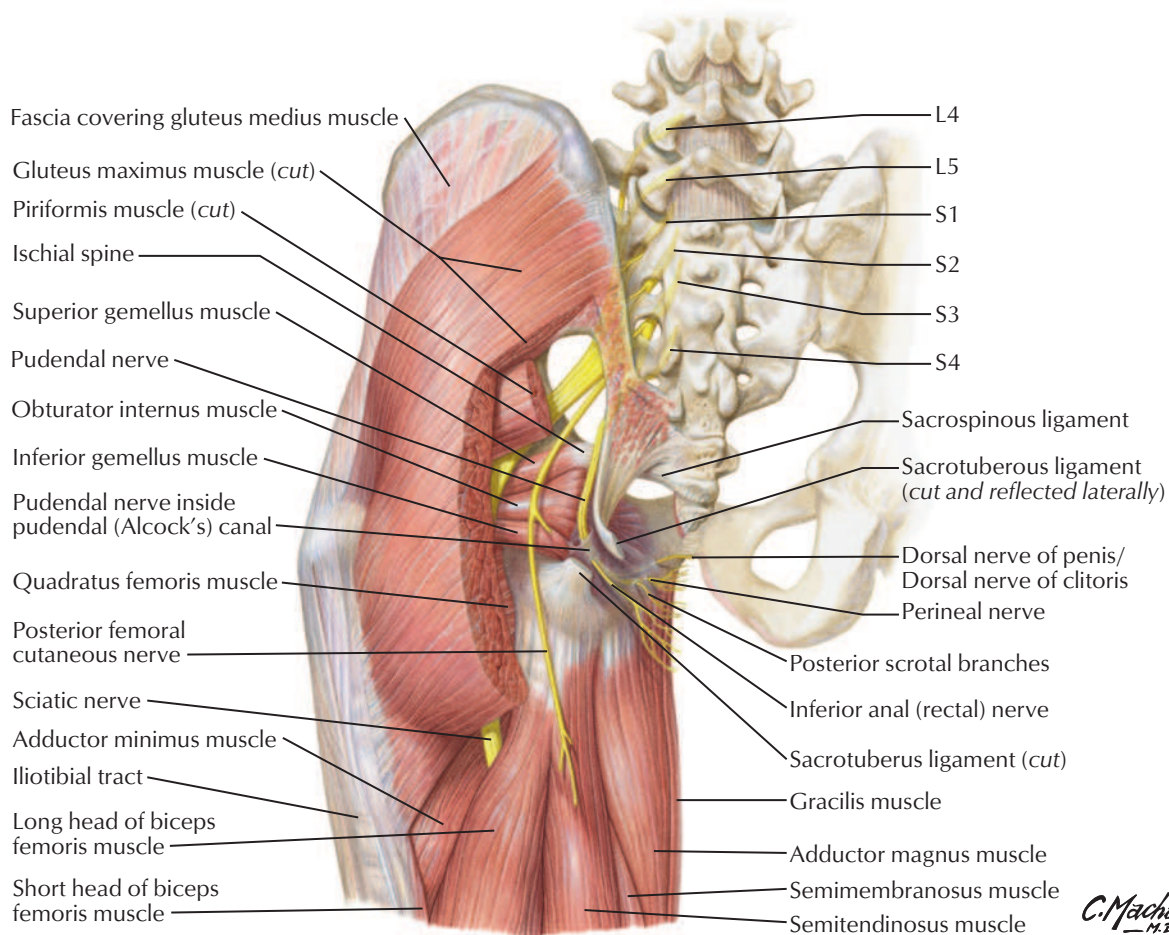
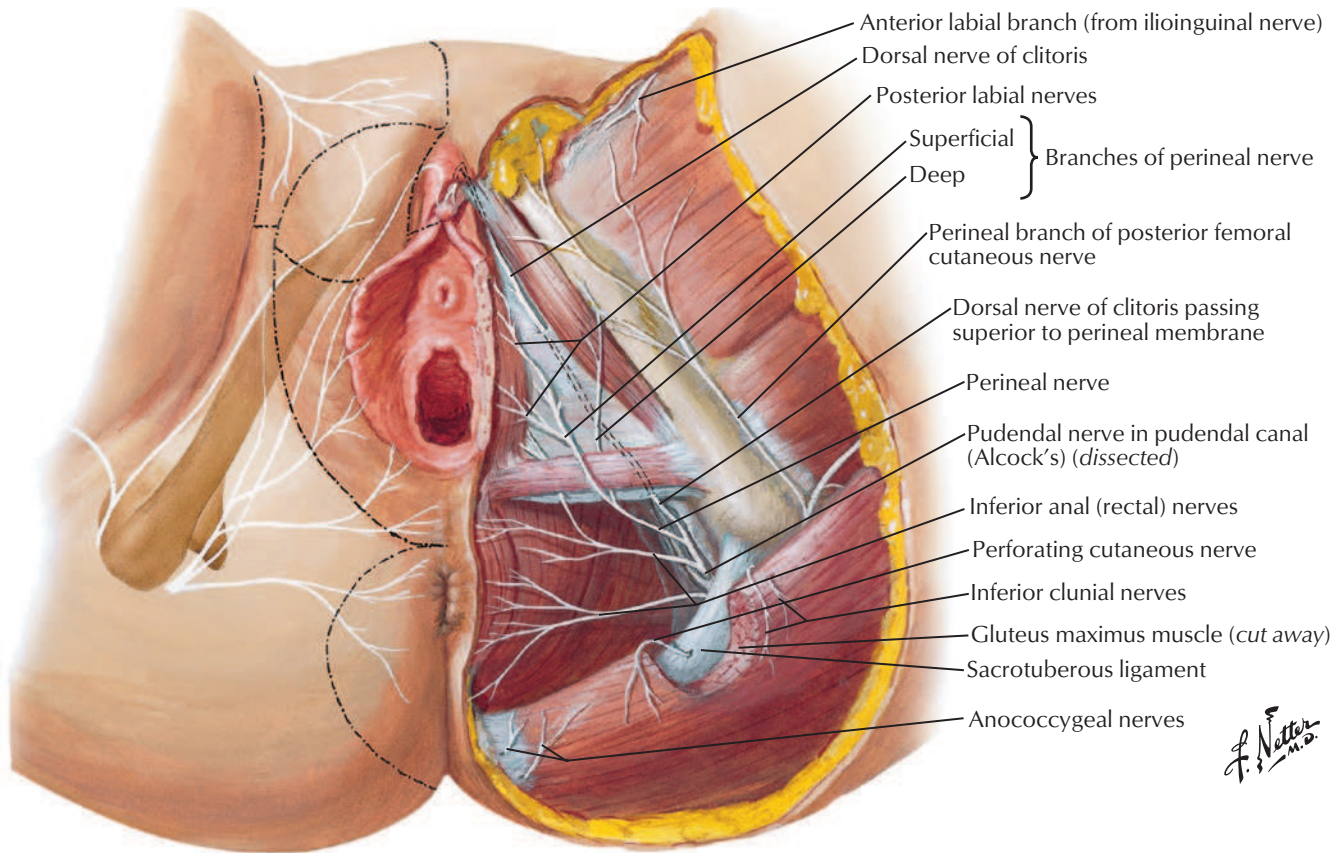


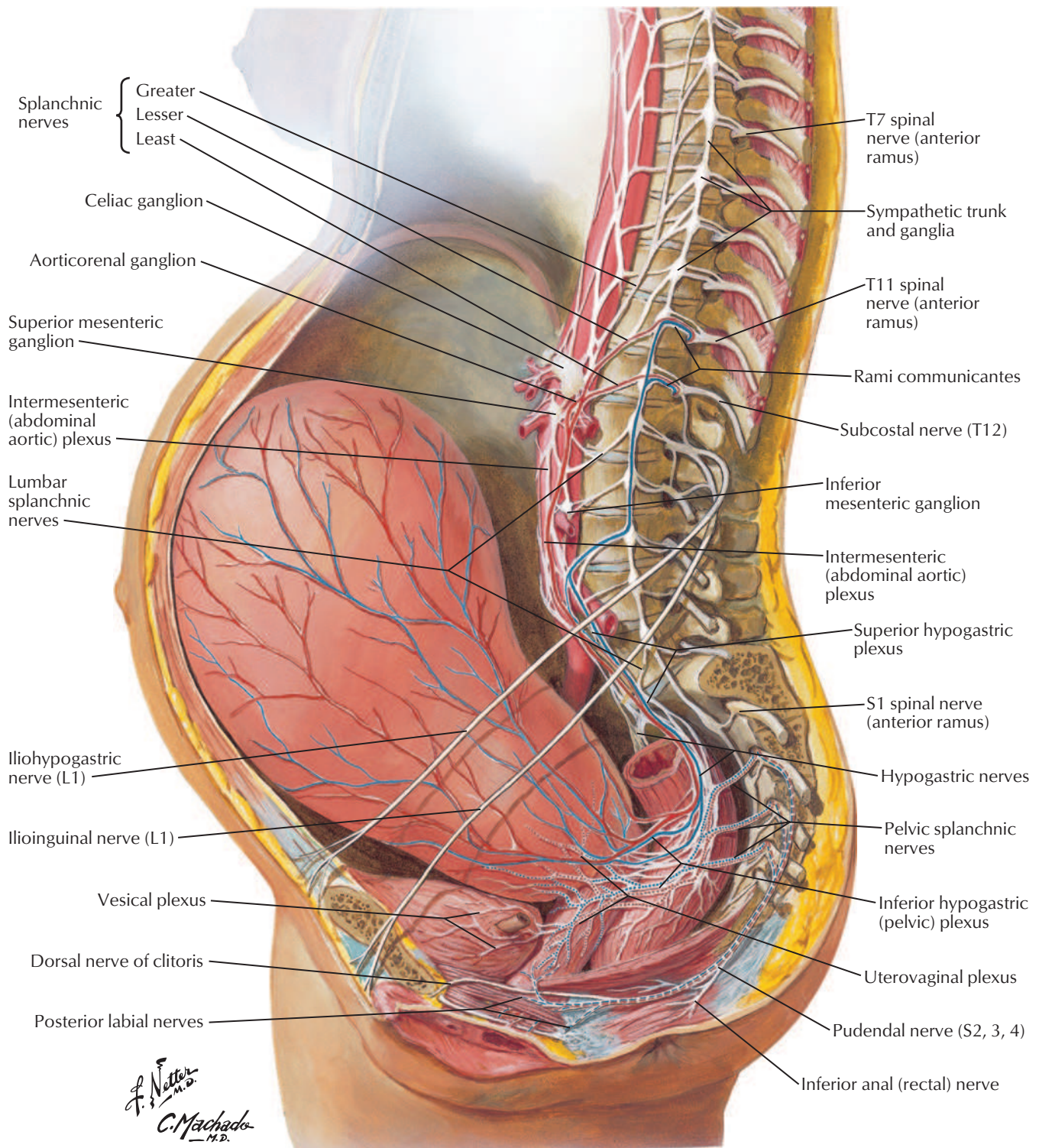
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Nerves of Pelvic Viscera: Female

See also [Plate 300](#)



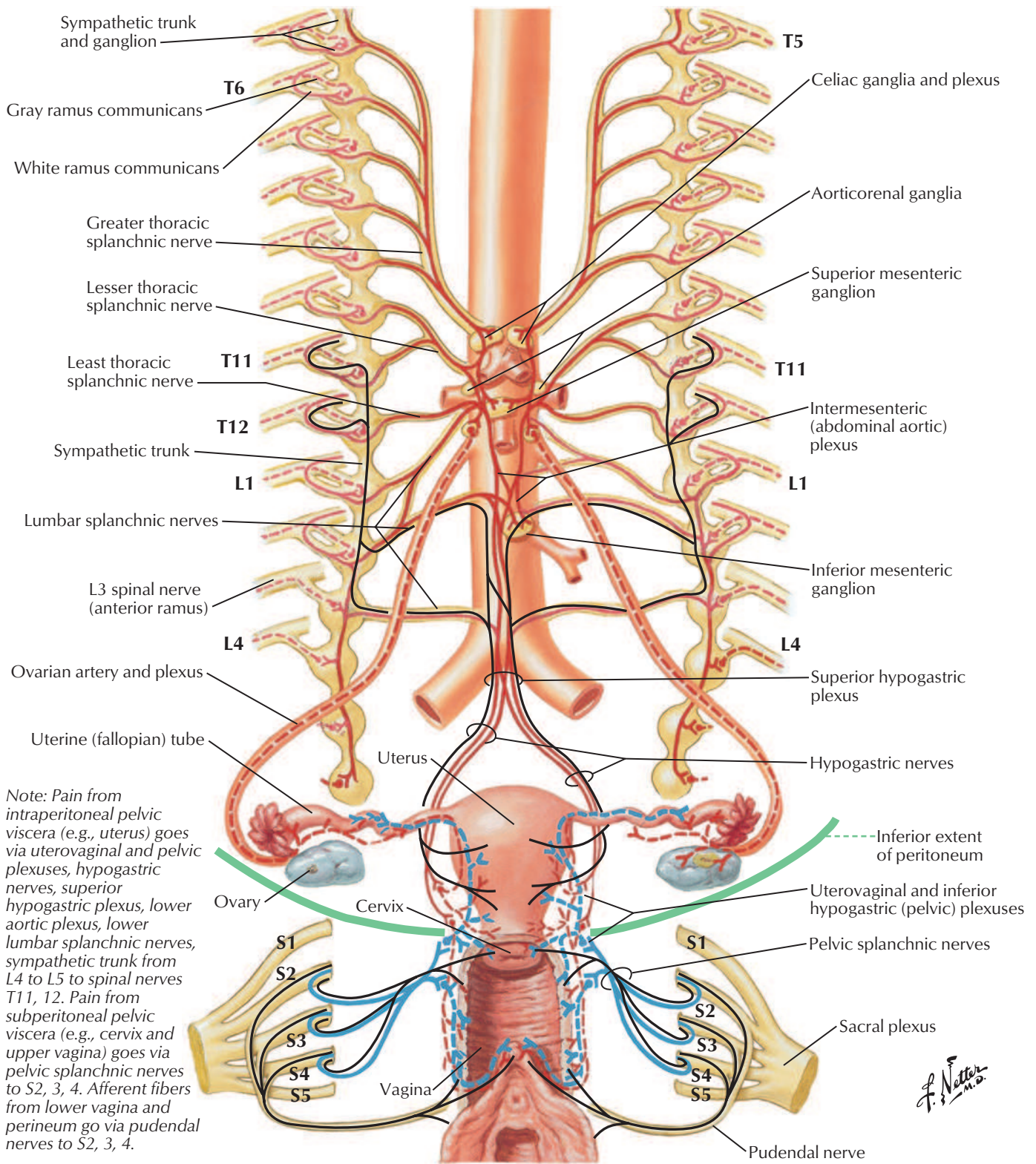




— Sensory fibers from uterine body and fundus accompany sympathetic fibers via hypogastric plexuses to T11, 12 (L1?)
 — Motor fibers to uterine body and fundus (sympathetic)

..... Sensory fibers from cervix and upper vagina accompany pelvic splanchnic nerves (parasympathetic) to S2, 3, 4
 Motor fibers to lower uterine segment, cervix, and upper vagina (parasympathetic)

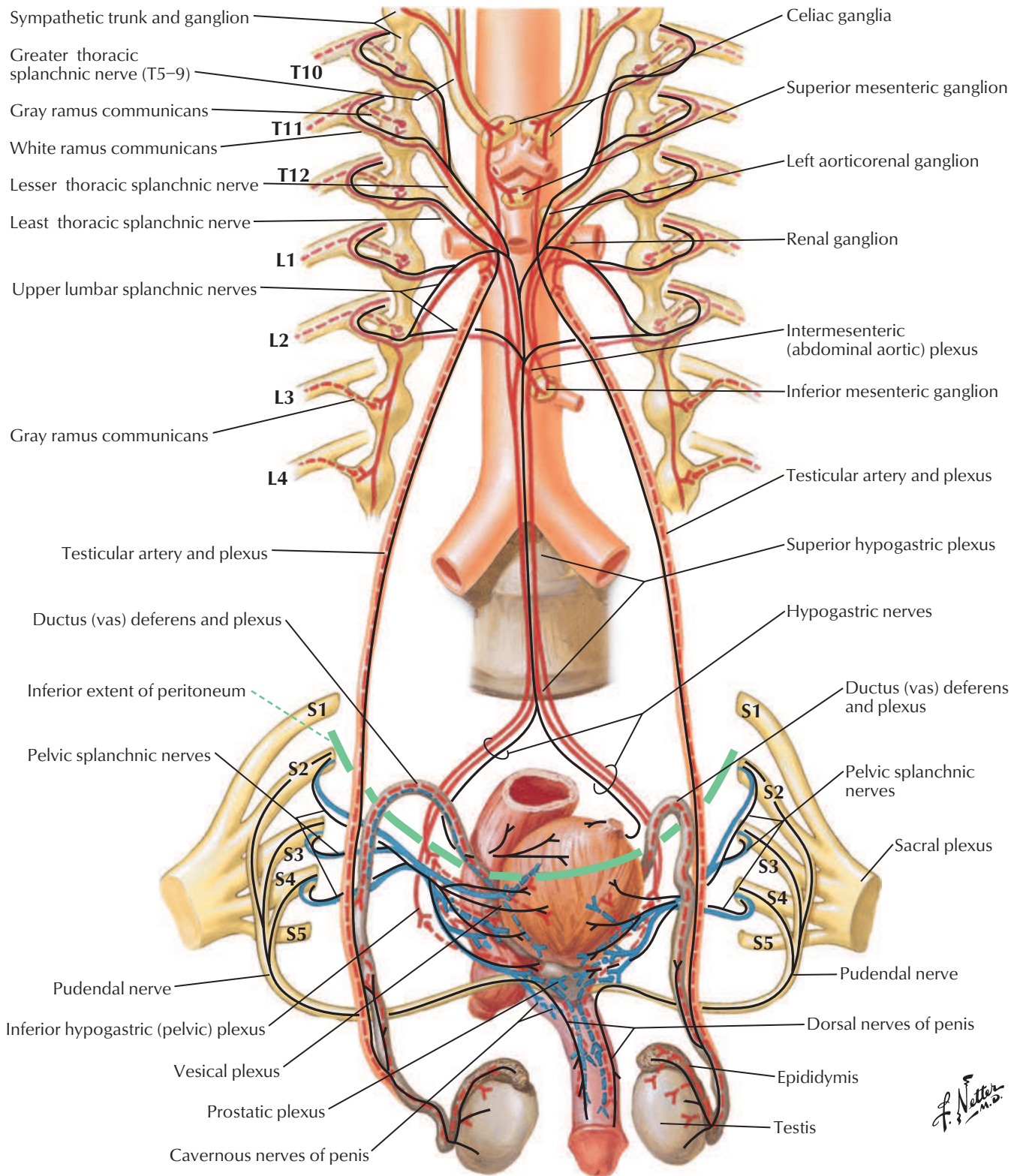
--- Sensory fibers from lower vagina and perineum accompany somatic fibers via pudendal nerve to S2, 3, 4
 --- Motor fibers to lower vagina and perineum via pudendal nerve (somatic)



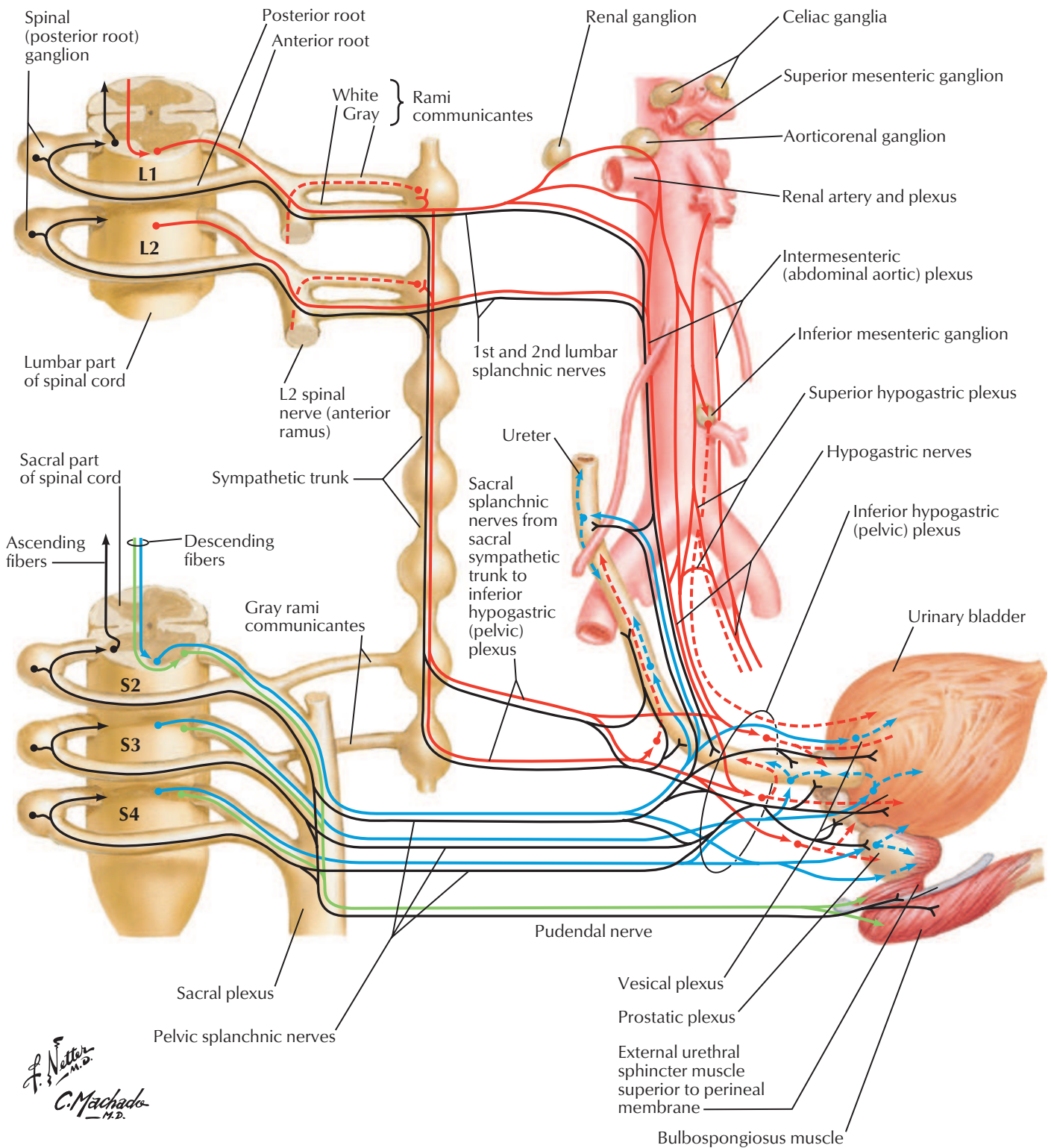
Sympathetic fibers	{	Preganglionic	— (red solid)	Parasympathetic fibers	{	Preganglionic	— (blue solid)	Afferent fibers	— (black solid)
		Postganglionic	- - - (red dashed)			Postganglionic	- - - (blue dashed)		

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Innervation of Male Reproductive Organs: Schema



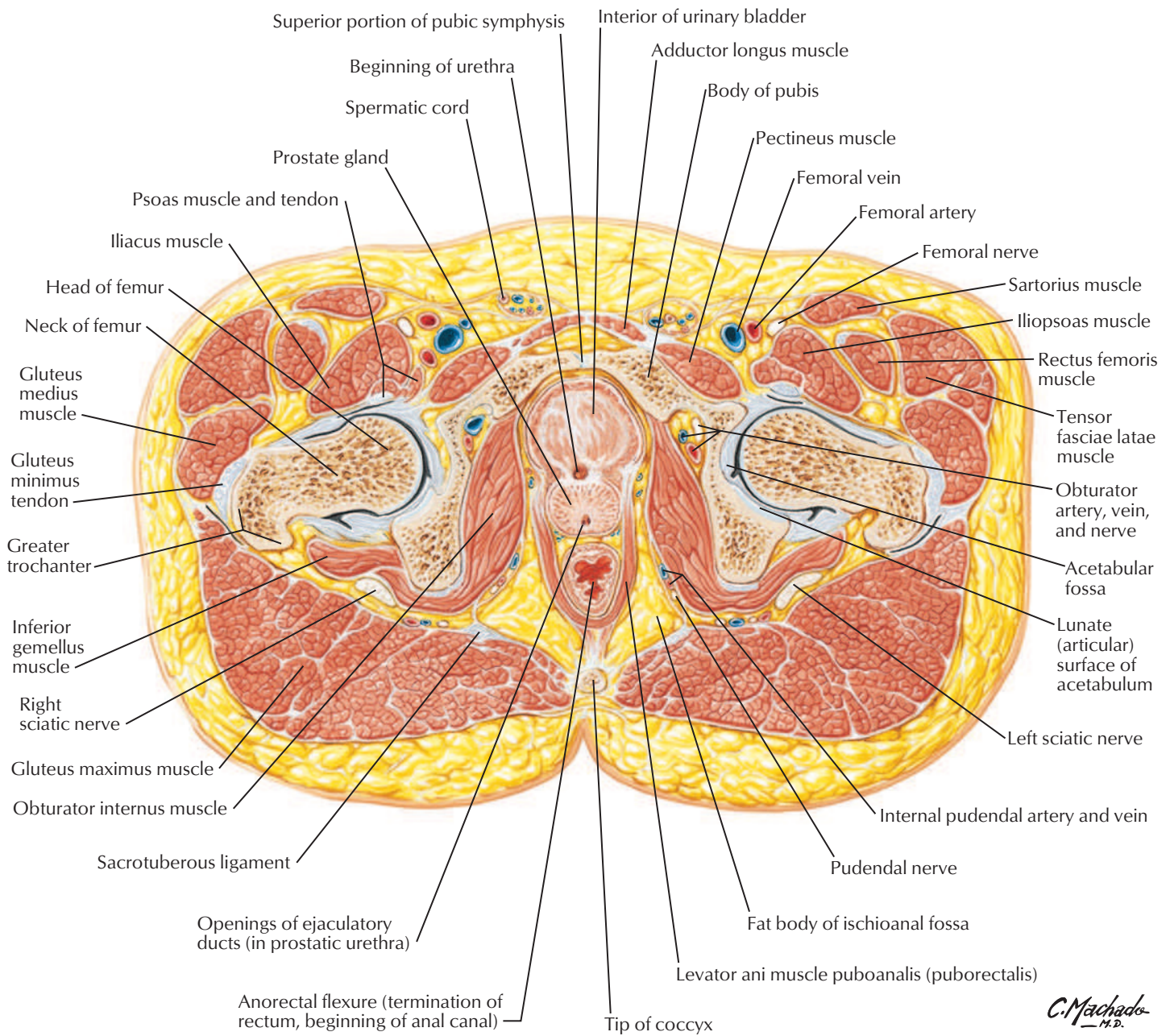
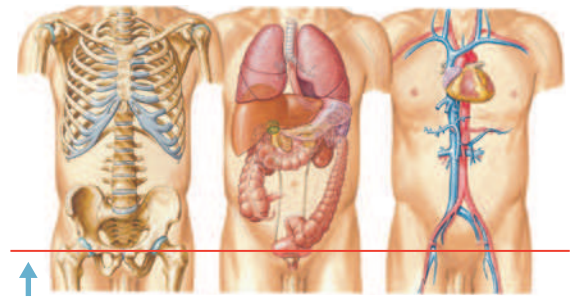
Sympathetic fibers	{	Preganglionic	———	Parasympathetic fibers	{	Preganglionic	———	Afferent fibers	———
		Postganglionic	- - - - -			Postganglionic	- - - - -		

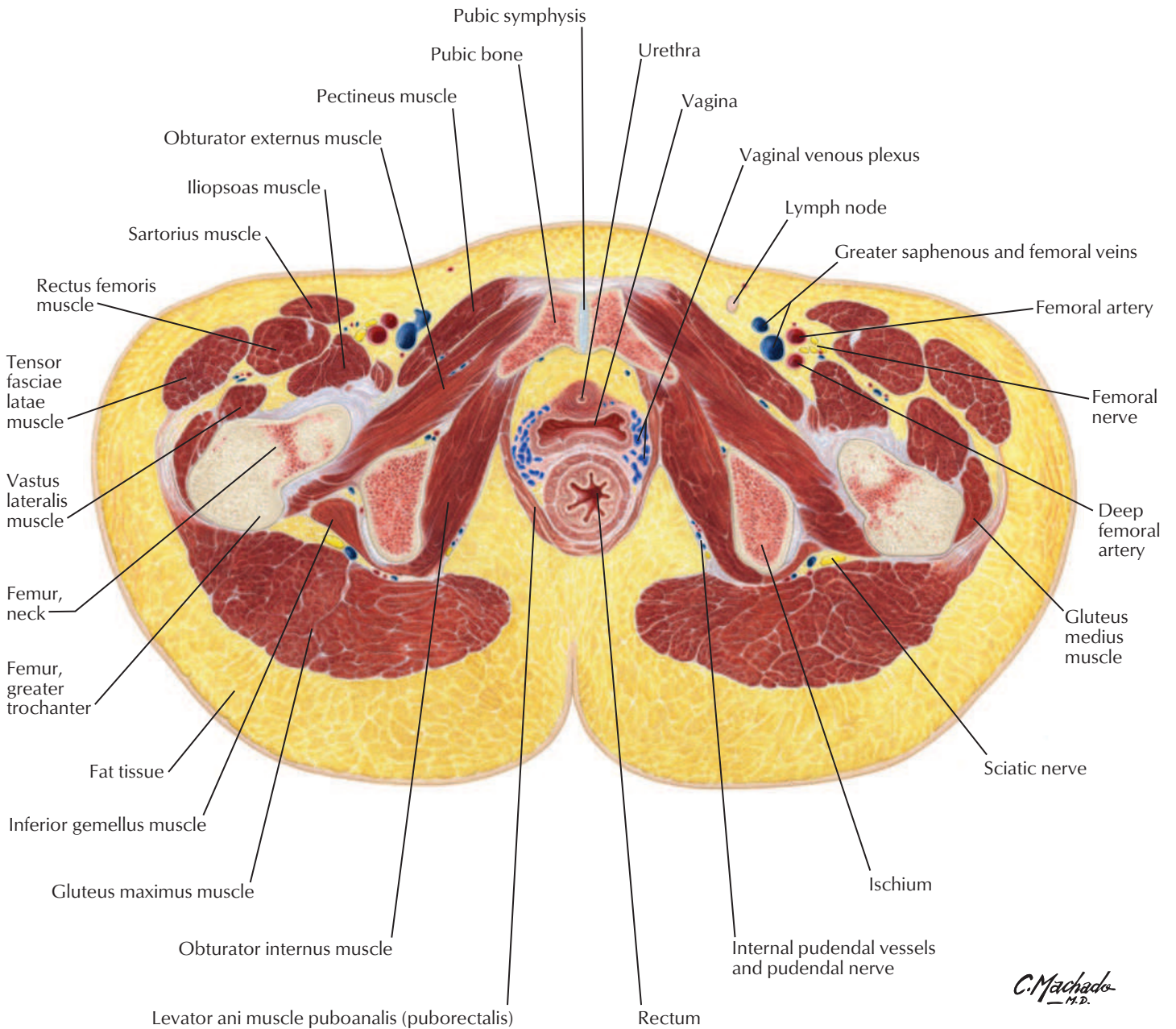
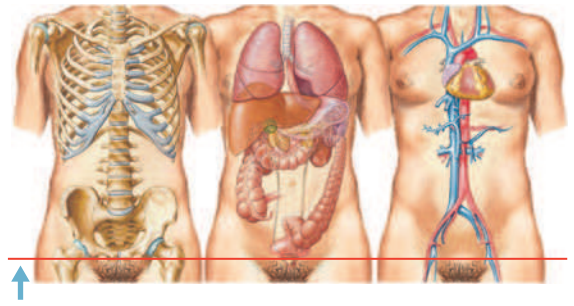


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Sympathetic fibers	{	Preganglionic	— (solid red)	Parasympathetic fibers	{	Preganglionic	— (solid blue)	Somatic efferent fibers	— (solid green)
		Postganglionic	- - - (dashed red)			Postganglionic	- - - (dashed blue)		Afferent fibers

Male Pelvis: Cross Section of Bladder-Prostate Gland Junction





C. Machado
—M.D.

ANATOMICAL STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
SKELETAL SYSTEM		
 Pubic symphysis	Palpable landmark used to obtain pelvic measurements (e.g., diagonal conjugate) that are used to assess adequacy of pelvis for childbirth; during prenatal examinations, used for estimating fetal growth (symphysis–fundal height measurement)	336
Ischial spine	Palpable landmark used to estimate interspinous diameter for childbirth and to locate pudendal nerve for pudendal nerve block	336
Ischial tuberosity	Palpable landmark used to estimate width of pelvic outlet for childbirth	336
Superior pubic ramus	Often fractured by compression of pelvis in anteroposterior plane by crush injury	338
Ischial spine	Pudendal nerve blocks target pudendal nerve at its entry into lesser sciatic foramen, approximately 1 cm inferior and medial to attachment of sacrospinous ligament on ischial spine	384, 393
MUSCULAR SYSTEM		
 Pelvic diaphragm (levator ani and coccygeus muscles)	Provides support to urethrovesical angle, helping to maintain urinary continence; weakness or injury during childbirth can lead to stress incontinence in women	340, 351
Endopelvic fascia	Weakness or tearing of endopelvic fascial ligaments (e.g., pubovesical or cardinal ligaments) facilitates prolapse of pelvic organs	350, 353
Perineal body	Tearing of perineal body can lead to prolapse of pelvic organs or loss of continence	360
DIGESTIVE SYSTEM		
 Rectum	Examined by digital rectal examination to detect internal hemorrhoids, fecal impaction, and rectal cancer; provides access to colon for colonoscopy	373, 375
Peritoneum	Common site for metastatic spread of ovarian cancer via peritoneal fluid in peritoneal cavity	344, 345
URINARY SYSTEM		
 Urinary bladder	Landmark used to identify structures of pelvis during ultrasound examination	349, 350
Ureter	May be injured during hysterectomy because of its close relationship to uterine artery	346, 347
REPRODUCTIVE SYSTEM		
 Rectouterine pouch (of Douglas)	Region examined with ultrasound to detect presence of abdominal or pelvic fluid; common site of ectopic pregnancy; may be accessed via posterior vaginal fornix	345, 346
Uterus	Palpated during prenatal examinations to assess fetal growth and during pelvic examinations; examined with ultrasound to detect abnormalities (e.g., fibroids)	345, 355
Cervix of uterus	Epithelium of transformation zone of cervix is prone to dysplasia and malignancy; cells are sampled from this region during pap examination	353, 355
Vagina	Posterior vaginal fornix allows access to rectouterine pouch of Douglas	345
Prostate gland	Prone to benign hypertrophy with aging; prostate cancer is second most common cancer in men	349, 366

Table 6.1

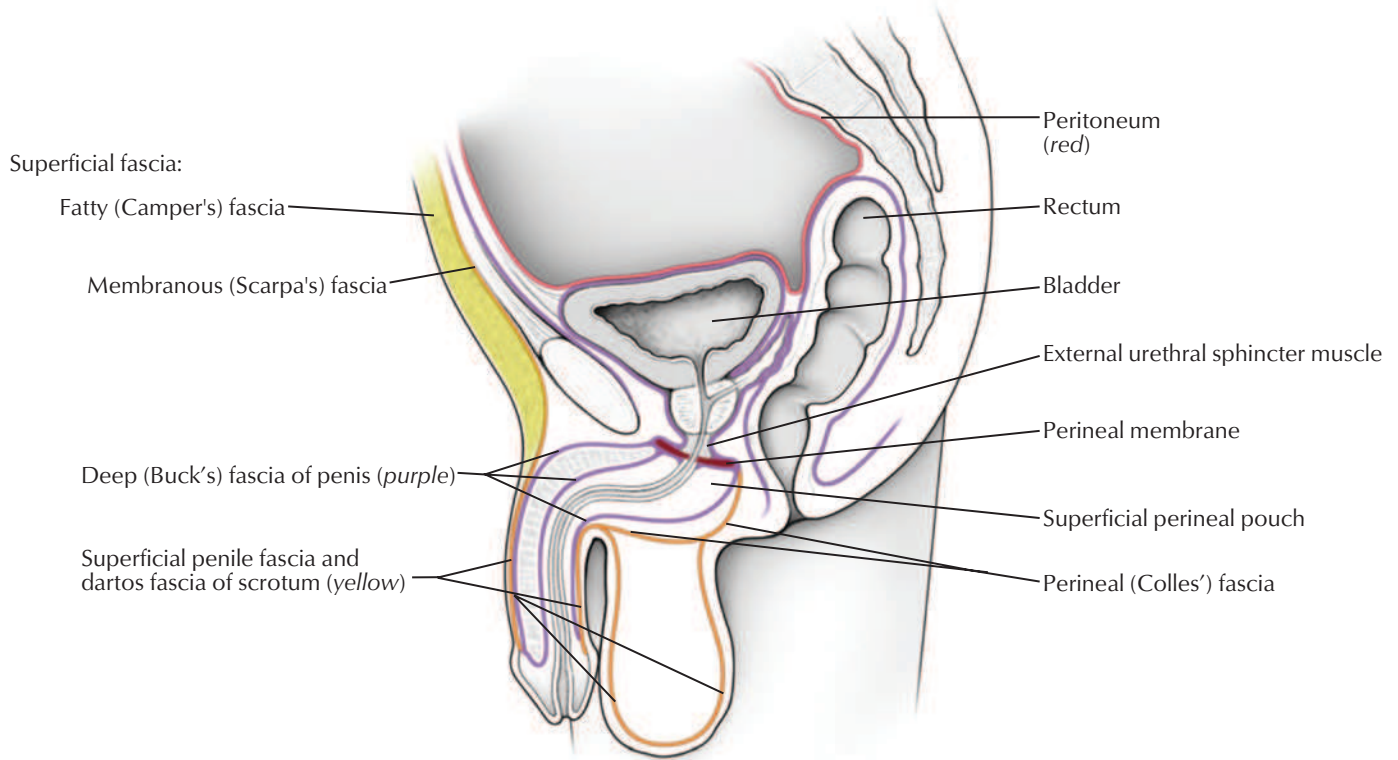
ANATOMICAL STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 REPRODUCTIVE SYSTEM—Continued		
Ovary	Examined with ultrasound to identify cysts or for oocyte collection	344, 355
Ductus (vas) deferens	Ligated during vasectomy for sterilization in males	349, 369
 NERVOUS SYSTEM		
Pudendal nerve	Pudendal block is performed to anesthetize perineum for childbirth or minor surgical procedures in perineum	395
Inferior rectal nerve	Anesthetized in ischioanal fossa for surgical excision of external hemorrhoids	393
Prostatic plexus/cavernous nerves	Disruption of these nerves during procedures (e.g., prostate surgery) can produce inability to achieve erection	392
 CARDIOVASCULAR SYSTEM		
Pampiniform venous plexus	Dilation can cause testicular varicocele, most commonly on left side due to differences in drainage pattern of right and left gonadal veins	369
Uterine artery	Ligated or cauterized during hysterectomy; embolization is performed to treat uterine fibroids	382, 386
Arteries of penis (deep, dorsal), cavernous tissue	Blockage or loss of vascular smooth muscle function can lead to erectile dysfunction	387
Internal iliac veins	Provide communication between prostatic venous plexus and veins draining vertebral column, which is route of spread for prostate cancer	385
Rectal veins (superior, middle, inferior)	Portal hypertension may cause dilated rectal veins (hemorrhoids) because portosystemic anastomoses develop between rectal veins	381, 299
 LYMPHATIC SYSTEM		
Pelvic and paraaortic (lateral aortic, lumbar) lymph nodes	Spread of ovarian cancer cells via venous drainage to inferior vena cava and lungs and via lymphatics	388
Paraaortic and tracheobronchial lymph nodes	Prostate cancer cells may spread via lymphatics	390
Preaortic and paraaortic (lateral aortic, lumbar) lymph nodes	Receive lymphatic drainage from ovary, uterine tube, and uterine fundus in women and from testis in men; cancers in these organs may therefore spread to retroperitoneum	388, 390
Pelvic lymph nodes	Lymph node sampling or dissection is performed to assess spread of gynecologic malignancies	388

*Selections were based largely on clinical data as well as commonly covered clinical correlations in gross anatomy courses.

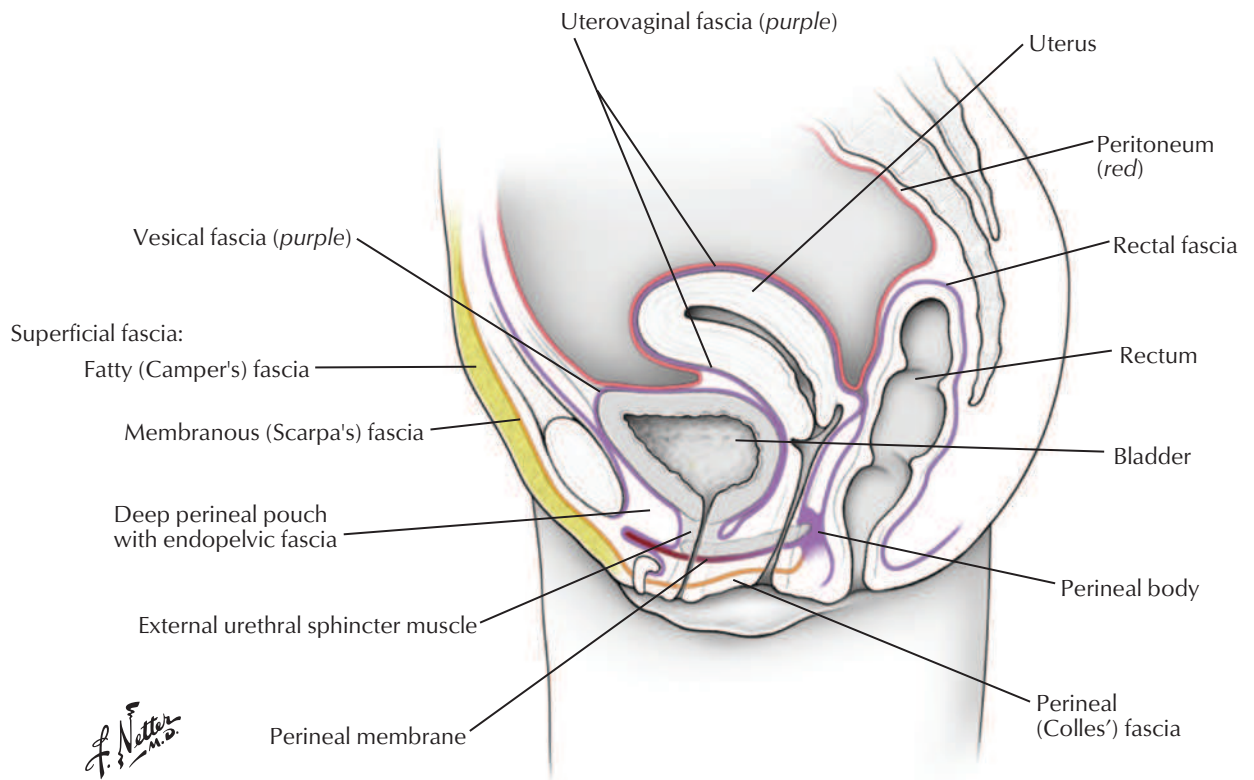
MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Bulbospongiosus	Perineal	<i>Male:</i> median raphe, bulb of penis, perineal body <i>Female:</i> perineal body	<i>Male:</i> perineal membrane, corpus cavernosum, bulb of penis <i>Female:</i> dorsum of clitoris, inferior fascia of urogenital diaphragm, bulb of vestibule, pubic arch	Deep branch of perineal nerve from pudendal nerve	Internal pudendal artery and its branch (perineal artery)	<i>Male:</i> compresses bulb of penis, forces blood into body of penis during erection, removes urine from urethra and semen during ejaculation <i>Female:</i> constricts vaginal orifice, assists in expressing secretions of greater vestibular gland, forces blood into body of clitoris
Coccygeus	Pelvic floor	Ischial spine, sacrospinous ligament	Inferior sacrum, coccyx	Anterior rami of lower sacral nerves	Inferior gluteal artery	Supports pelvic viscera, draws coccyx forward
Compressor urethrae (female only)	Perineal	Ischiopubic ramus	Anterior aspect of urethra	Perineal branches of pudendal nerve	Perineal branch of internal pudendal artery	Sphincter of urethra
Cremaster	Spermatic cord	Lower edge of internal abdominal oblique and middle of inguinal ligament	Pubic tubercle, crest of pubis	Genital branch of genitofemoral nerve	Cremasteric branch of inferior epigastric artery	Retracts testicle
Deep transverse perineal	Perineal	Inner surface of inferior ischial rami	<i>Male:</i> medial tendinous raphe and perineal body <i>Female:</i> sides of vagina	Perineal branches of pudendal nerve	Perineal branch of internal pudendal artery	Stabilizes perineal body, supports prostate gland/vagina
External anal sphincter	Perineal	Tip of coccyx, anococcygeal ligament	Deeper fibers surround anal canal, attach posteriorly to coccyx and anteriorly to central point of perineum	Perineal and inferior rectal branches of pudendal nerve	Inferior rectal and transverse perineal artery	Closes anal orifice
Iliacus	Anterior thigh	Superior 2/3 of iliac fossa, ala of sacrum, anterior sacroiliac ligaments	Lesser trochanter of femur and body inferior to it, to psoas major tendon	Femoral nerve	Iliac branches of iliolumbar artery	Flexes thigh at hips and stabilizes hip joint, acts with psoas major
Ischiocavernosus	Perineal	Inferior internal surface of ischiopubic ramus, ischial tuberosity	Crus of penis or clitoris	Deep branch of perineal nerve from pudendal nerve	Internal pudendal artery and its branch (perineal artery)	Forces blood into body of penis and clitoris during erection
Levator ani (iliococcygeus, pubococcygeus, and puboanalis)	Pelvic floor	Body of pubis, tendinous arch of obturator fascia, ischial spine	Perineal body, coccyx, anococcygeal raphe, walls of prostate gland or vagina, rectum, anal canal	Anterior rami of lower sacral nerves, perineal nerve	Inferior gluteal artery, internal pudendal artery and its branches (inferior rectal and perineal arteries)	Supports pelvic viscera, raises pelvic floor
Obturator internus	Gluteal region	Pelvic surface of obturator membrane and surrounding bone	Medial surface of greater trochanter of femur	Nerve to obturator internus muscle	Internal pudendal and obturator arteries	Laterally rotates extended thigh, abducts flexed thigh at hip
Piriformis	Gluteal region	Anterior surface of sacral segments 2–4, sacrotuberous ligament	Superior border of greater trochanter of femur	Anterior rami of L5, S1, S2	Superior and inferior gluteal arteries, internal pudendal artery	Laterally rotates extended thigh, abducts flexed thigh at hip

Variations in spinal nerve contributions to the innervation of muscles, their arterial supply, their attachments, and their actions are common themes in human anatomy. Therefore, expect differences between texts and realize that anatomical variation is normal.

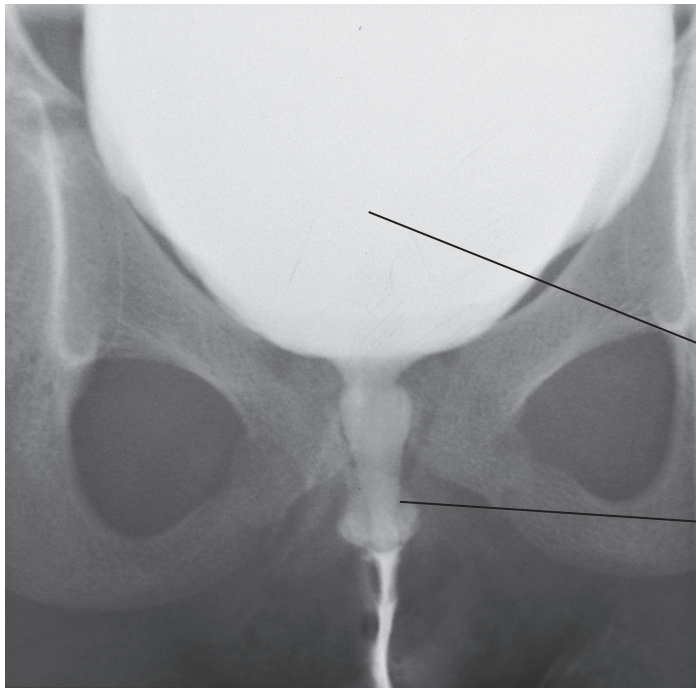
MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Sphincter urethrae	Perineal	External fibers from junction of inferior pubic and ischial rami and adjacent fascia; internal fibers pass medially to surround membranous urethra	<i>Male</i> : median raphe in front and behind urethra <i>Female</i> : encloses urethra, attaches to sides of vagina	Perineal branches of pudendal nerve	Perineal branch of internal pudendal artery	Compresses urethra at end of micturition; in female also compresses distal vagina
Sphincter urethrovaginalis (female only)	Perineal	Perineal body	Passes forward and anteriorly around urethra	Perineal branches of pudendal nerve	Perineal branch of pudendal artery	Sphincter of urethra and vagina
Superficial transverse perineal	Perineal	Ischial rami and tuberosities	Central tendon (perineal body)	Perineal branches of pudendal nerve	Perineal branch of internal pudendal artery	Stabilizes central tendon



Median section of male



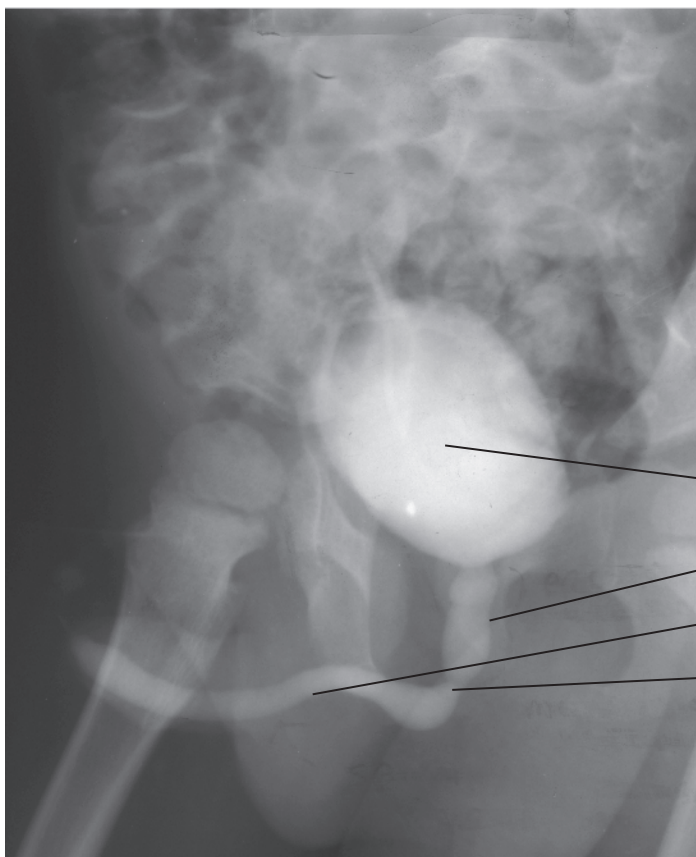
Median section of female



Cystourethrogram of urethra in 8-year-old girl

Bladder

Urethra



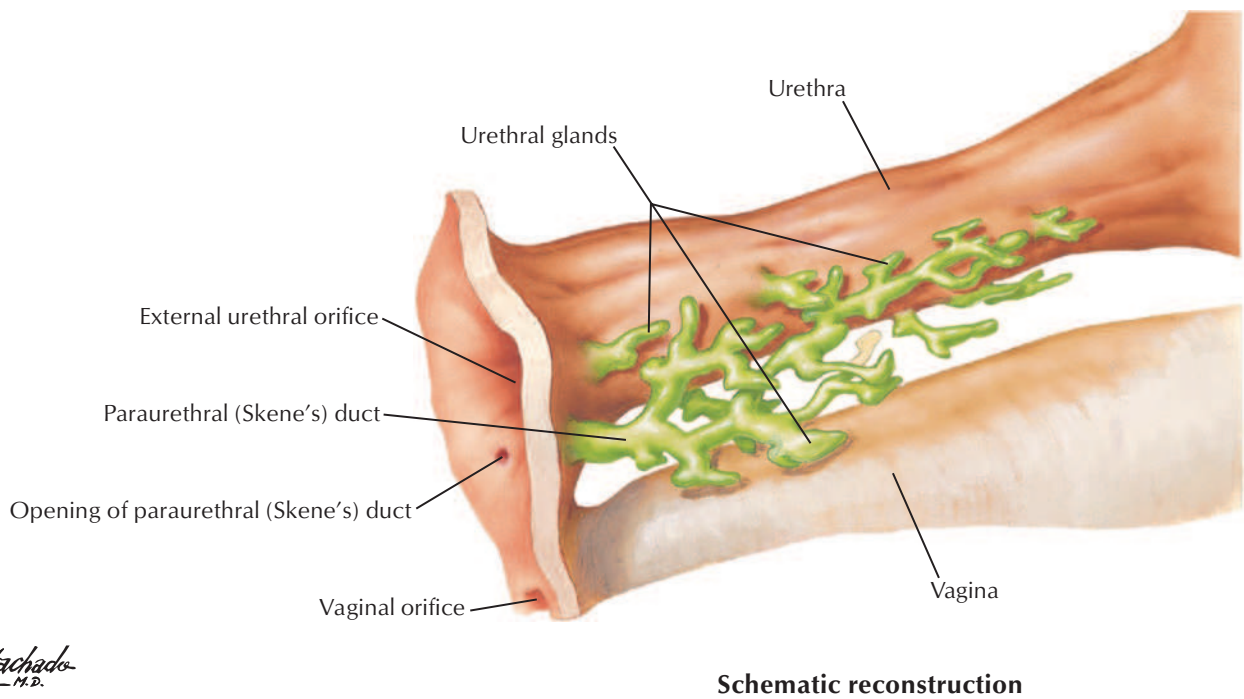
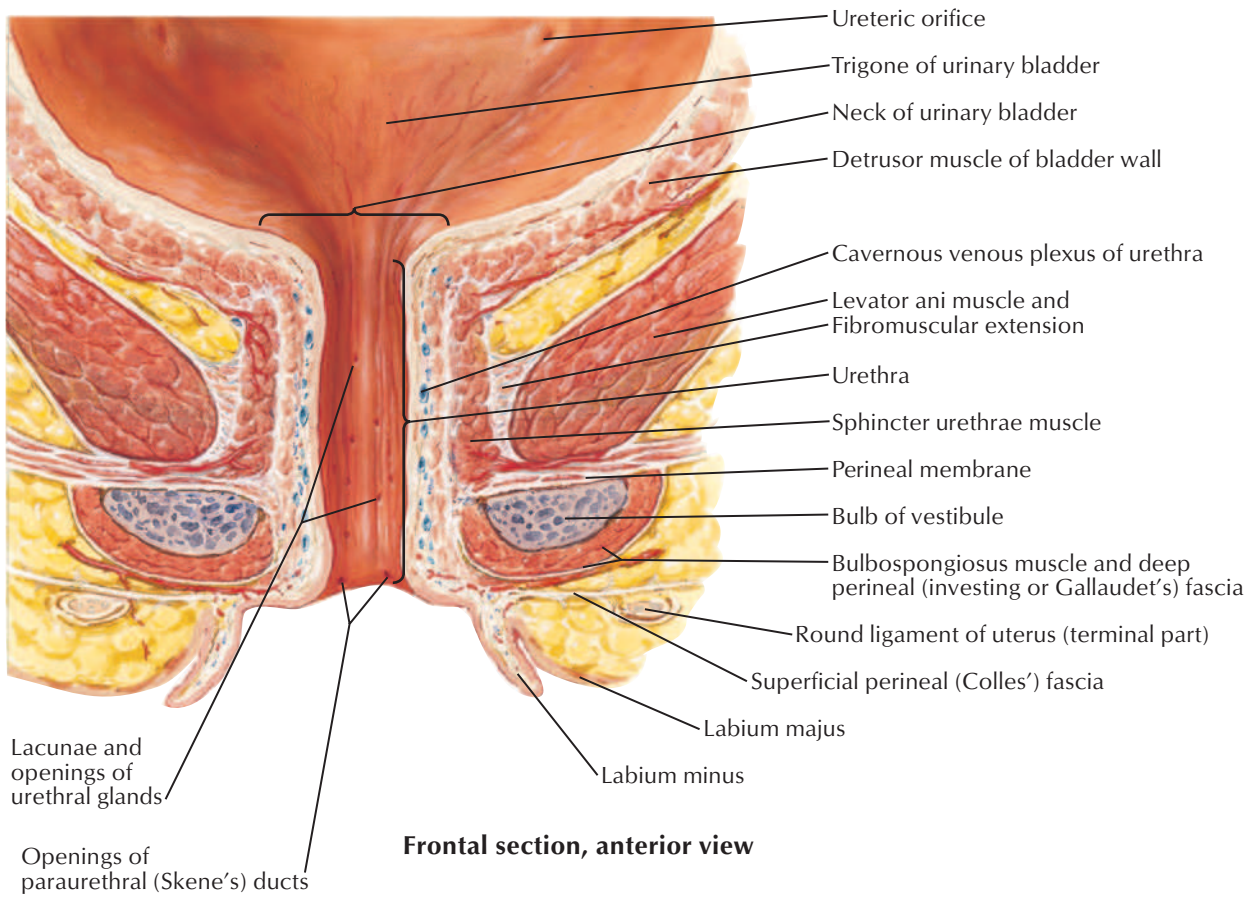
Voiding cystourethrogram in 2-year-old boy

Bladder

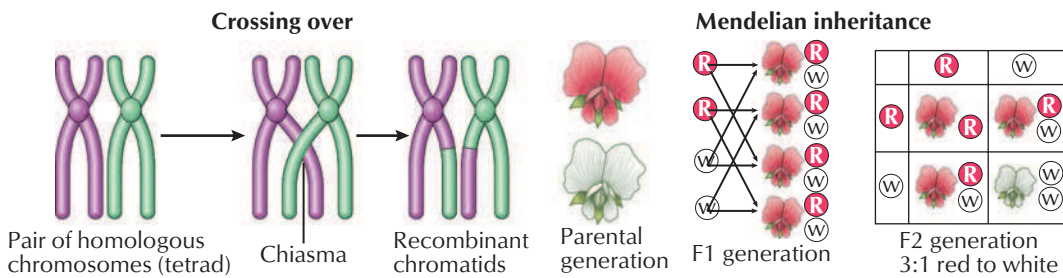
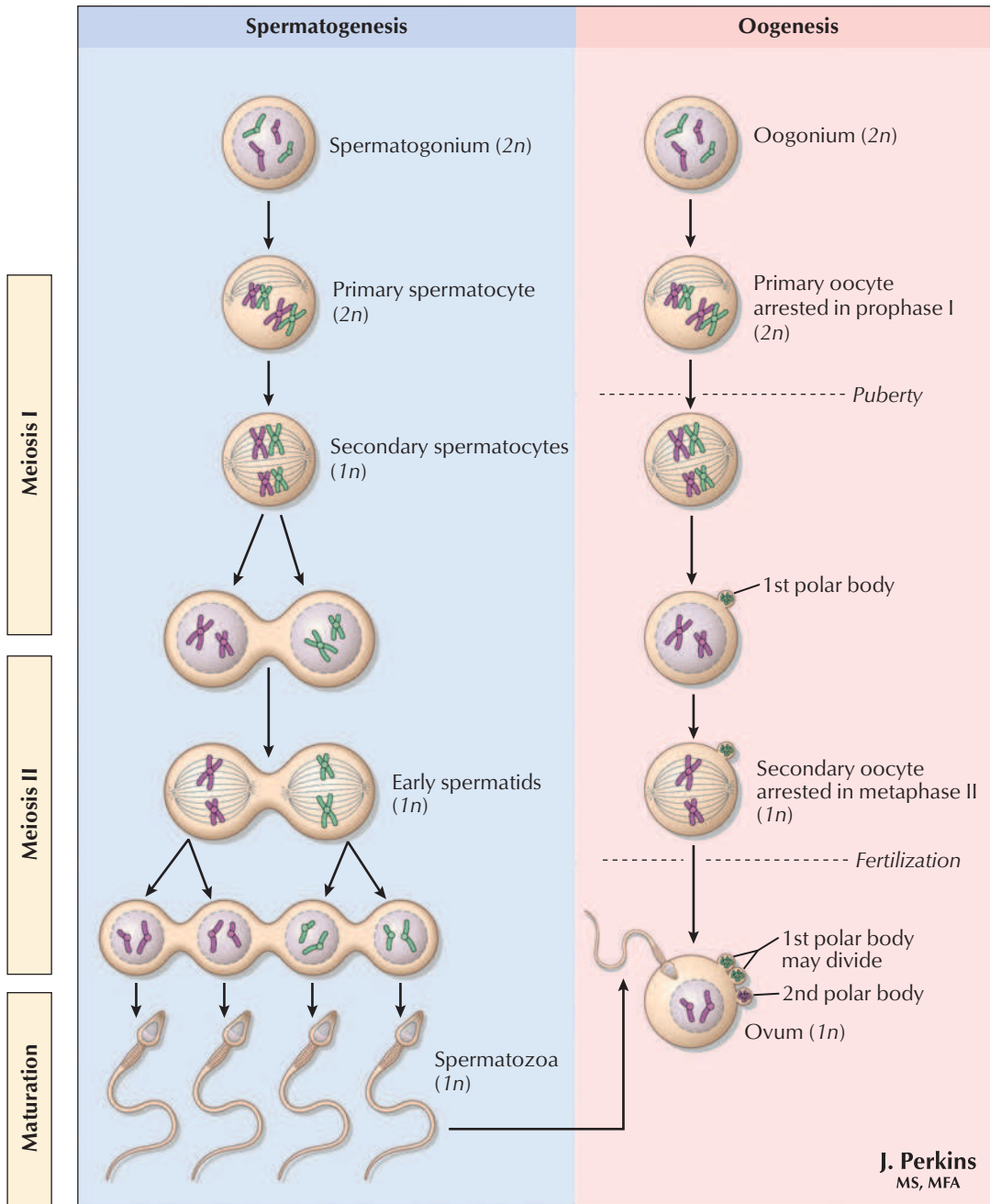
Prostatic urethra

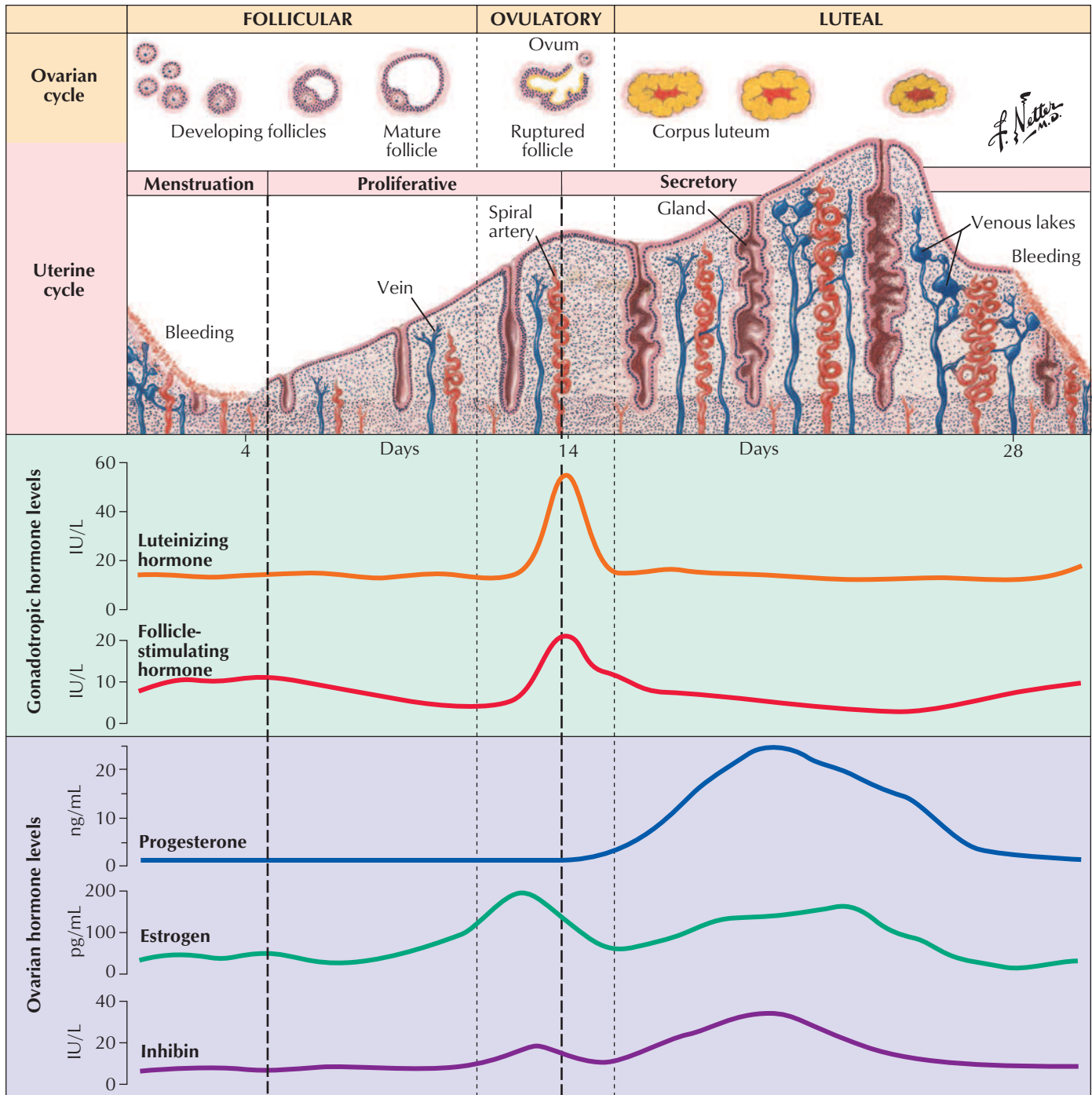
Spongy urethra

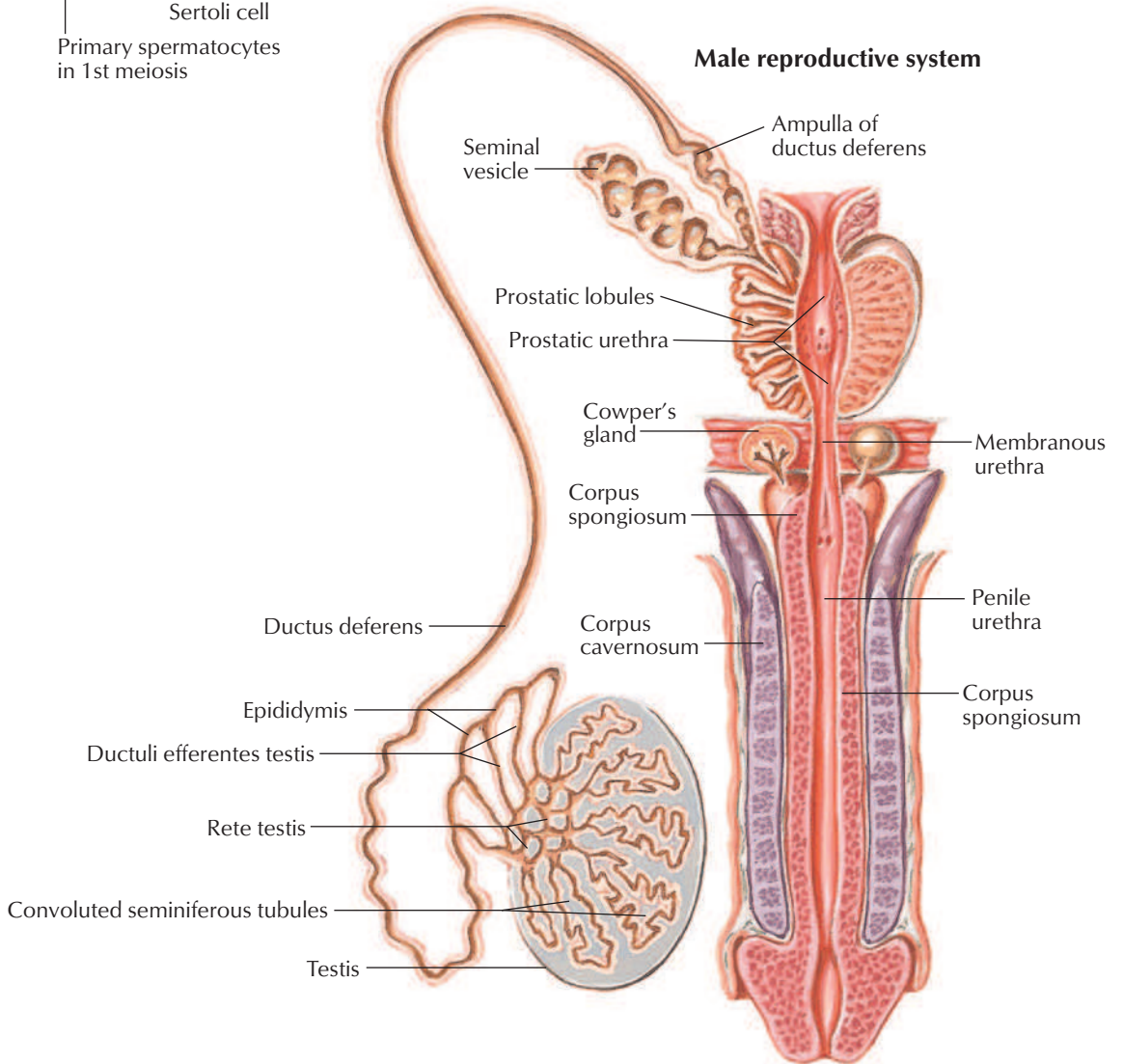
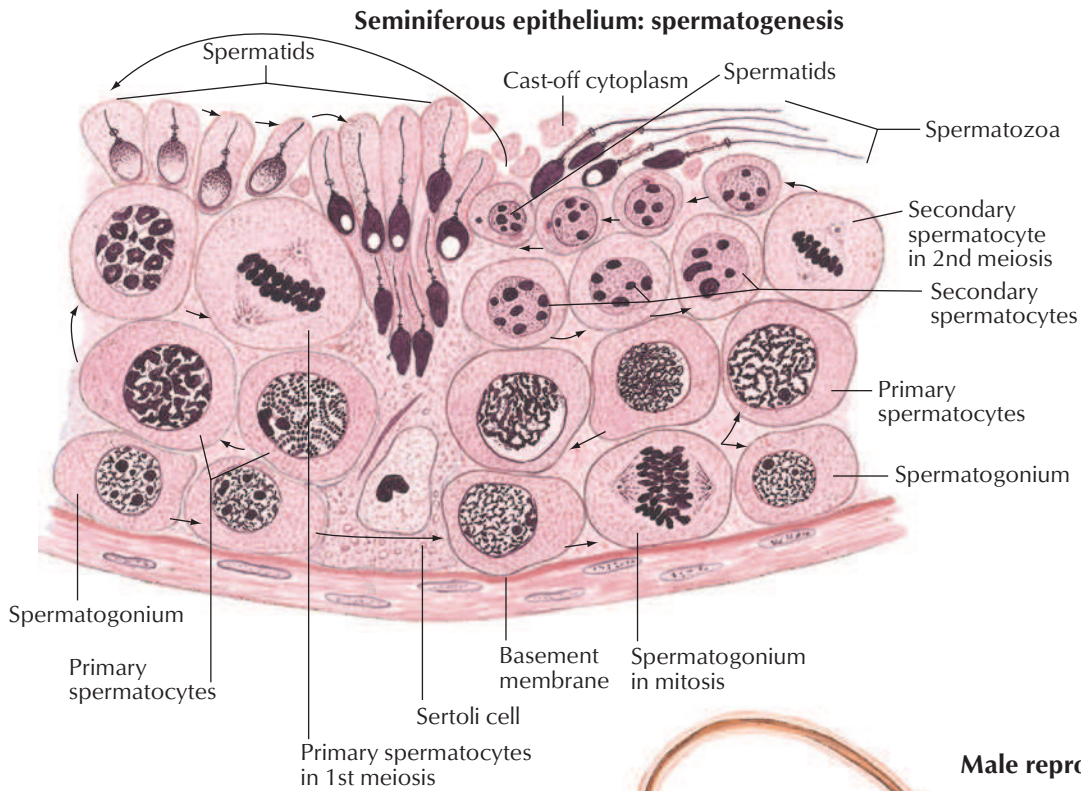
Membranous urethra



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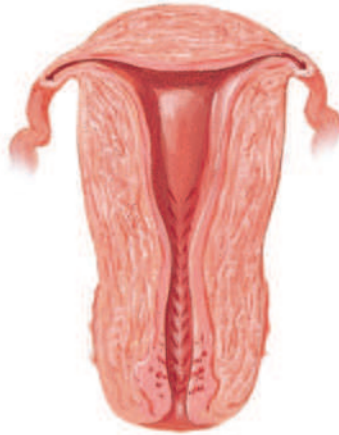




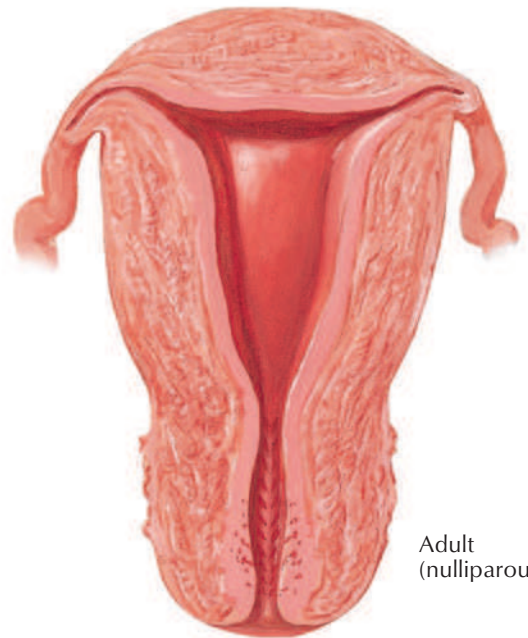
Newborn



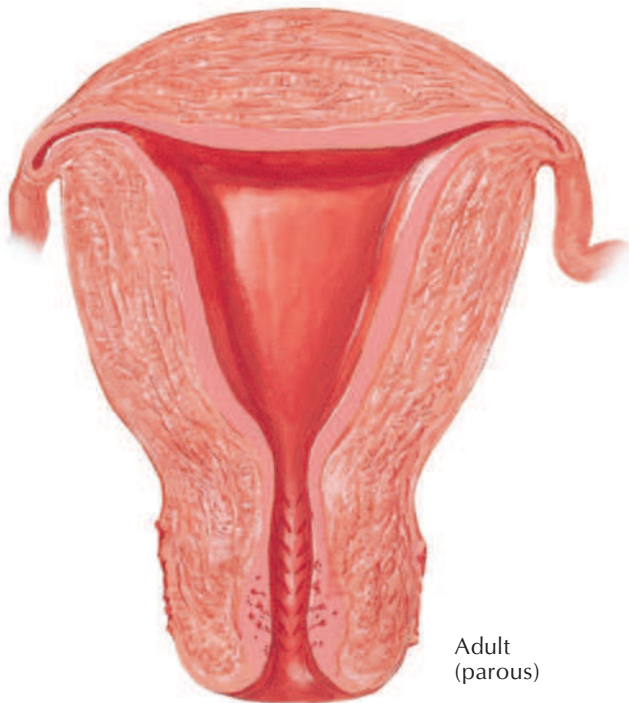
4 years



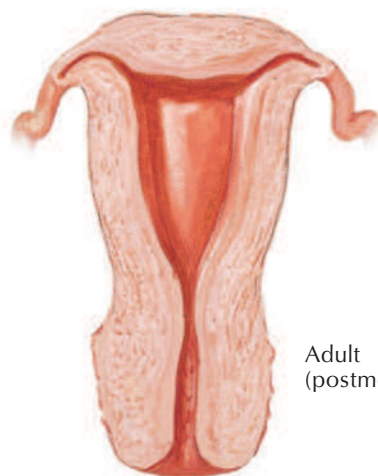
Puberty



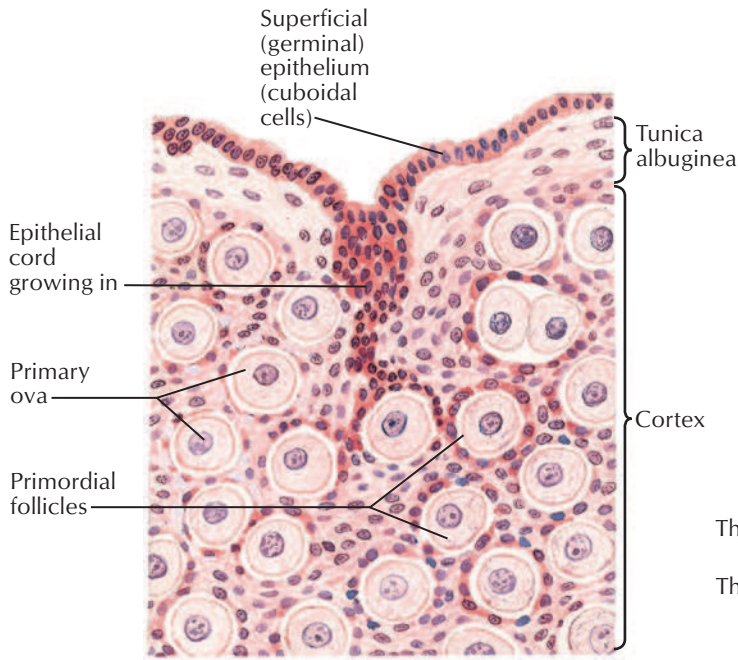
Adult (nulliparous)



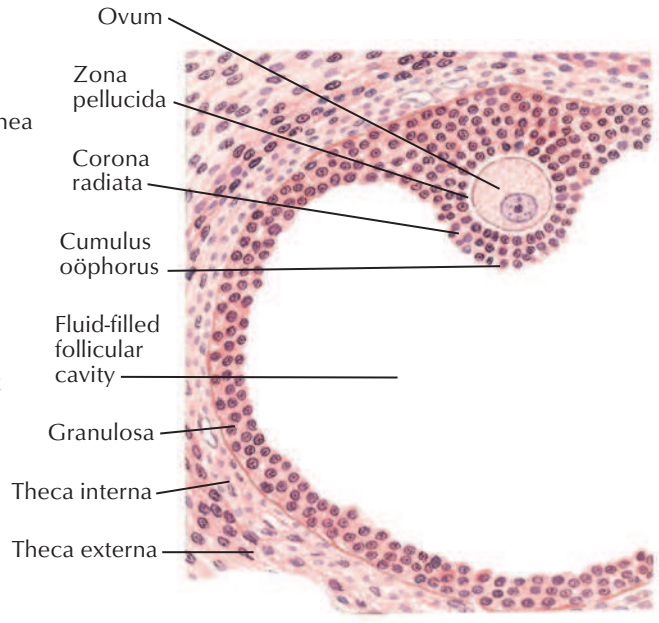
Adult (parous)



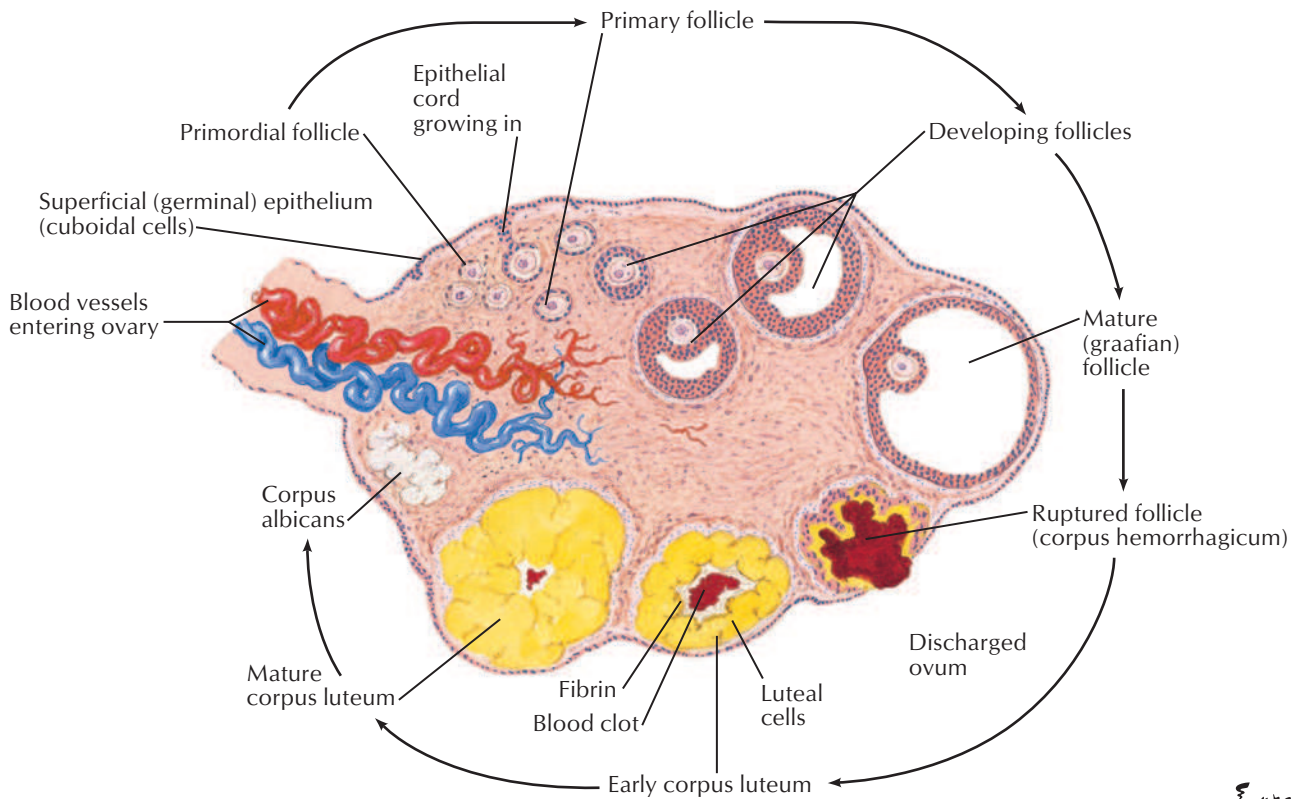
Adult (postmenopausal)



Infant ovary



Ripening follicle



Stages of ovum and follicle



Annular hymen



Septate hymen

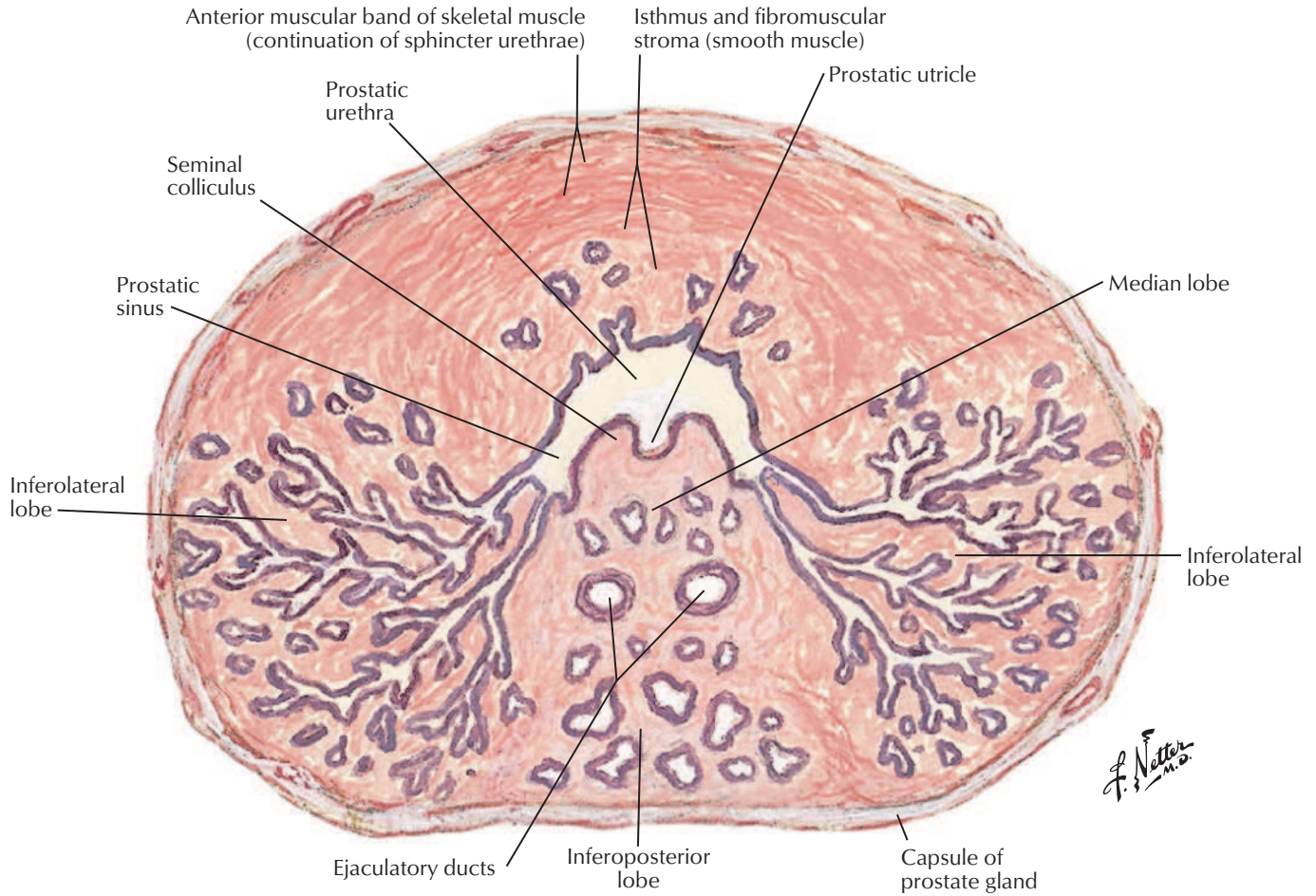


Cribriform hymen

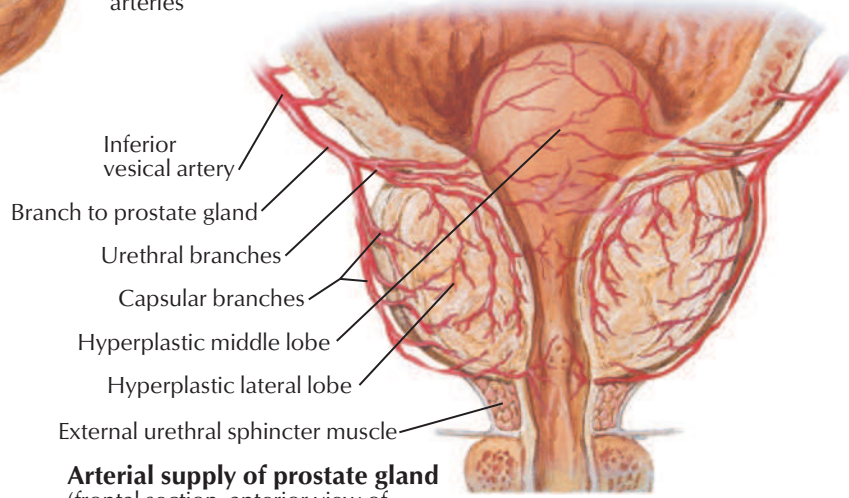
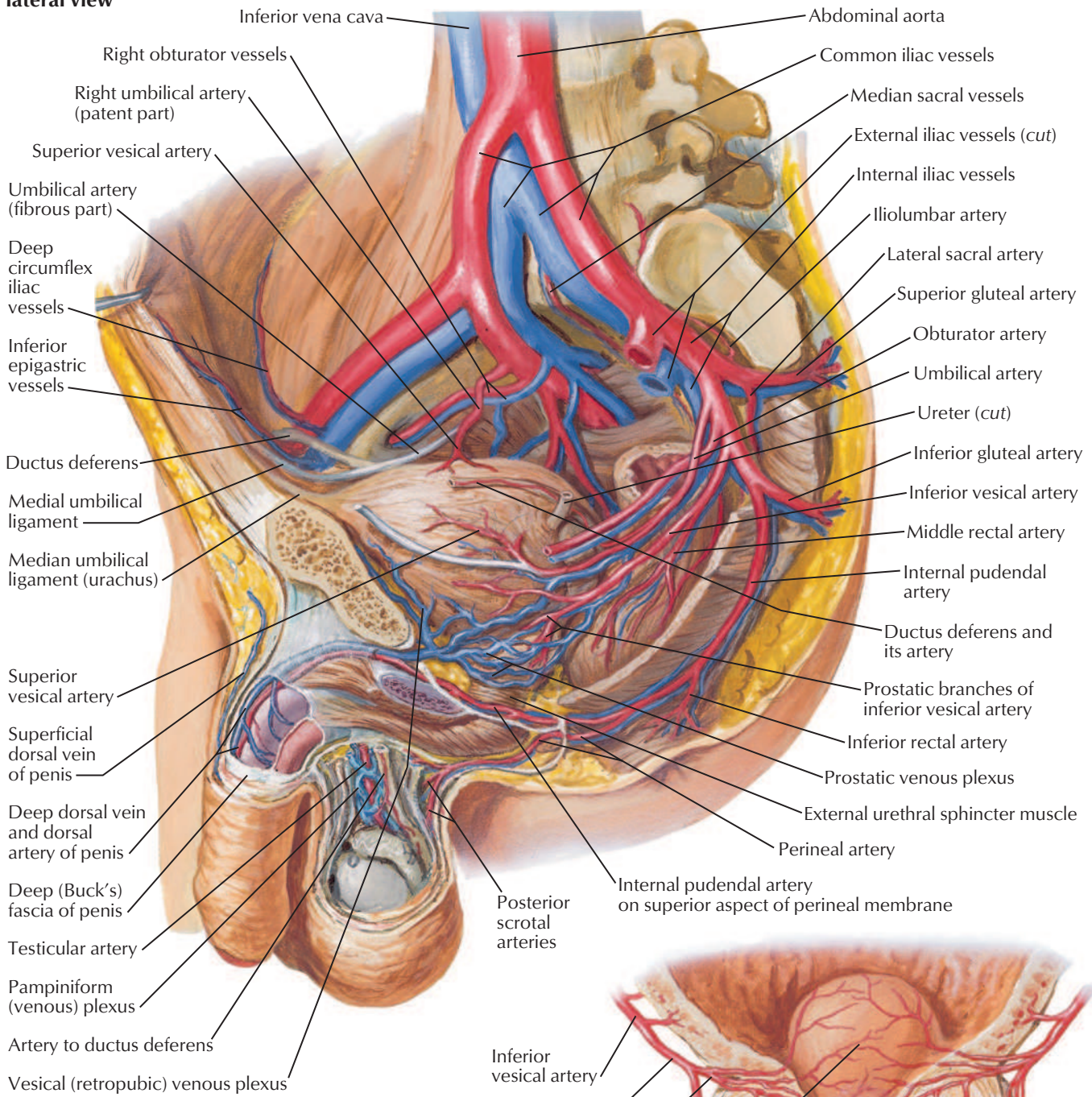


Parous introitus

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**Left paramedian section:
lateral view**



Arterial supply of prostate gland
(frontal section, anterior view of specimen with benign hyperplasia)

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Surface Anatomy	402	Neurovasculature	462-469
Cutaneous Anatomy	403-407	Regional Imaging	470
Shoulder and Axilla	408-420	Structures With High Clinical Significance	Tables 7.1-7.2
Arm	421-425	Muscle Tables	Tables 7.3-7.6
Elbow and Forearm	426-441	Electronic Bonus Plates	BP99-BP106
Wrist and Hand	442-461		

ELECTRONIC BONUS PLATES



BP99 Veins of Upper Limb



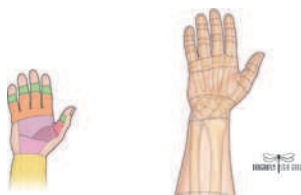
BP100 Arteries of Arm and Proximal Forearm



BP101 Arteries of Forearm and Hand



BP102 Ligaments of Wrist



BP103 Flexor and Extensor Zones of Hand



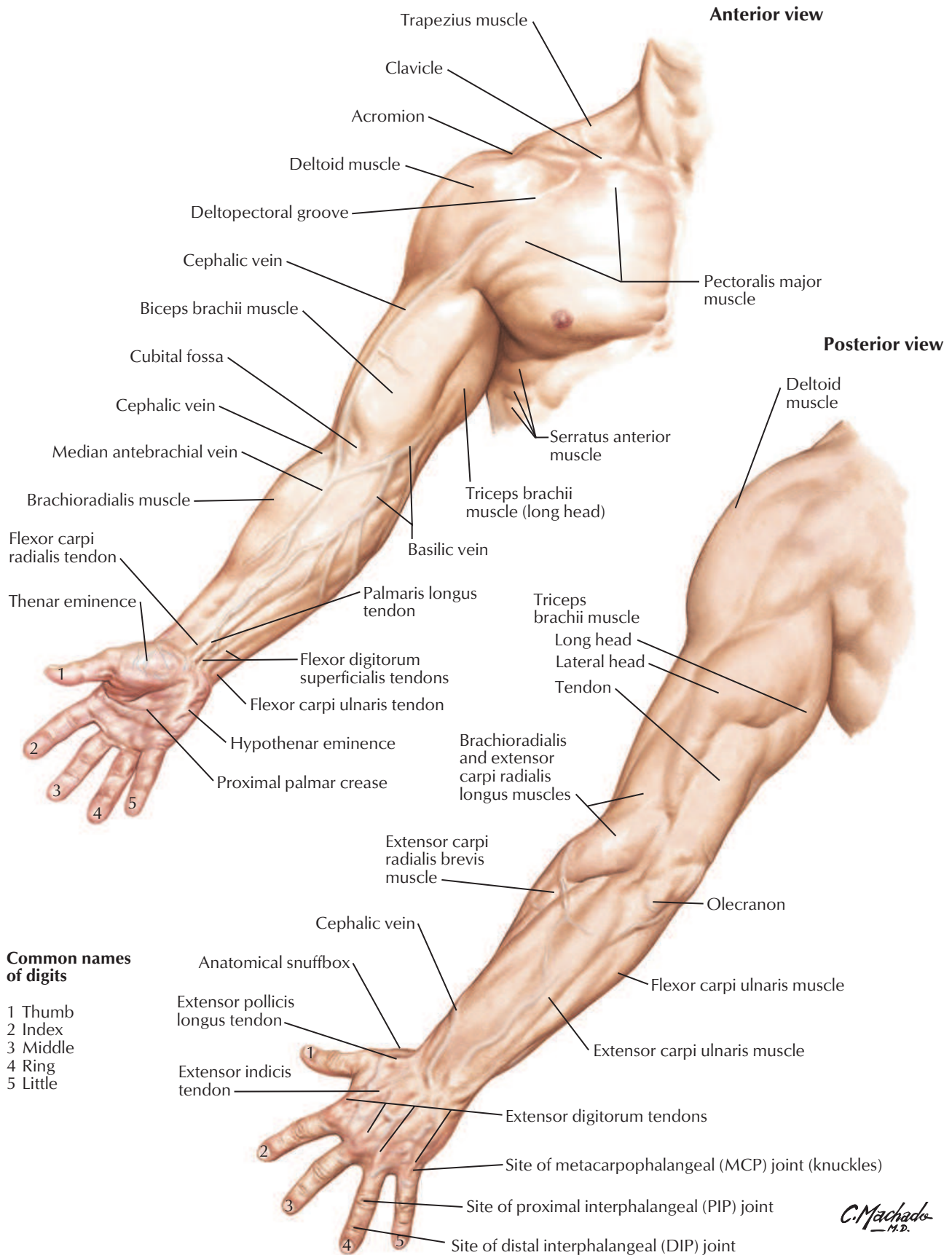
BP104 Section Through Metacarpal and Distal Carpal Bones



BP105 Cross Section of Hand: Axial View



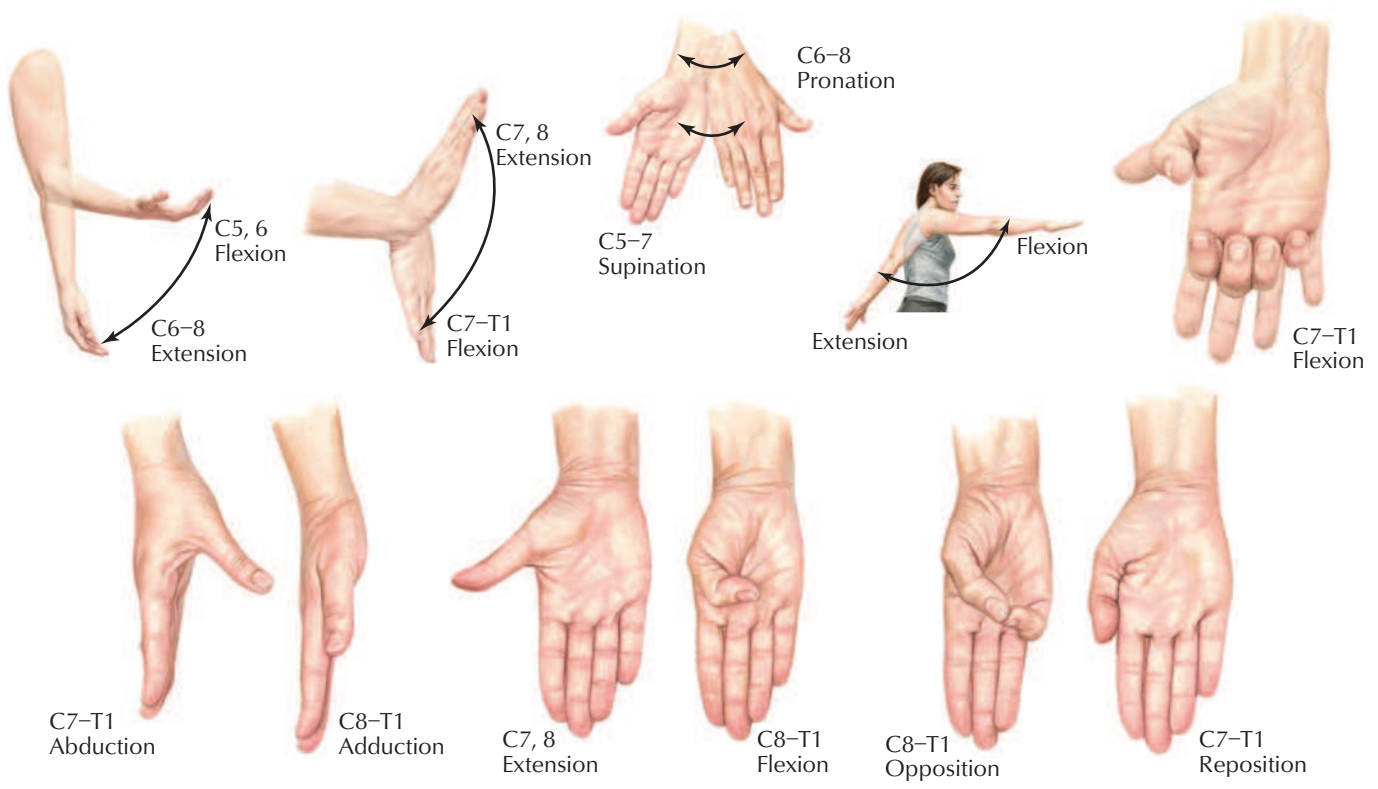
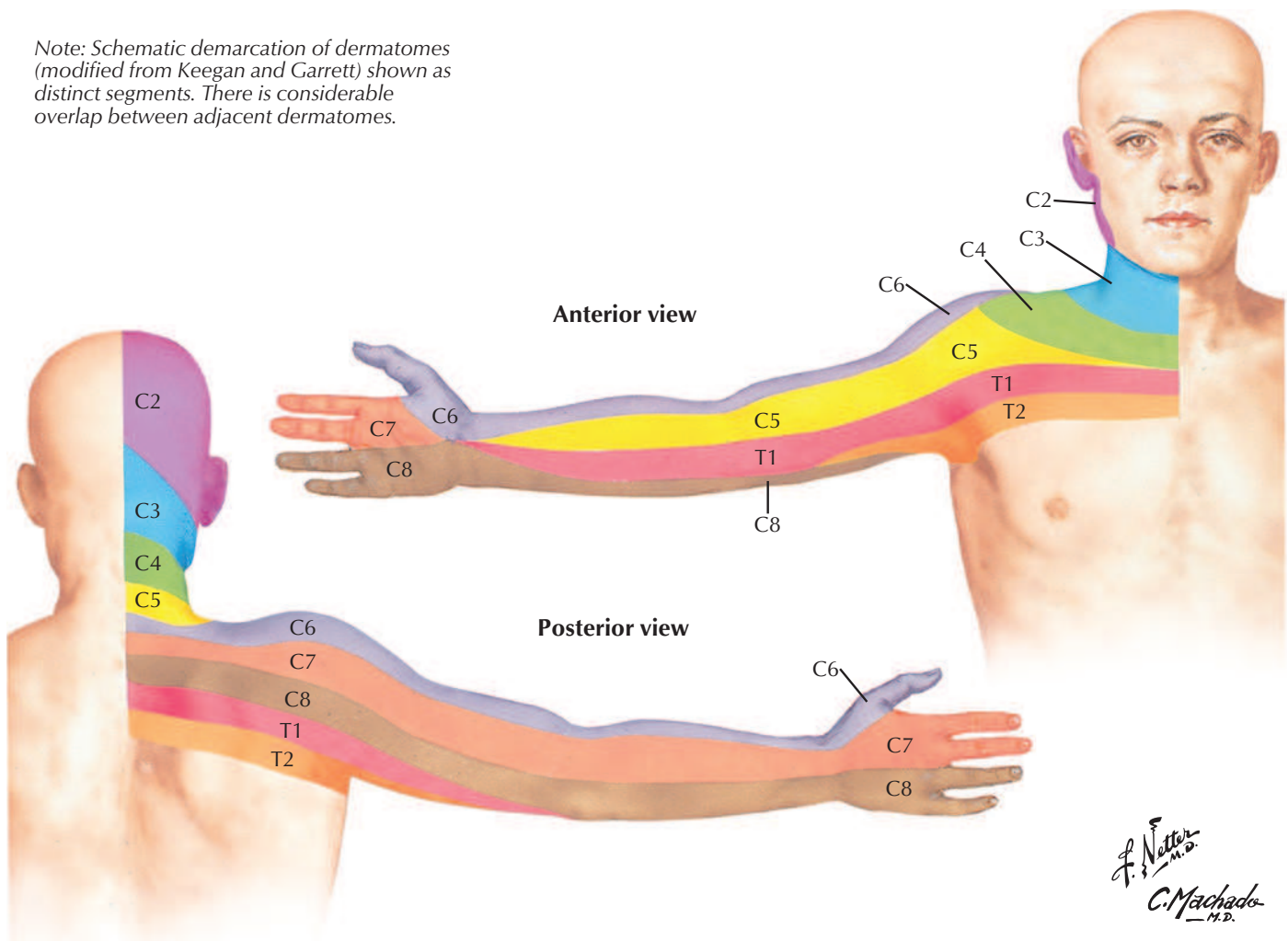
BP106 Cross Section of Hand: Axial View (continued)

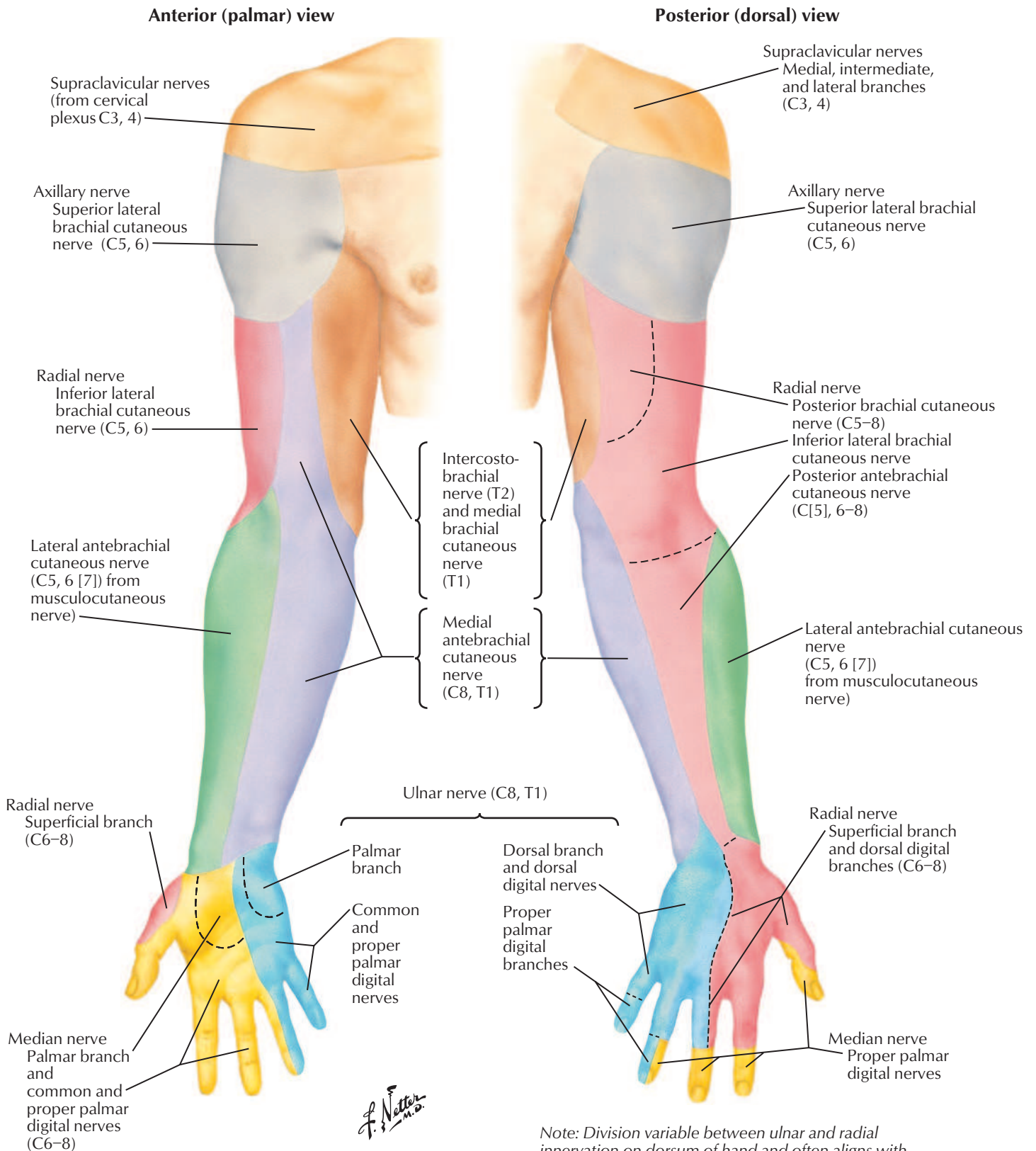


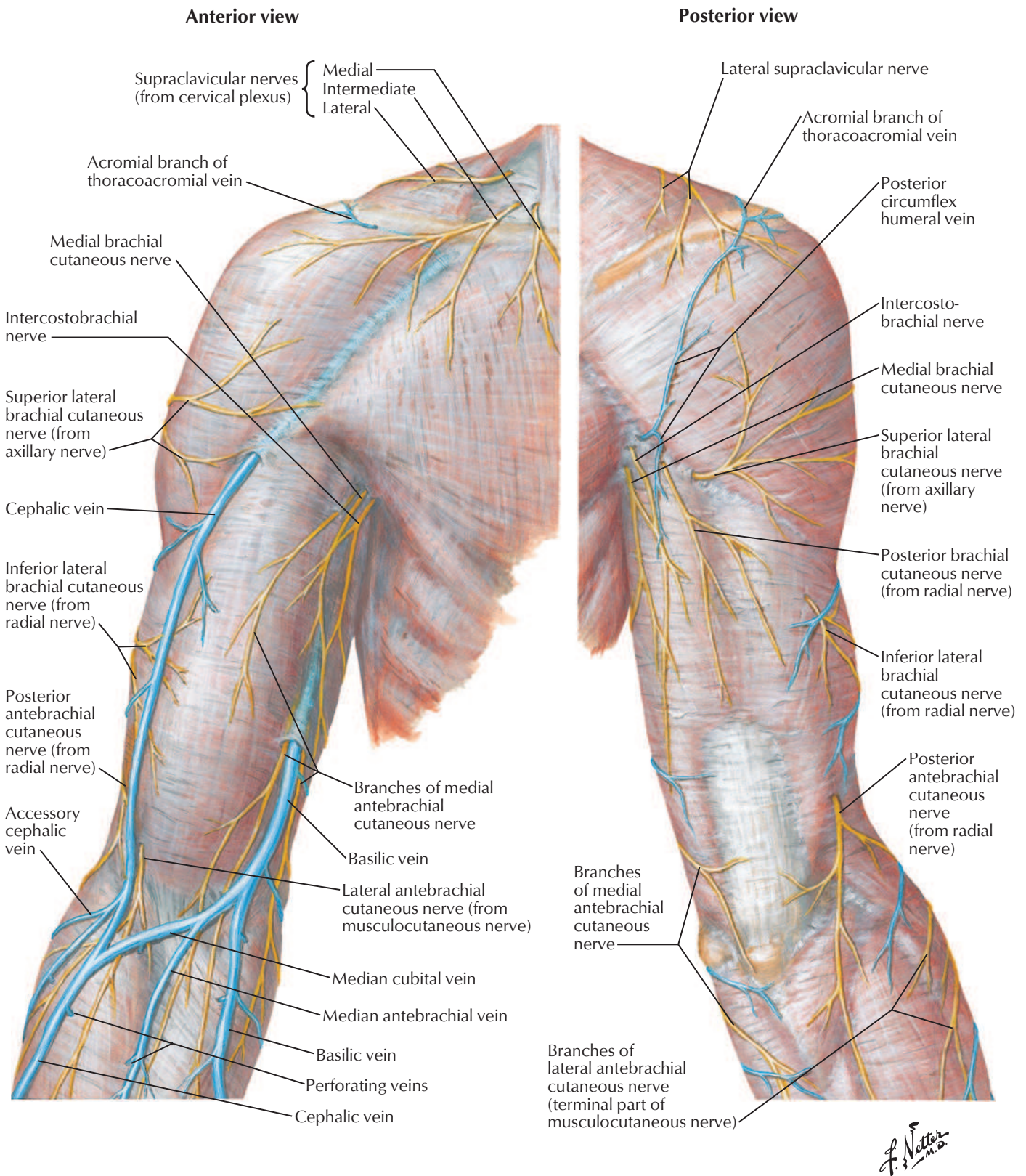
Dermatomes of Upper Limb and Segmental Nerve Function

See also [Plate 171](#)

Note: Schematic demarcation of dermatomes (modified from Keegan and Garrett) shown as distinct segments. There is considerable overlap between adjacent dermatomes.

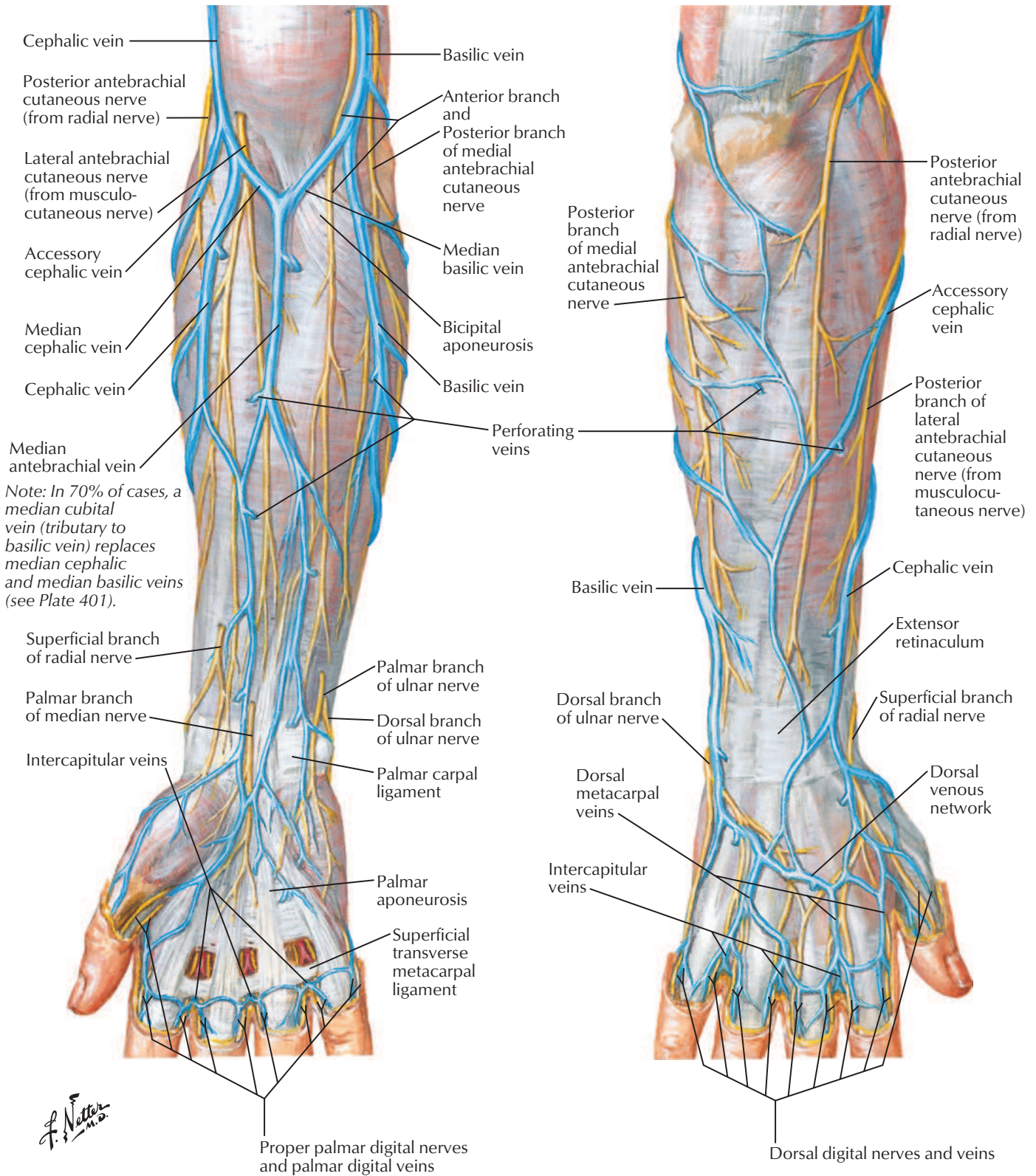


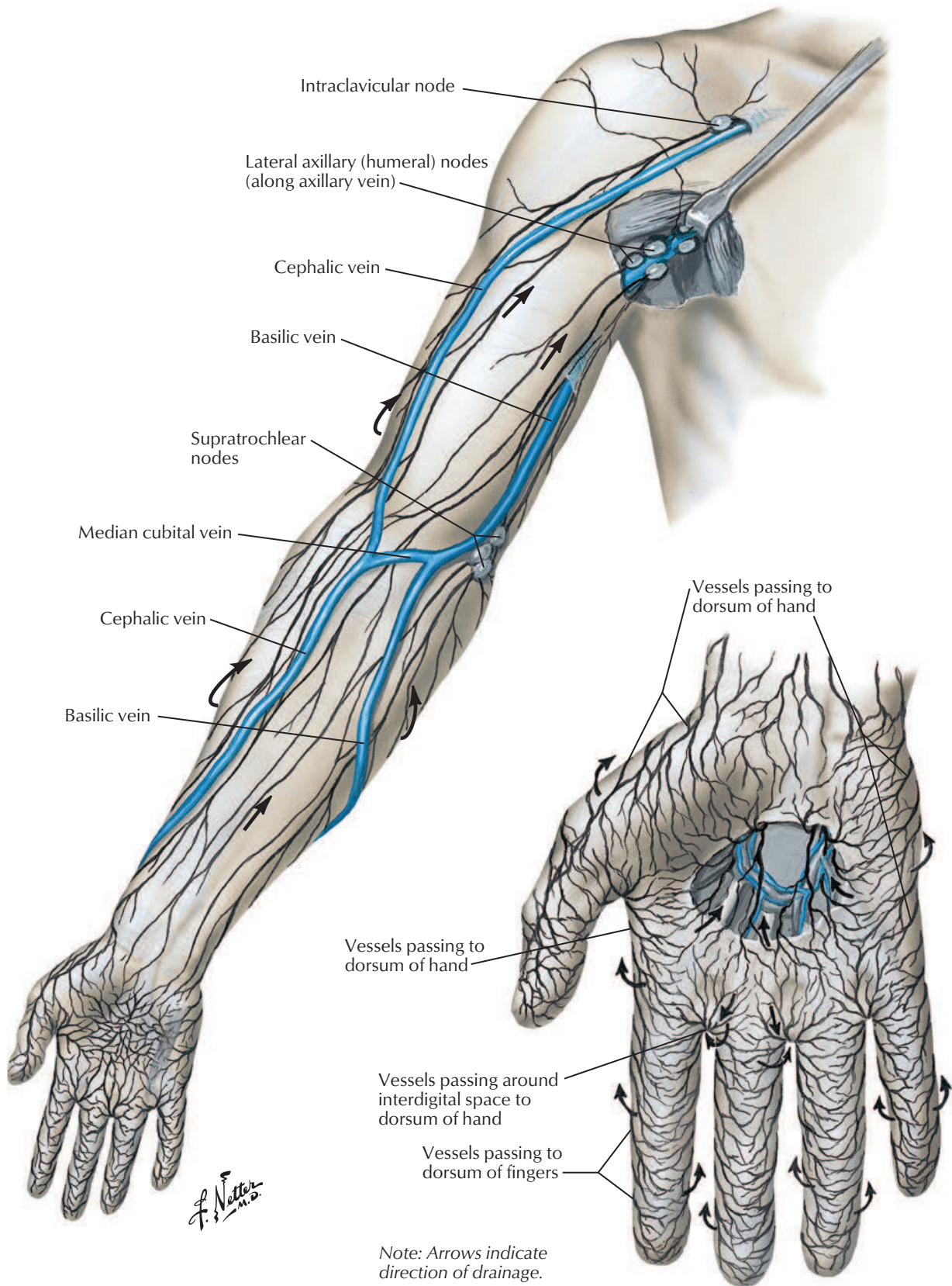




Anterior (palmar) view

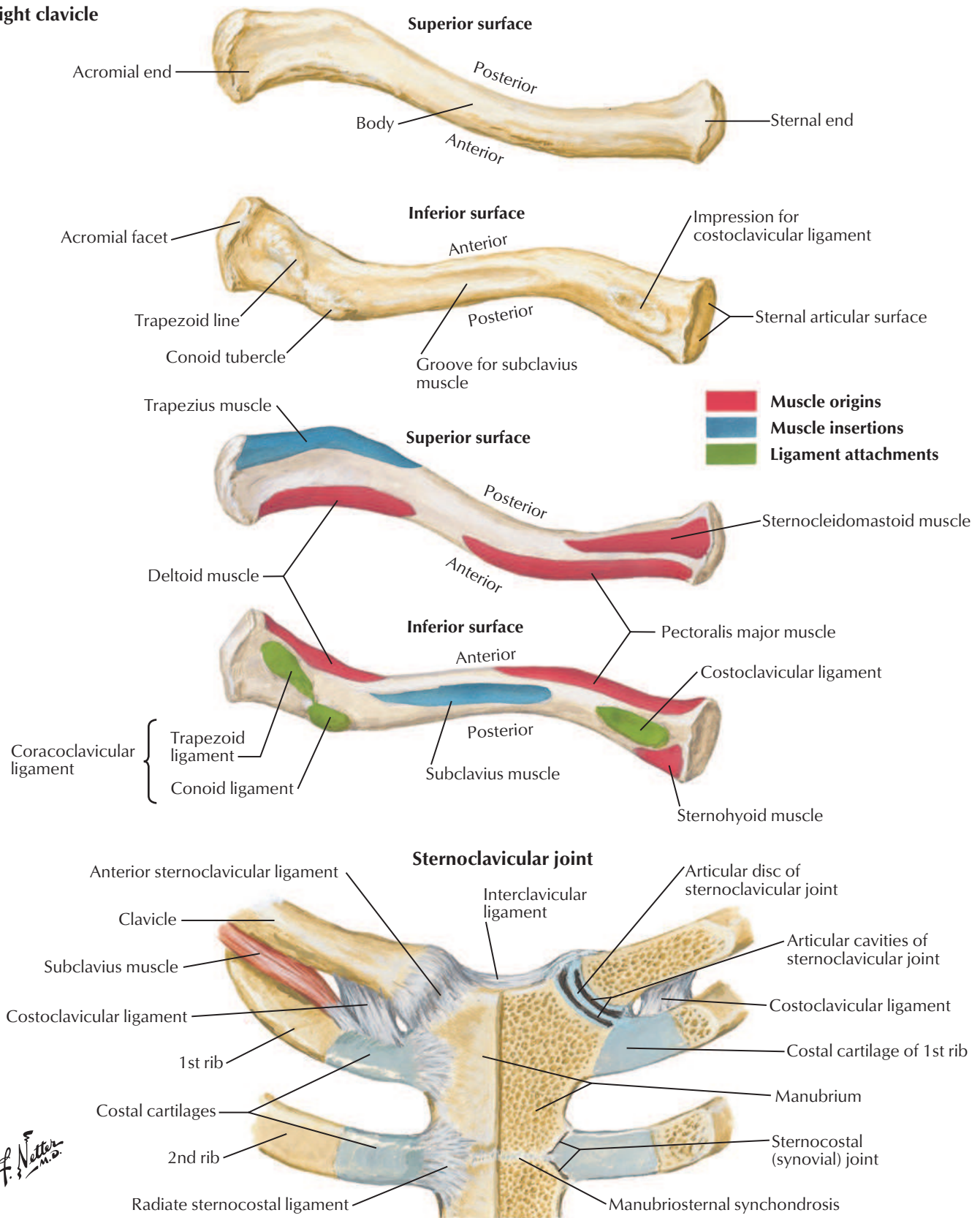
Posterior (dorsal) view





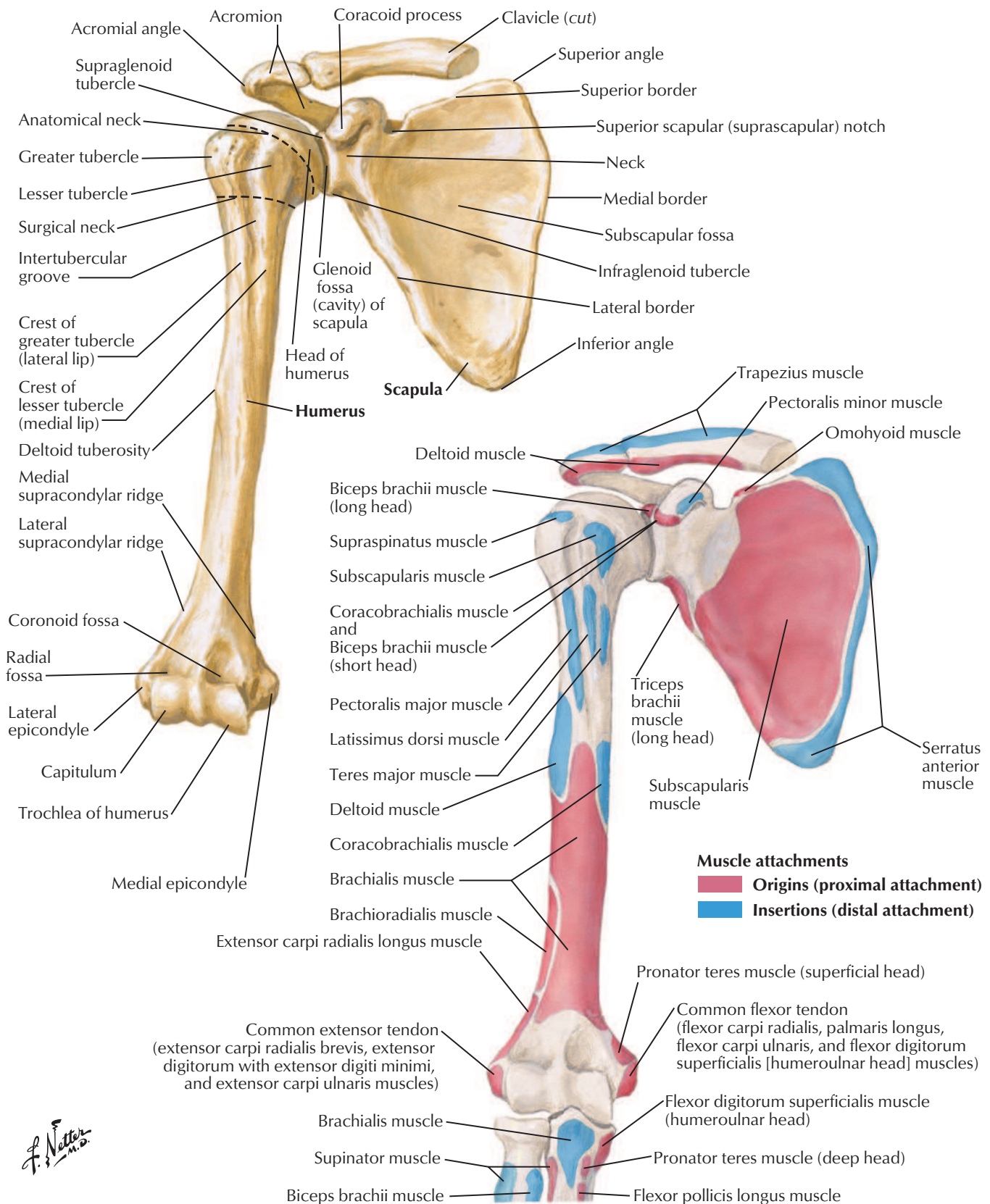
Note: Arrows indicate direction of drainage.

Right clavicle

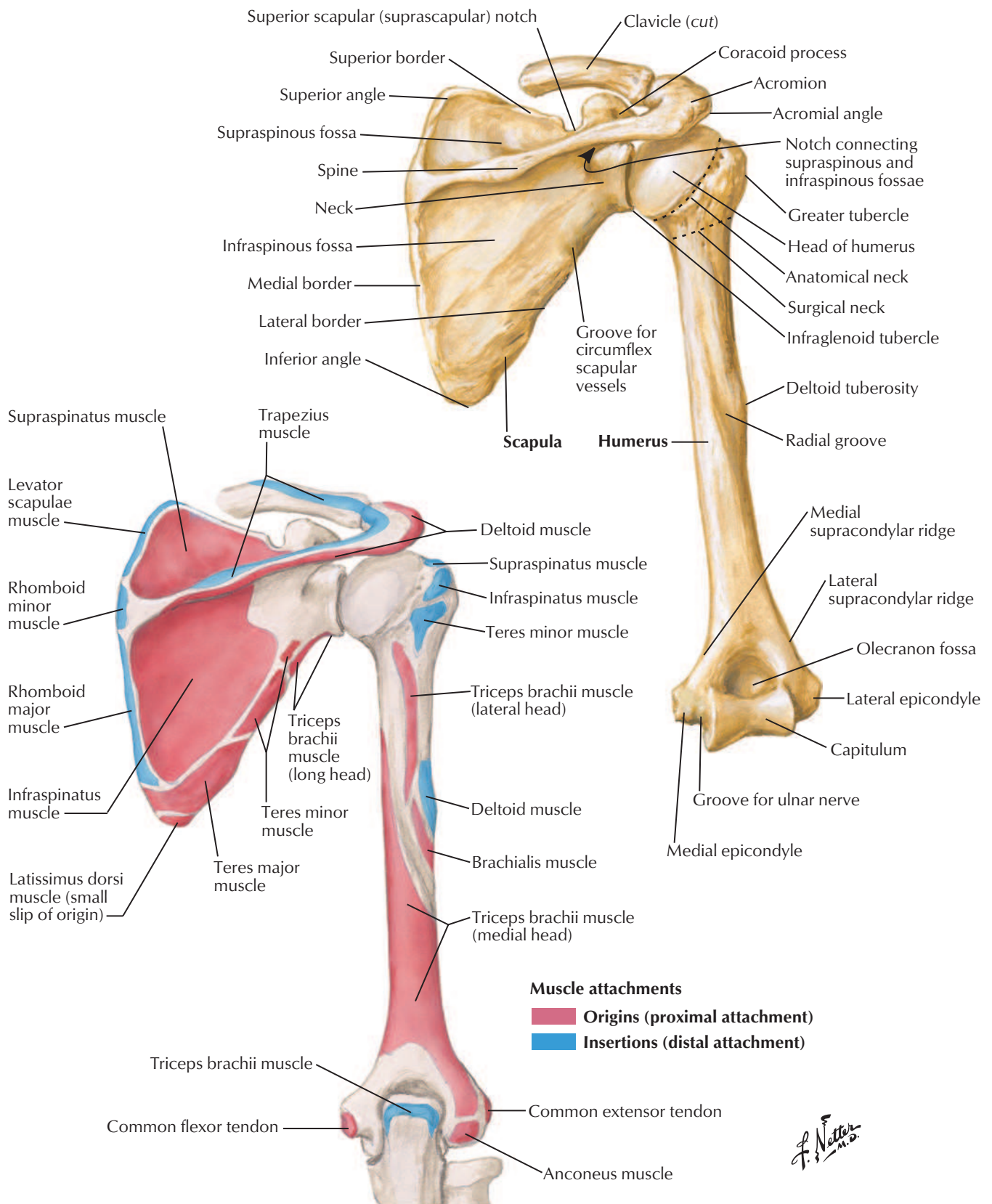


Humerus and Scapula: Anterior Views

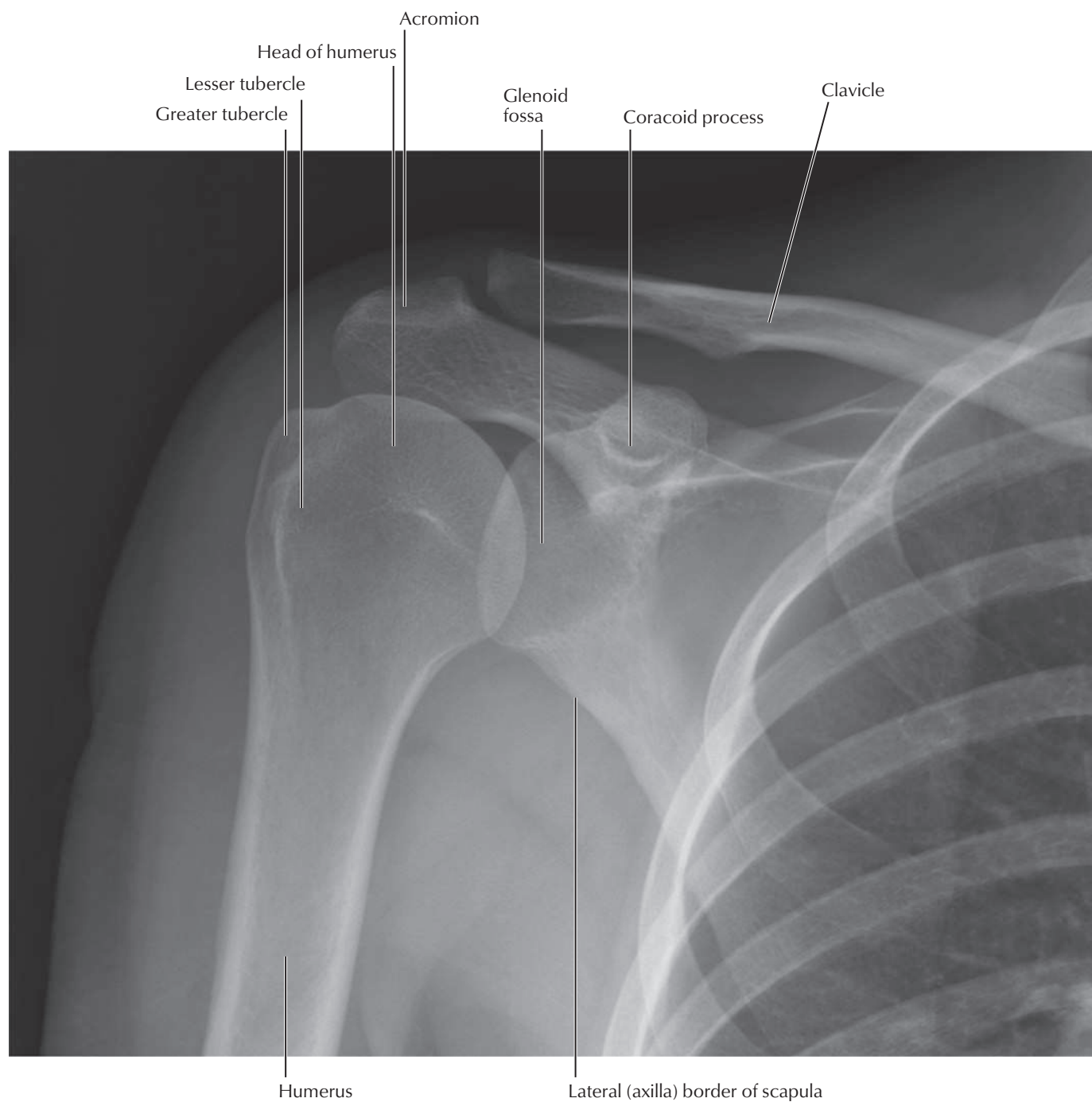
See also [Plates 192, 411](#)



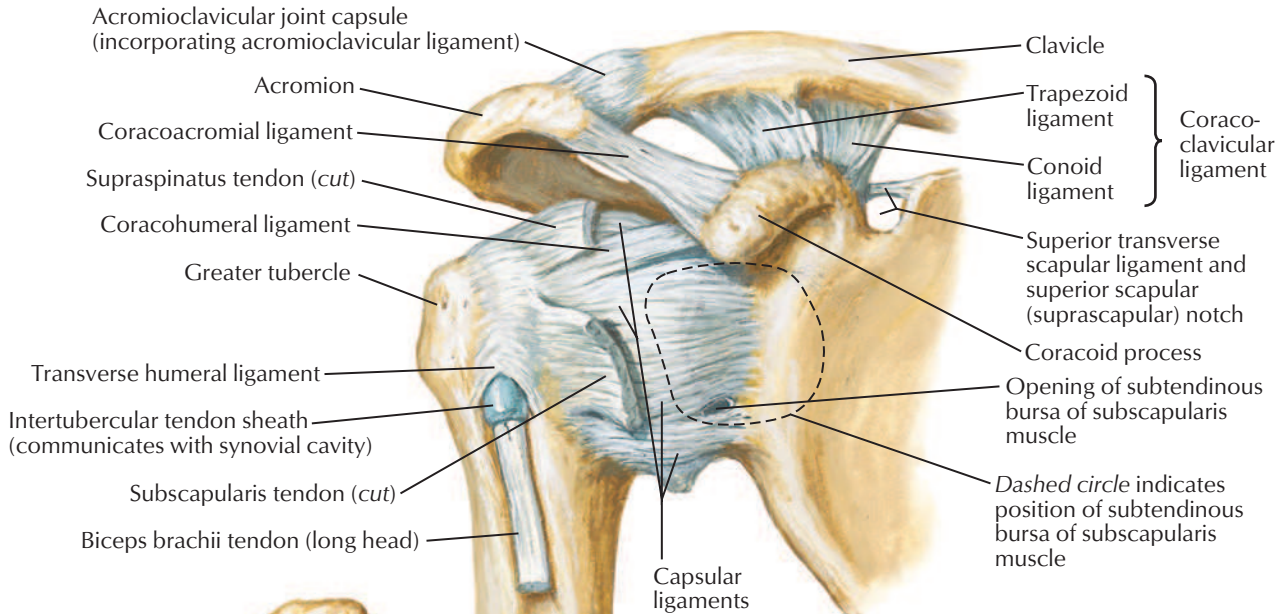
See also [Plate 192](#)



Anteroposterior Radiograph of Shoulder

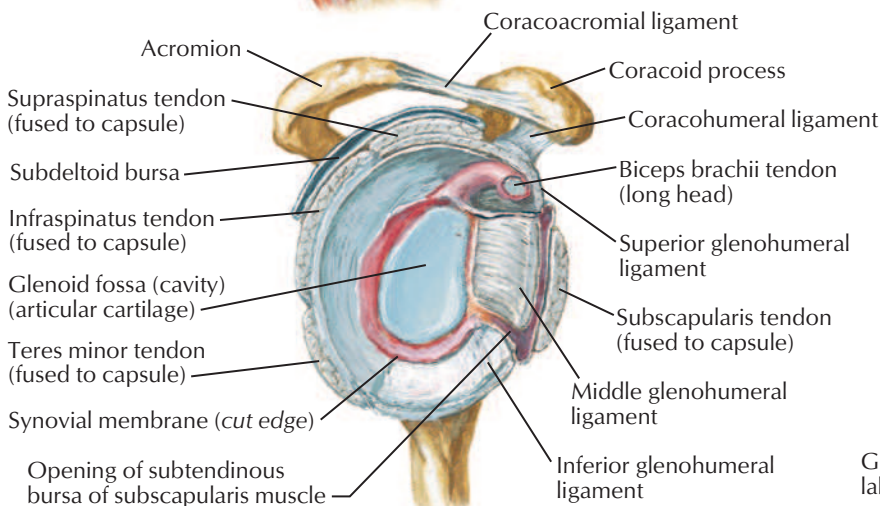
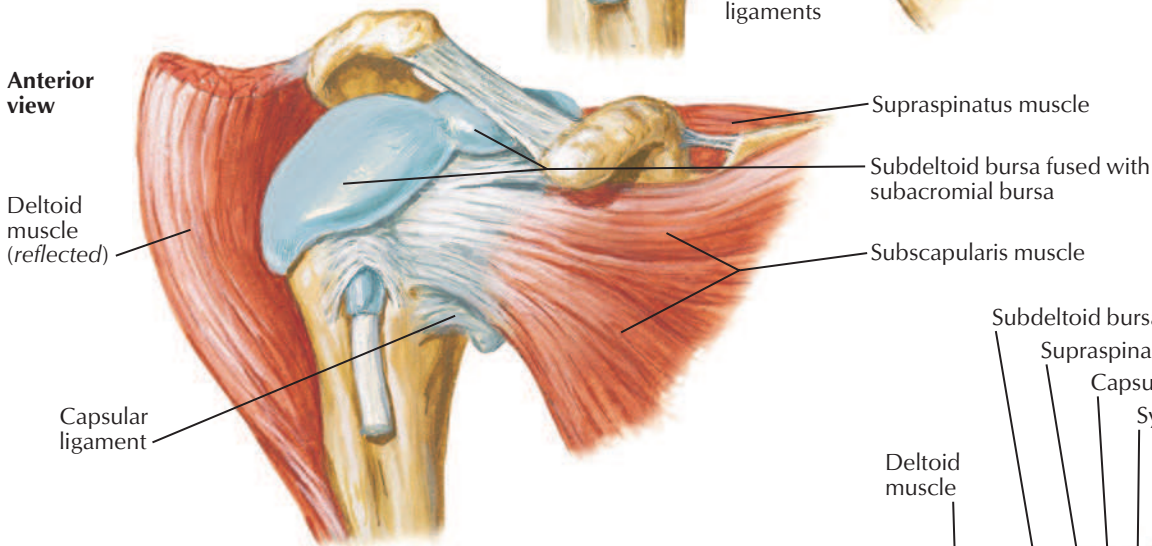


Anterior view

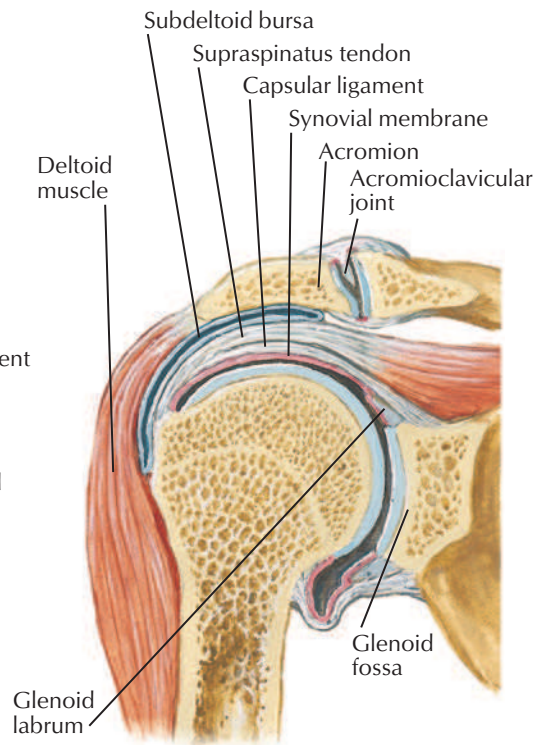


F. Netter M.D.

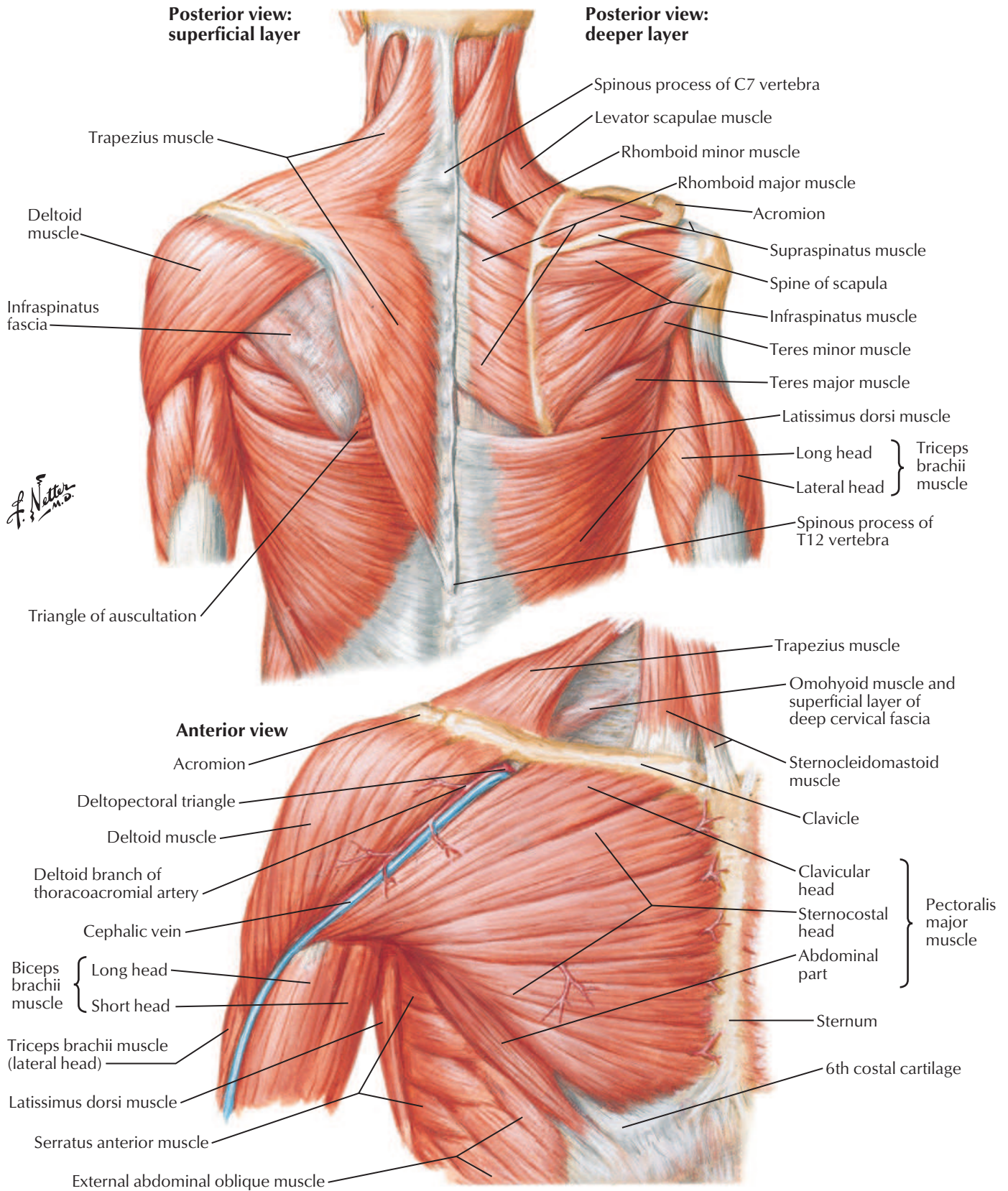
Anterior view

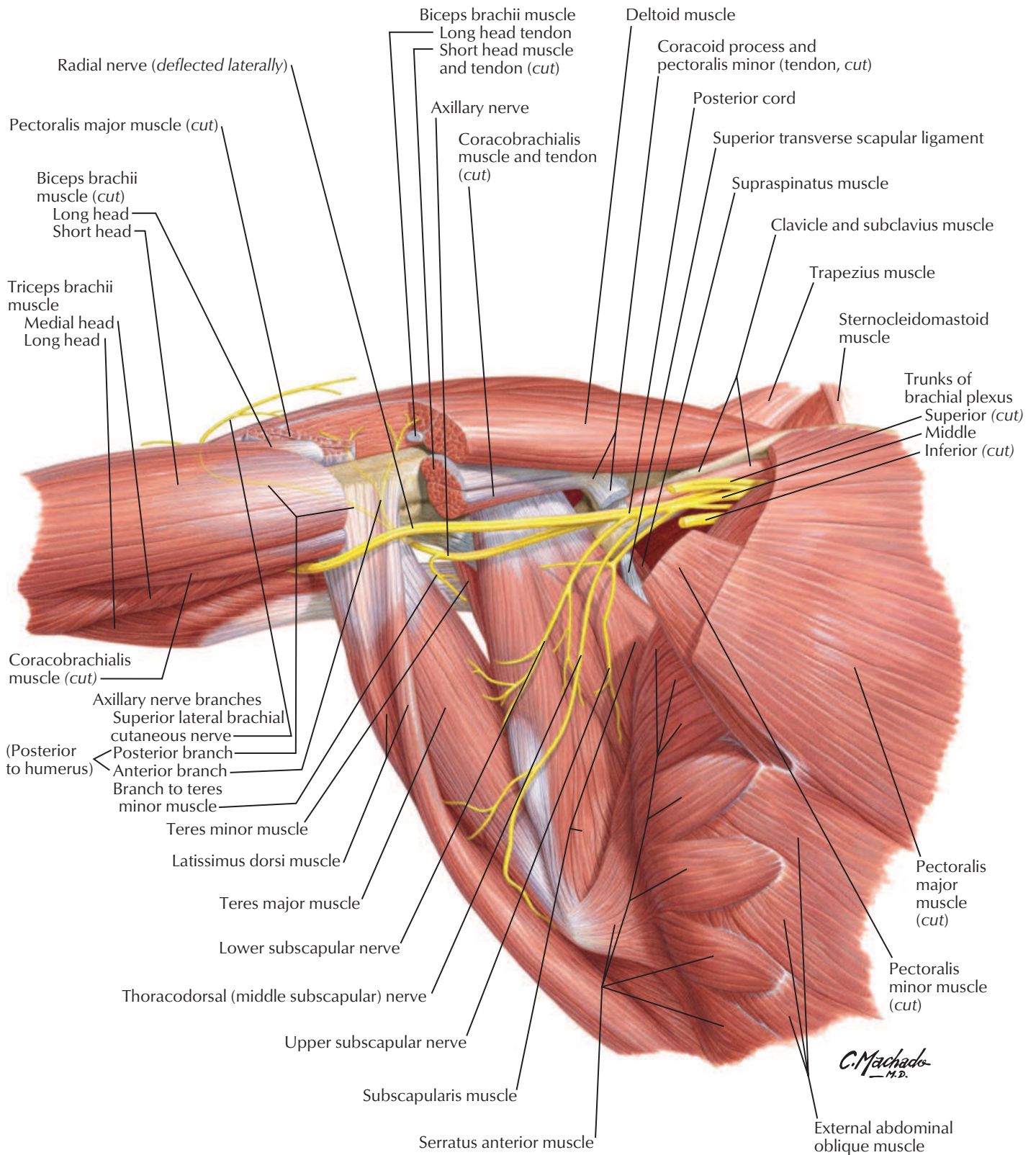


Joint opened: lateral view



Coronal section through shoulder girdle

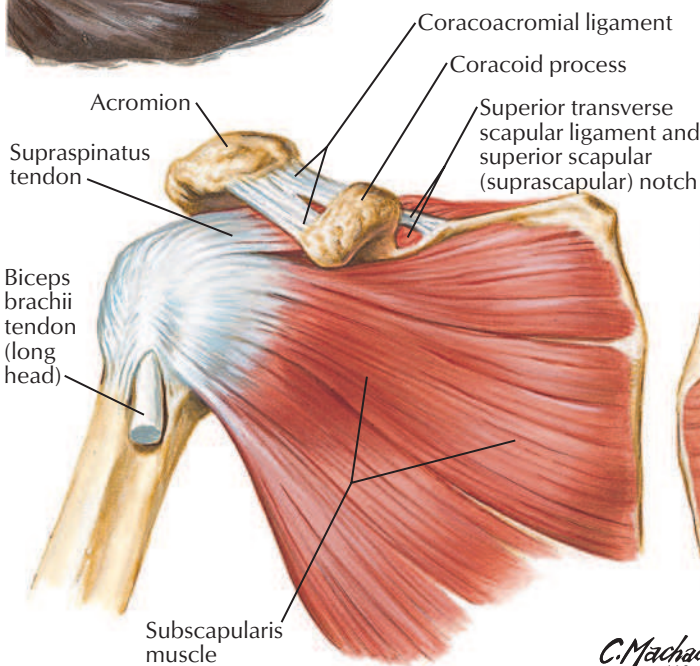
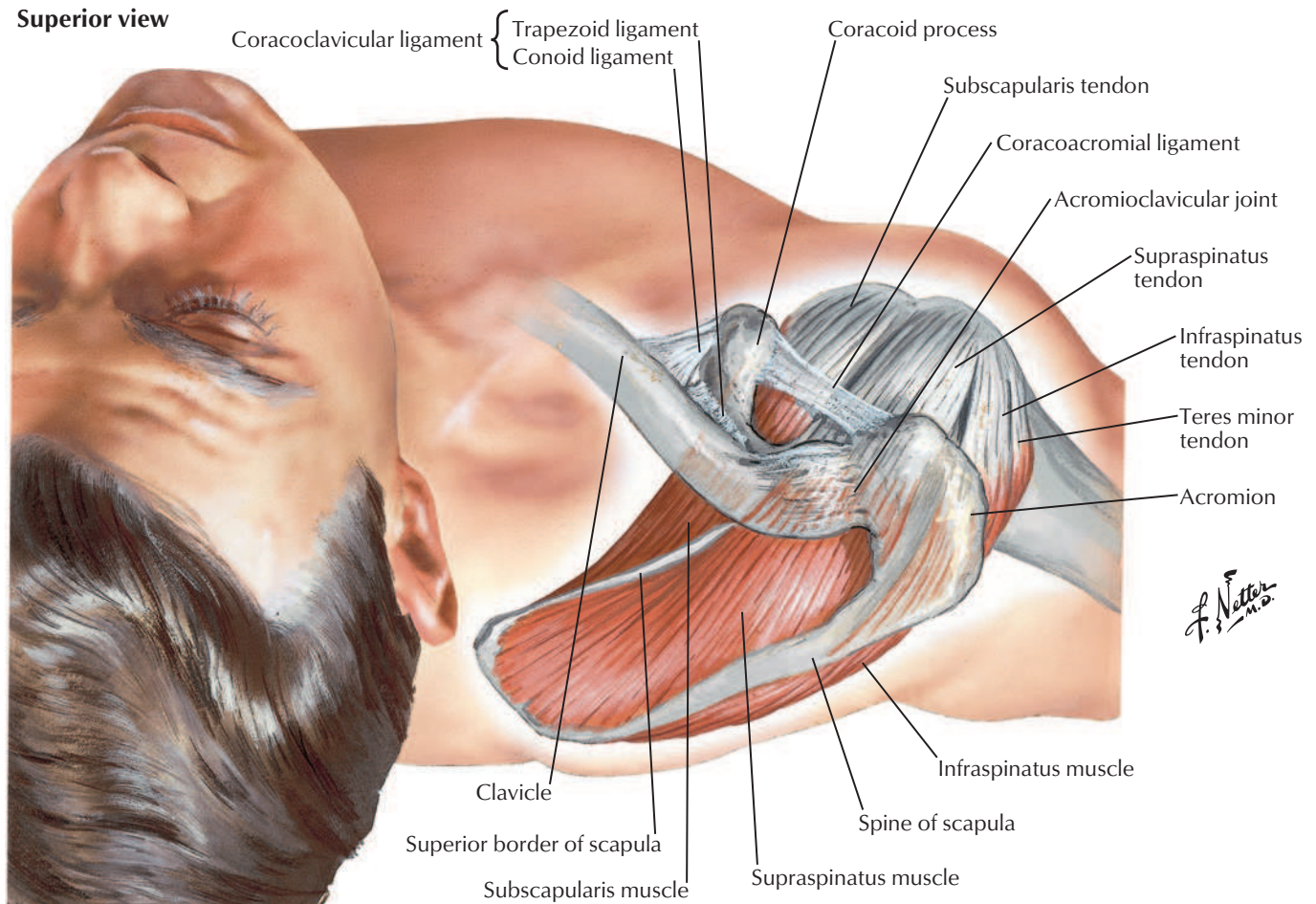




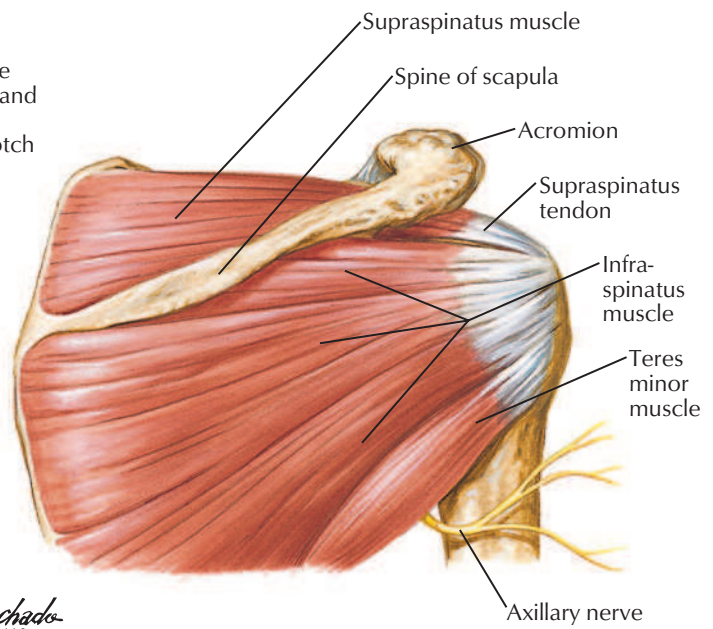
Muscles of Rotator (Compressor) Cuff

See also [Plates 412, 421, 422](#)

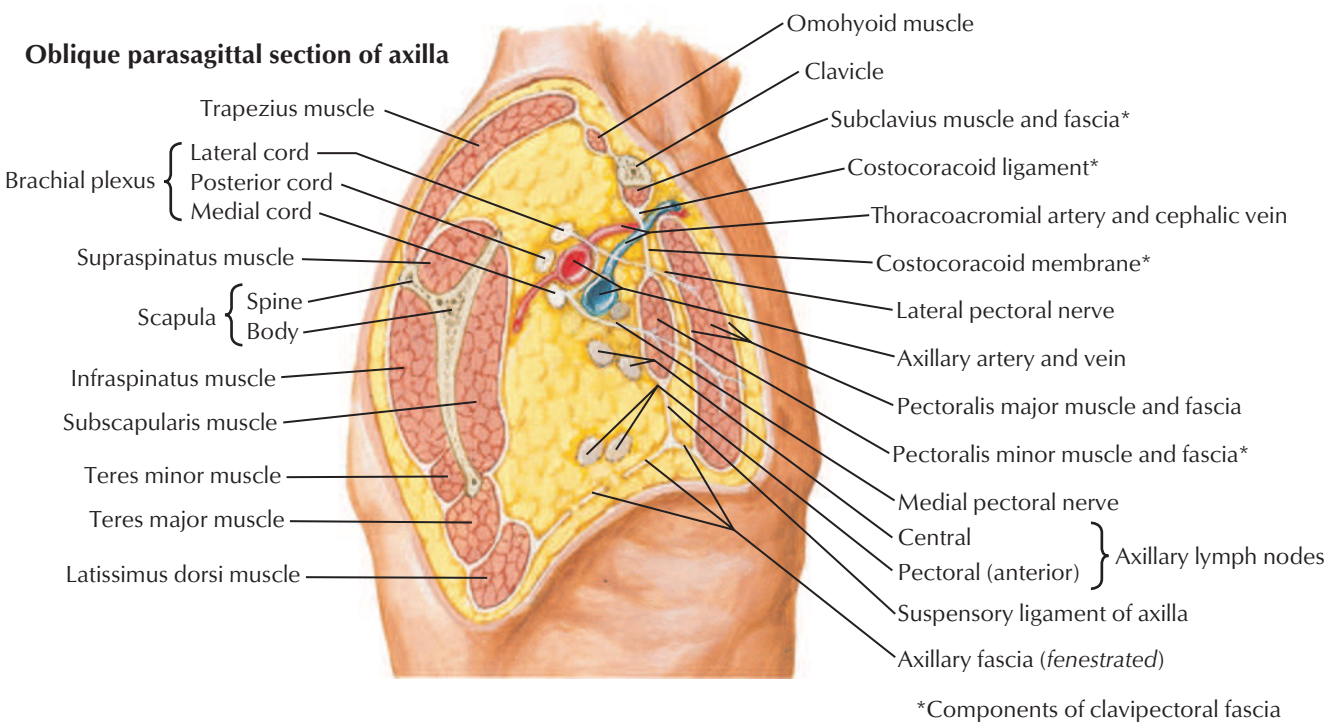
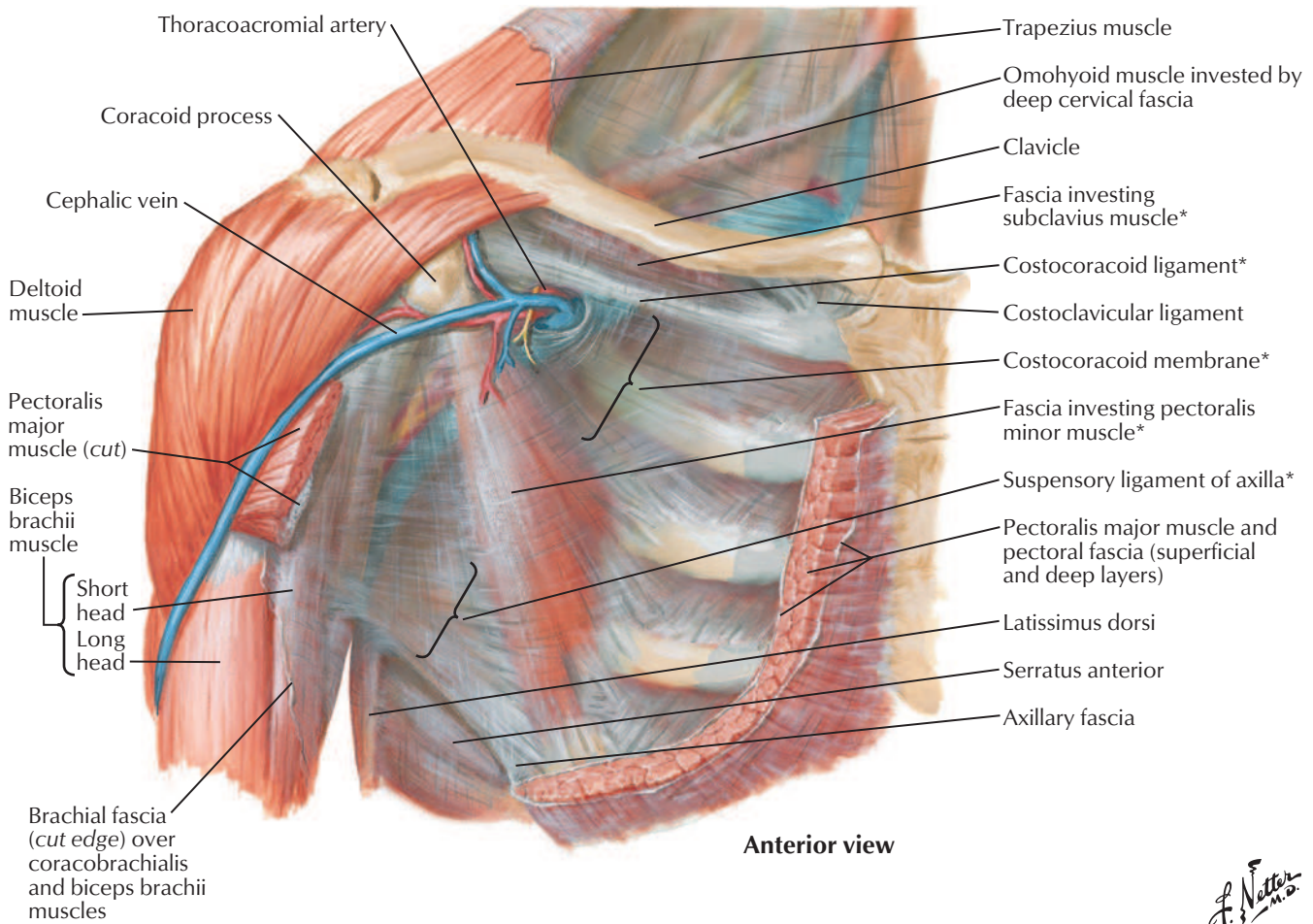
Superior view



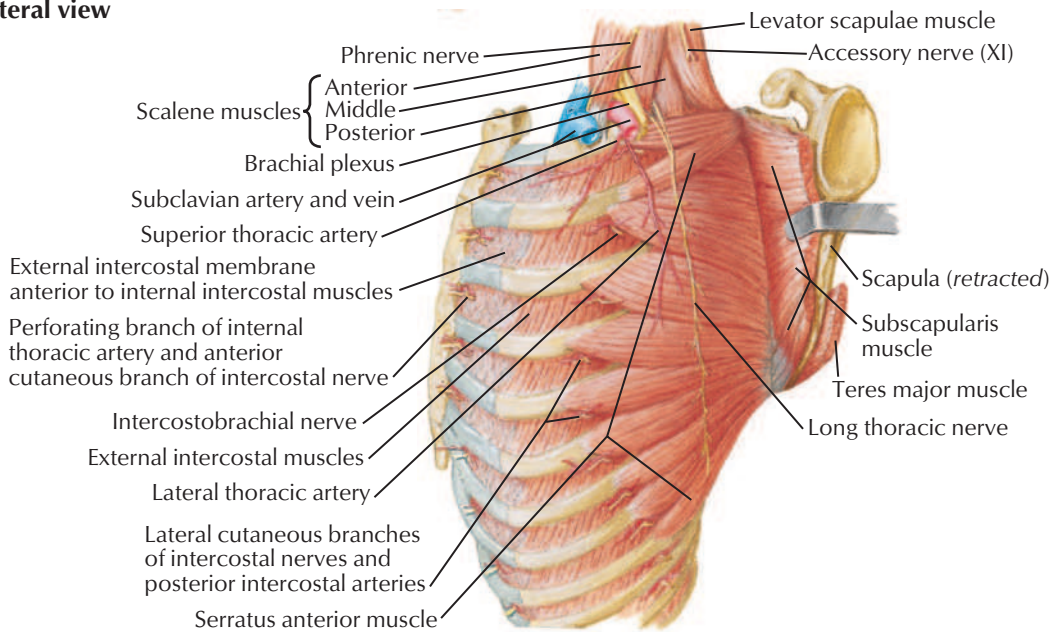
Anterior view



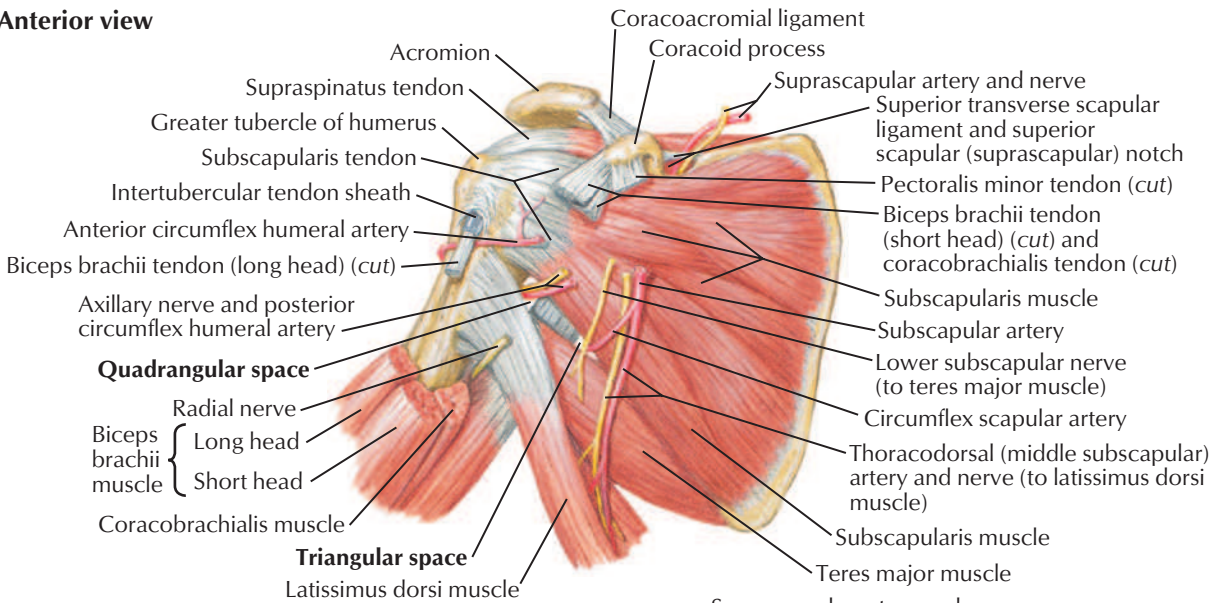
Posterior view



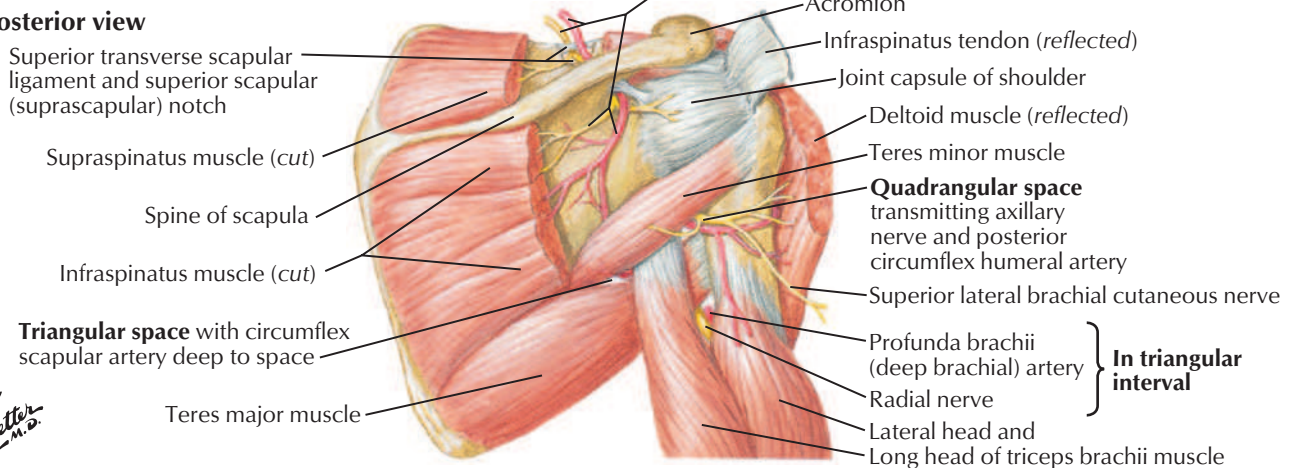
Lateral view



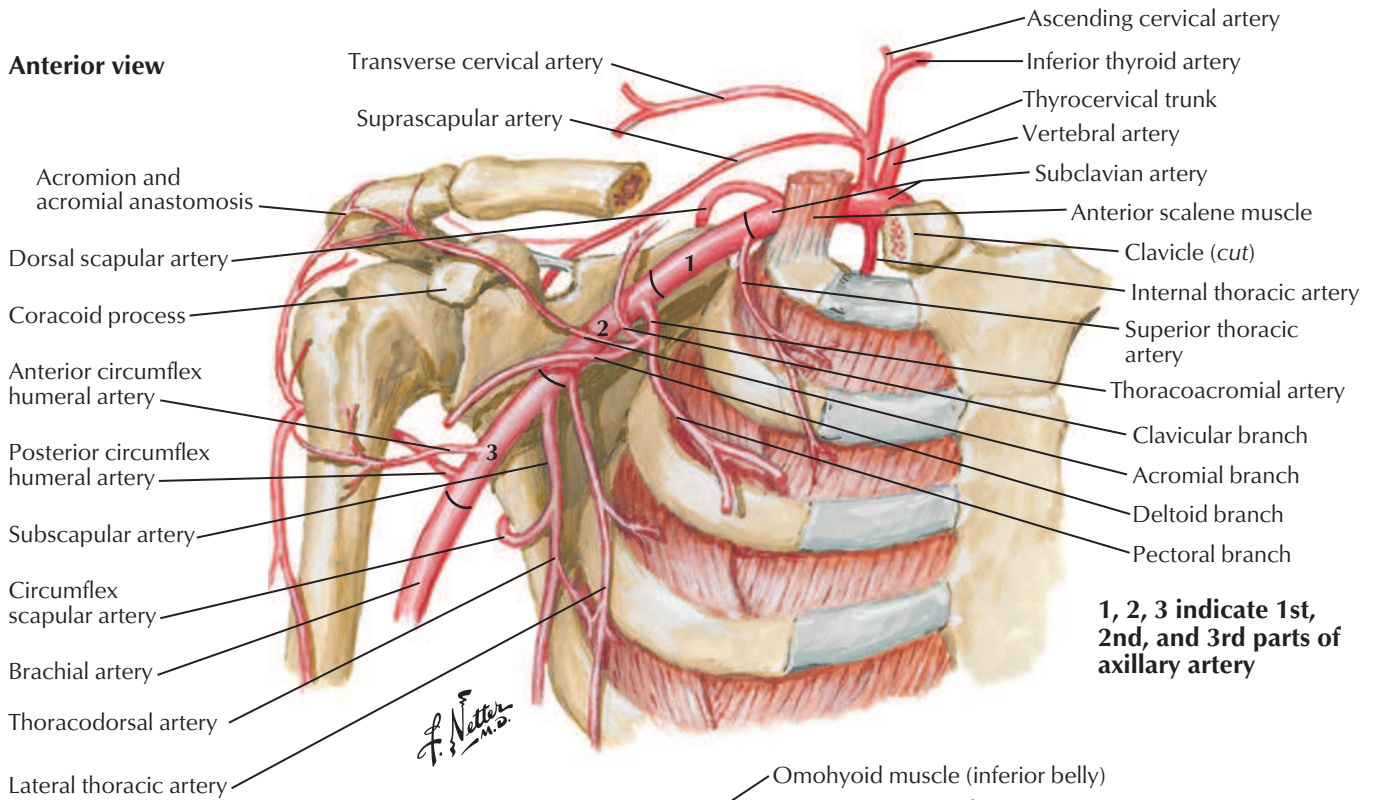
Anterior view



Posterior view

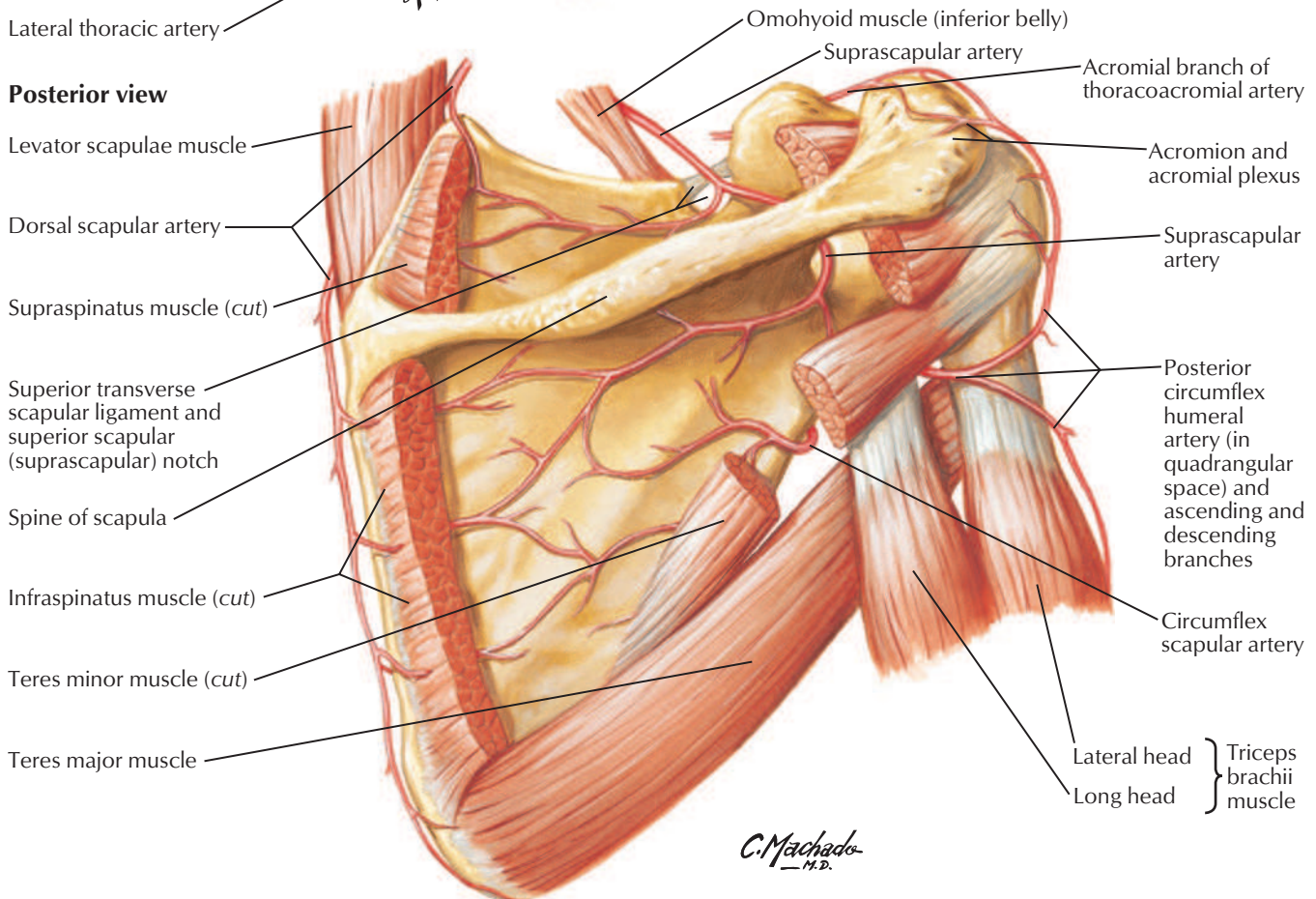


Anterior view



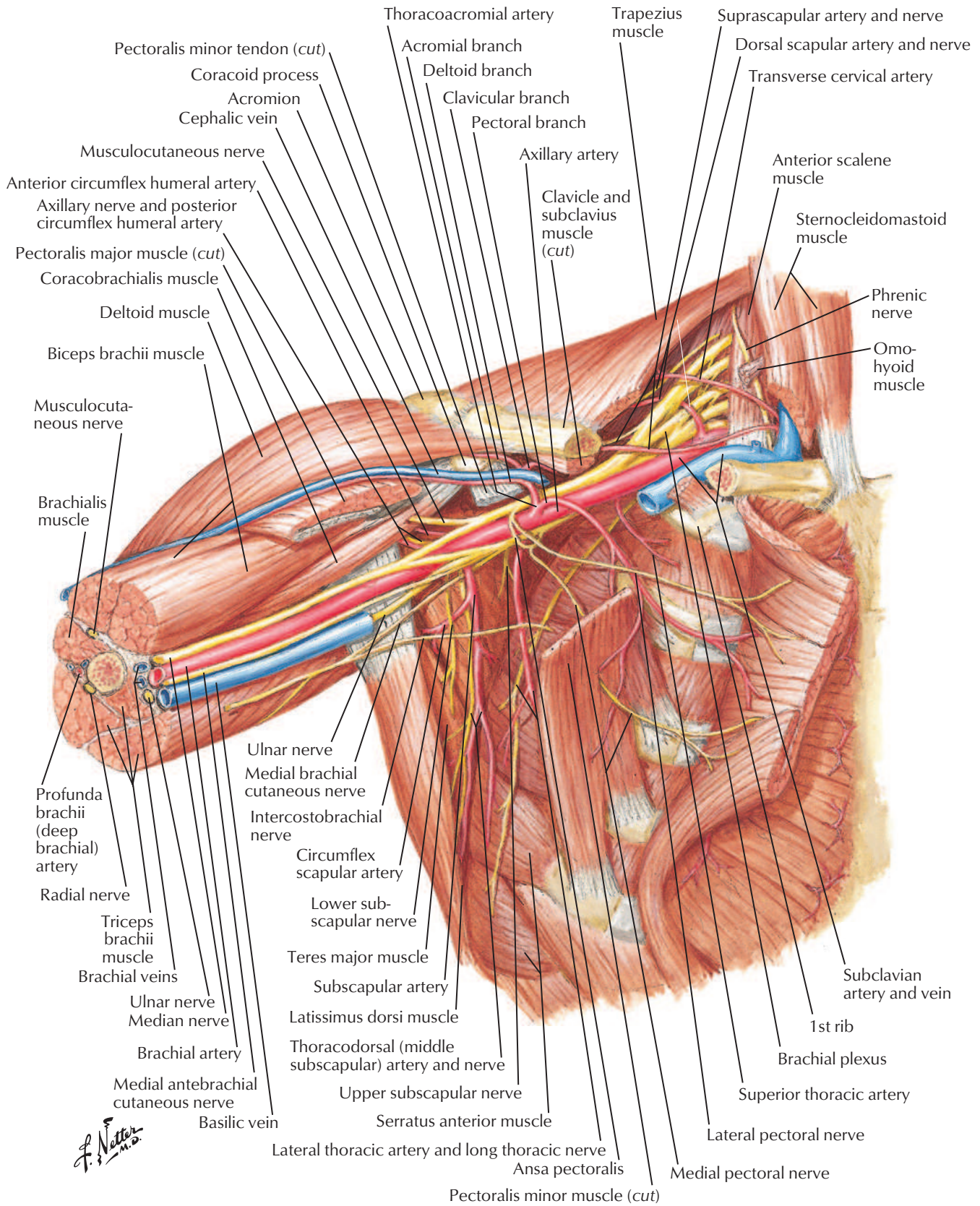
1, 2, 3 indicate 1st, 2nd, and 3rd parts of axillary artery

Posterior view

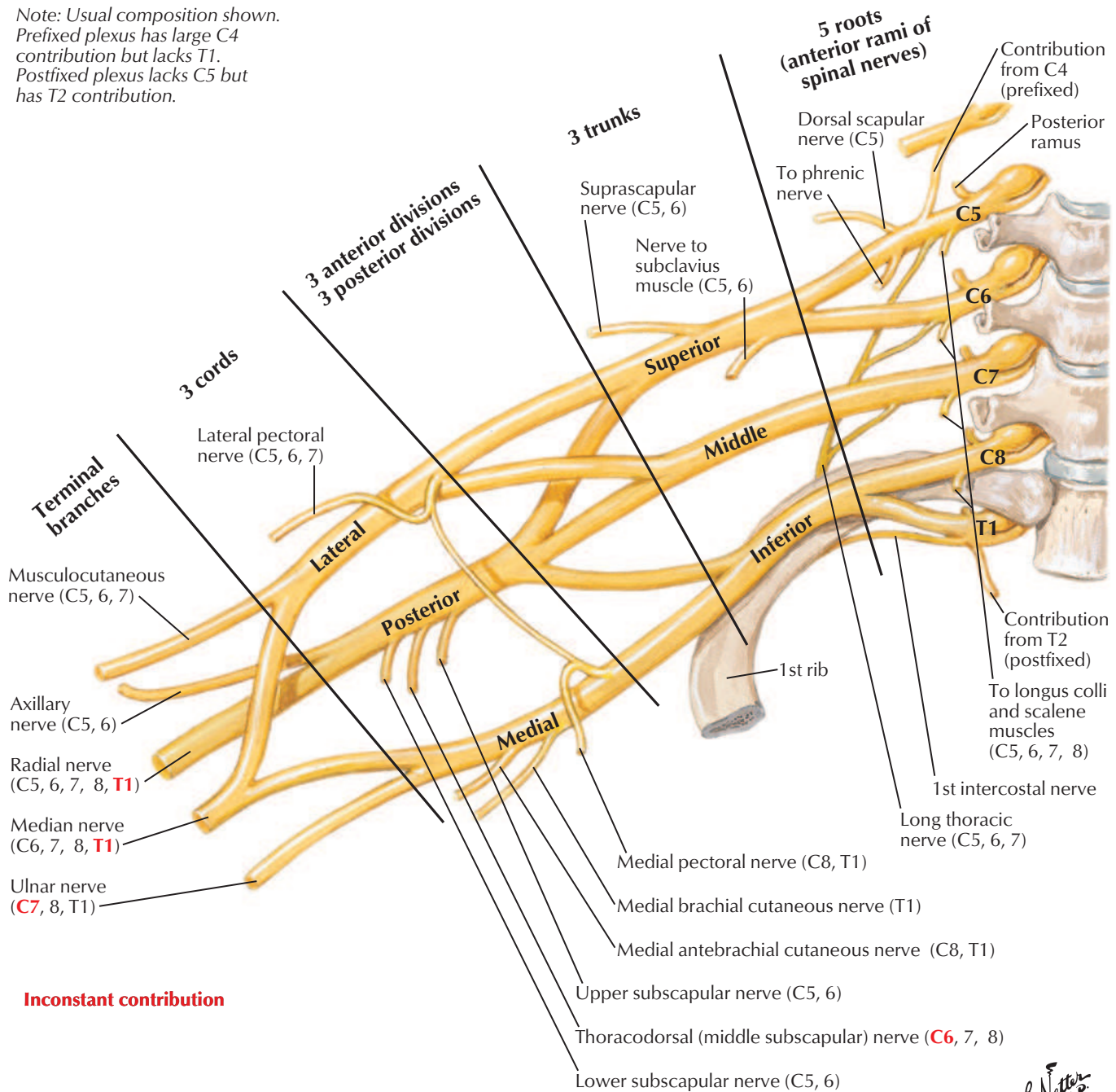


Axilla: Anterior View

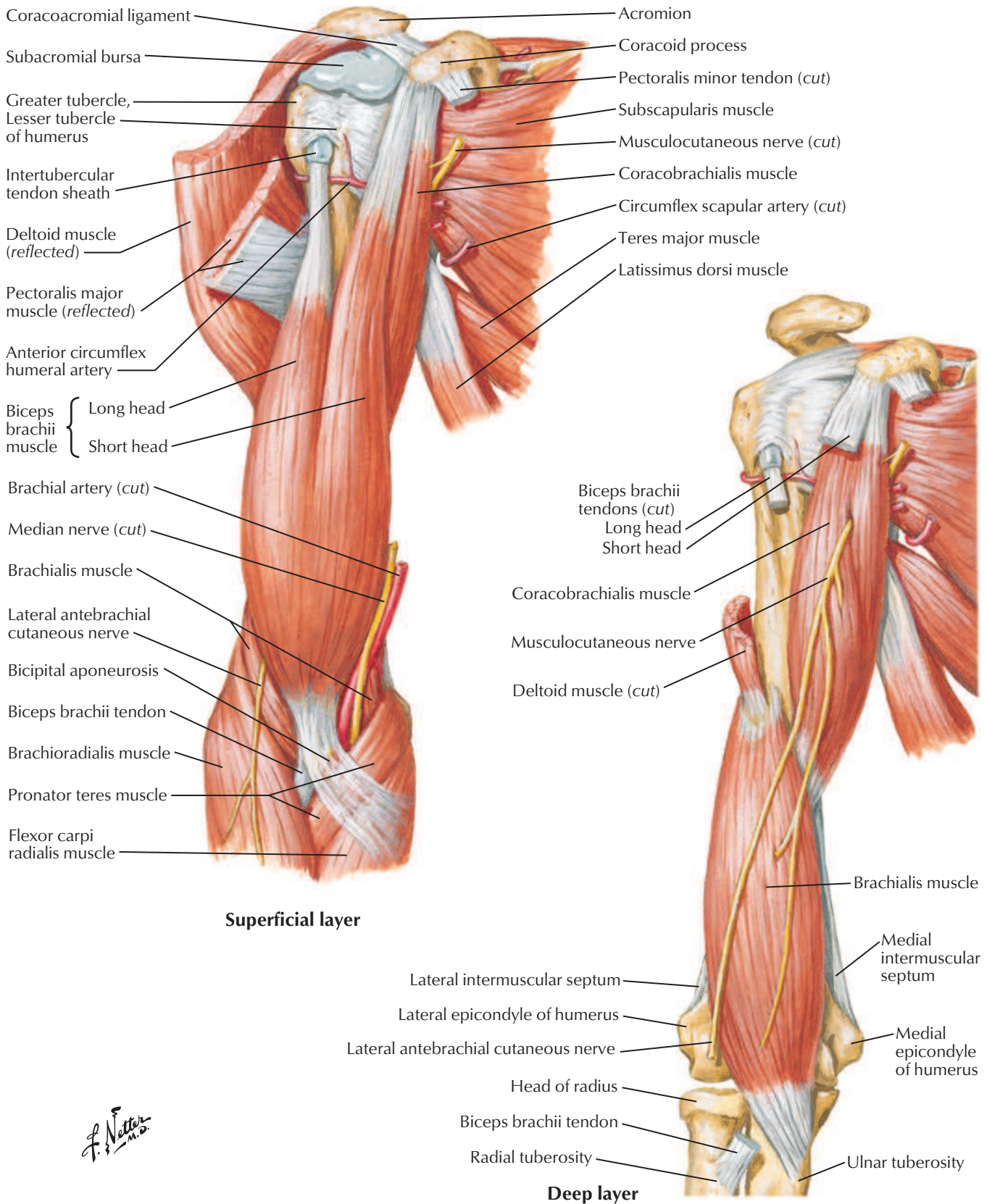
See also [Plates 414, 417](#)

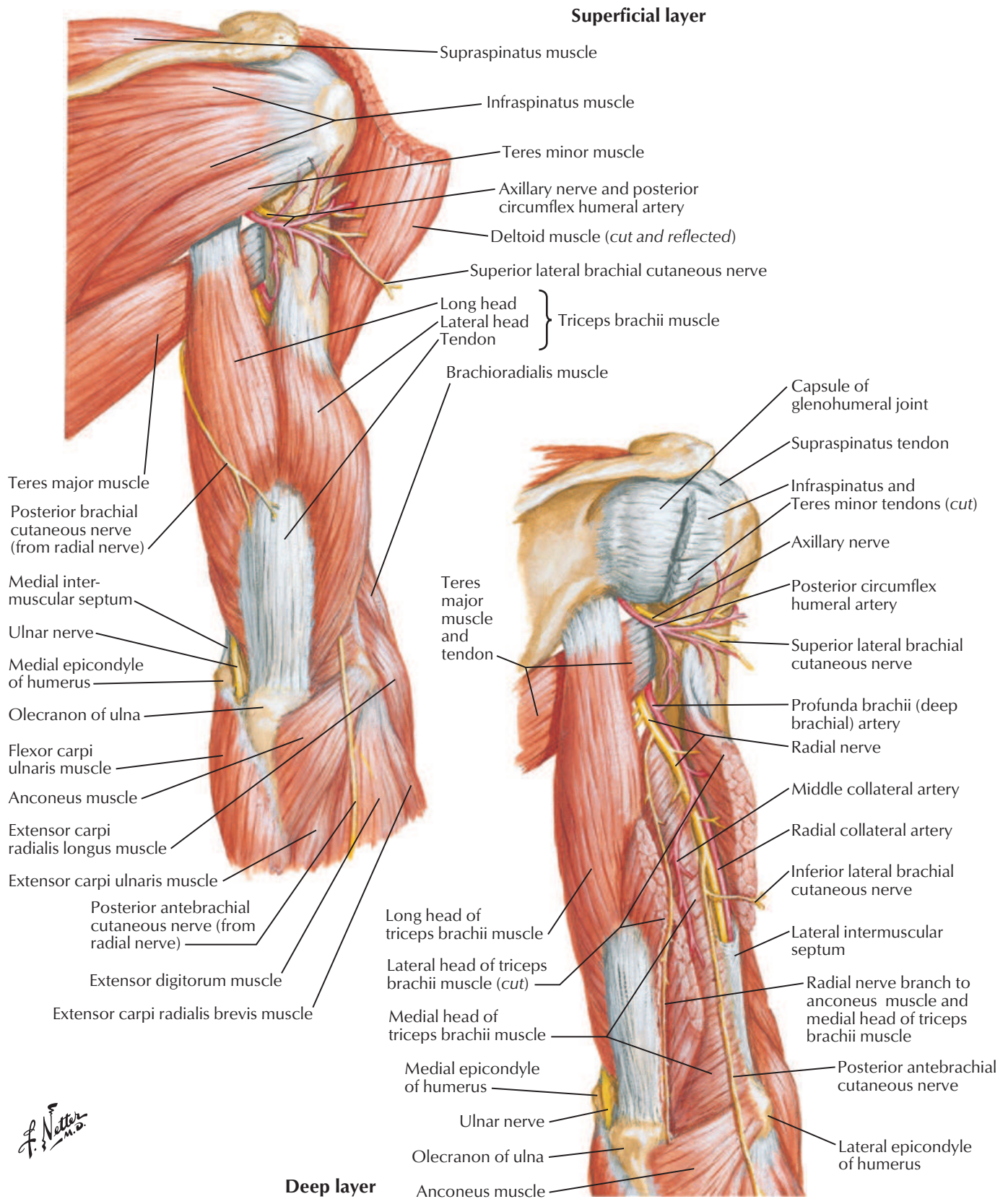


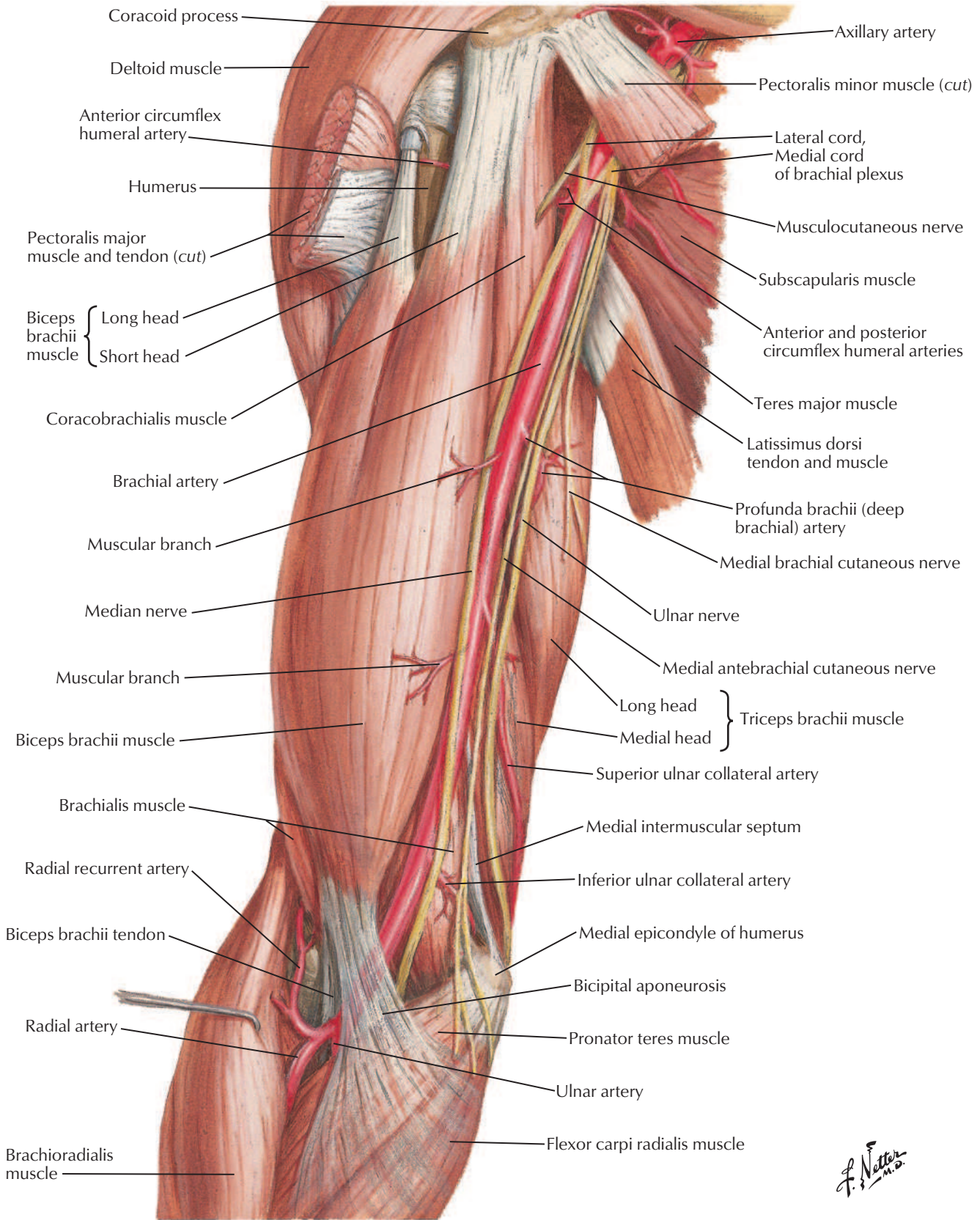
Note: Usual composition shown.
 Prefixed plexus has large C4 contribution but lacks T1.
 Postfixed plexus lacks C5 but has T2 contribution.

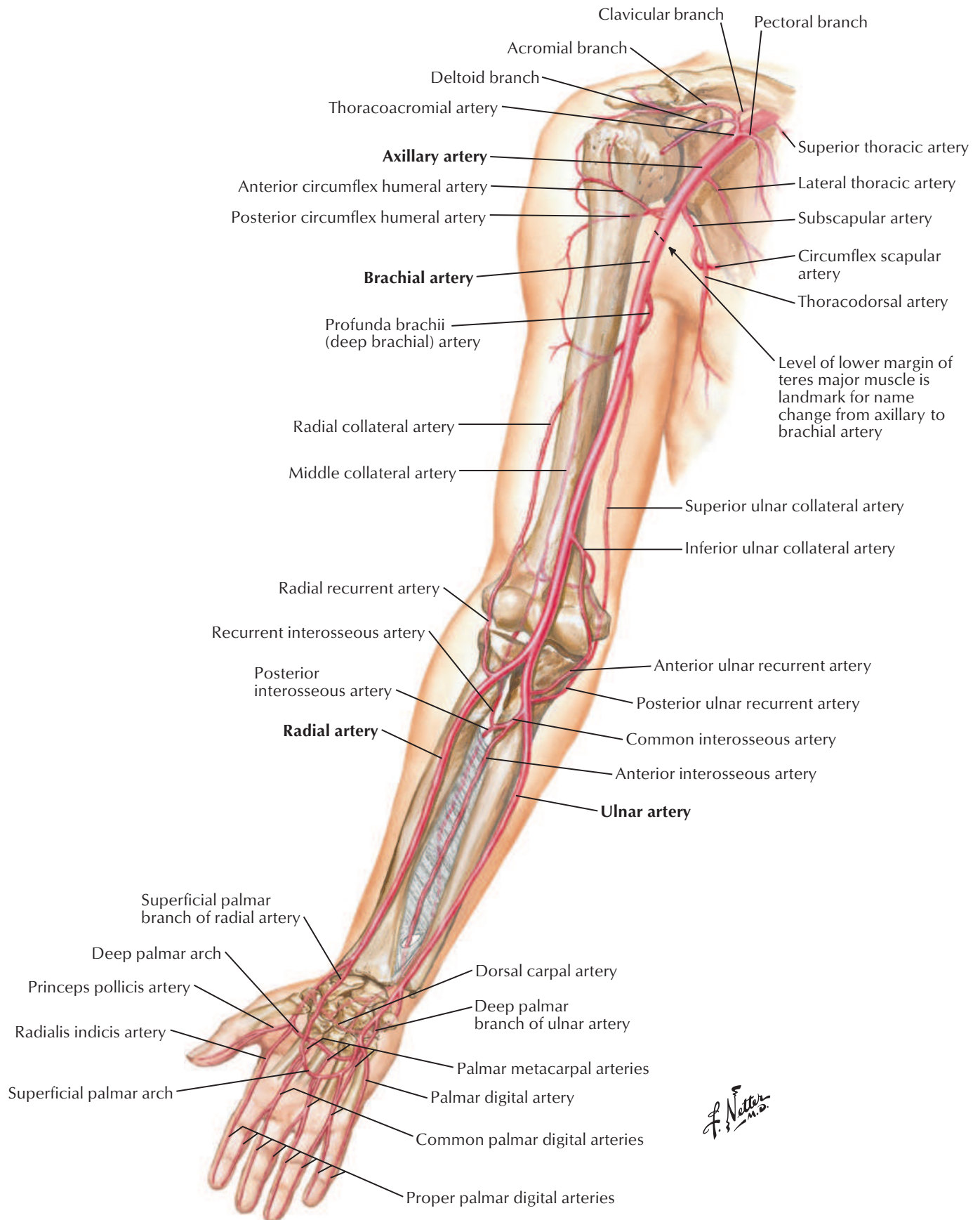


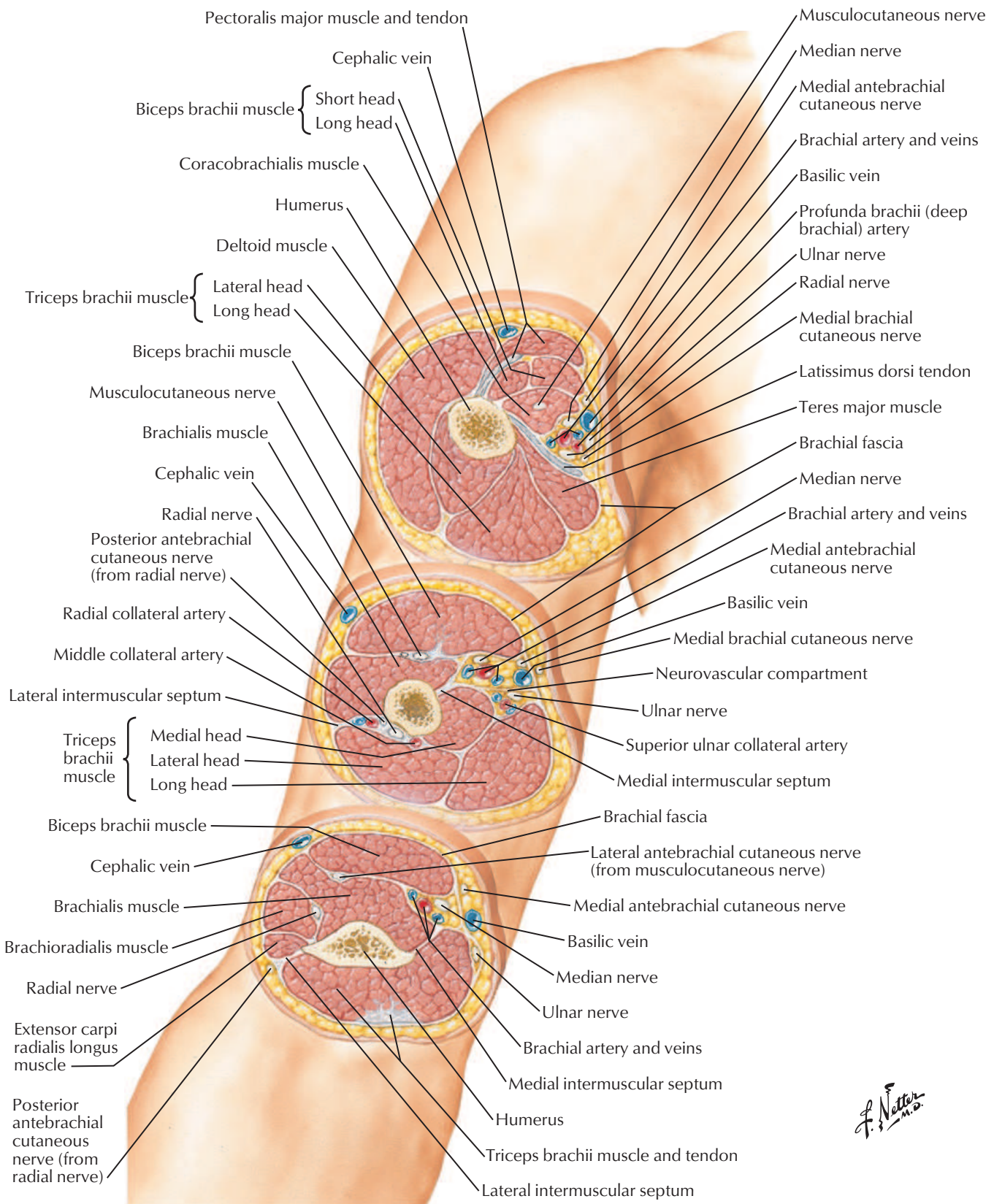
F. Netter M.D.



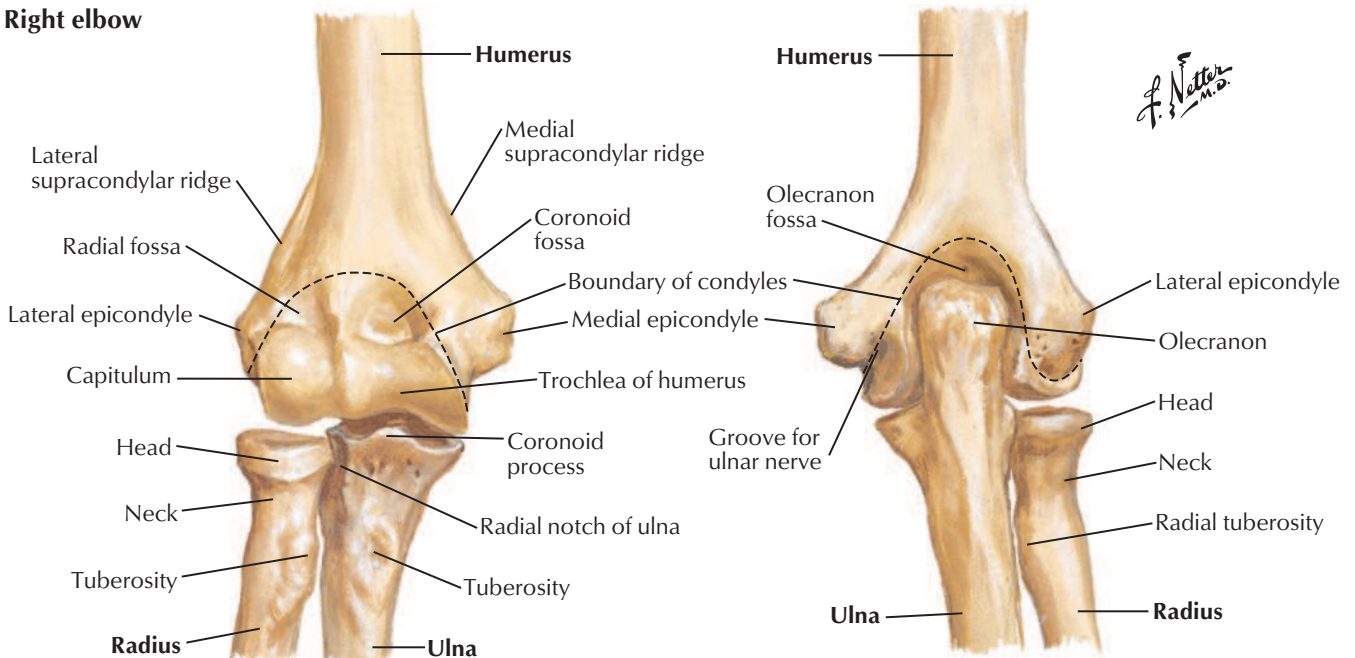






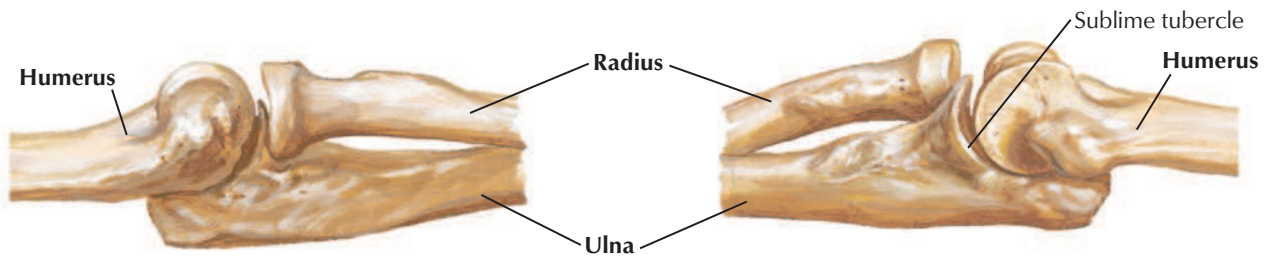


Right elbow



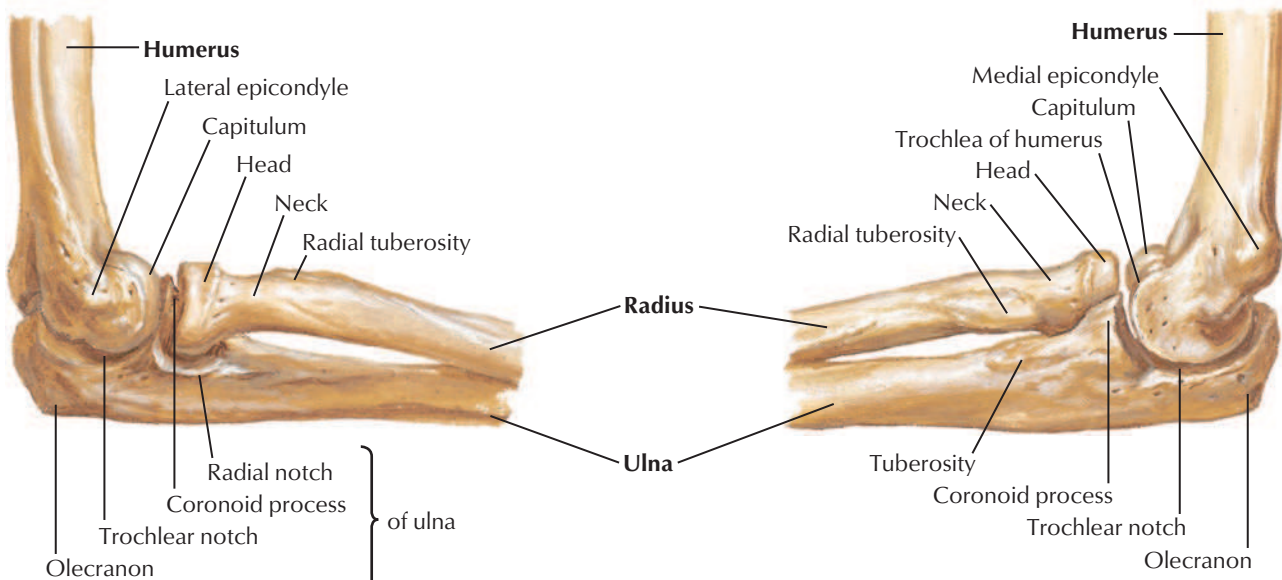
In extension: anterior view

In extension: posterior view



In extension: lateral view

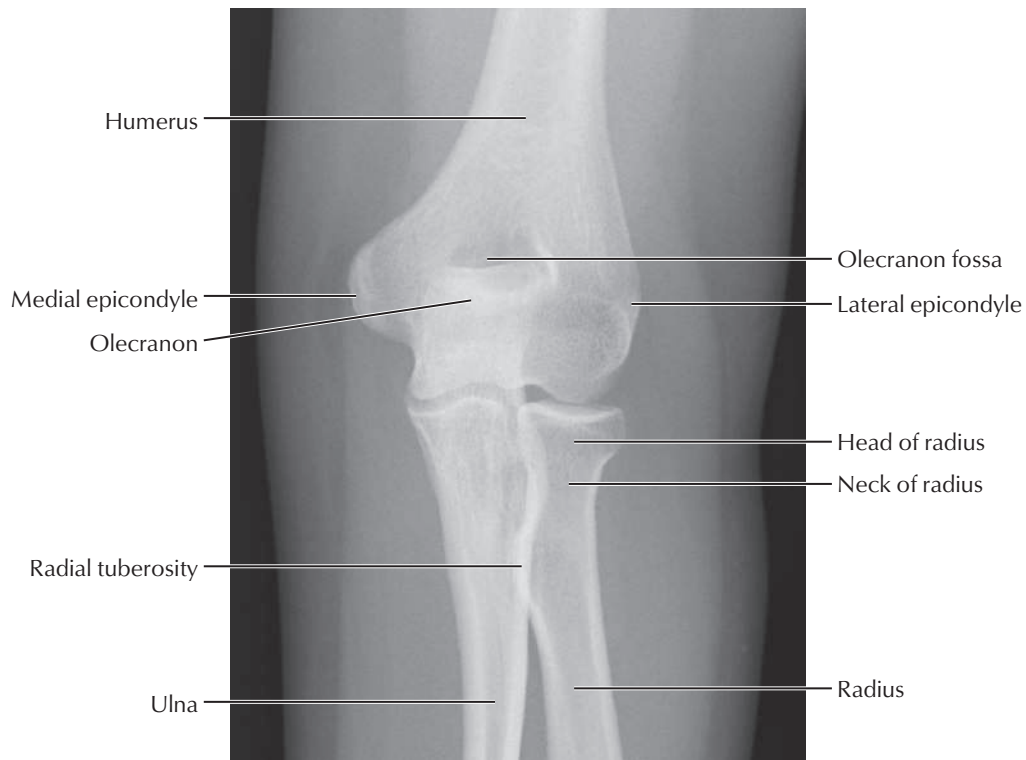
In extension: medial view



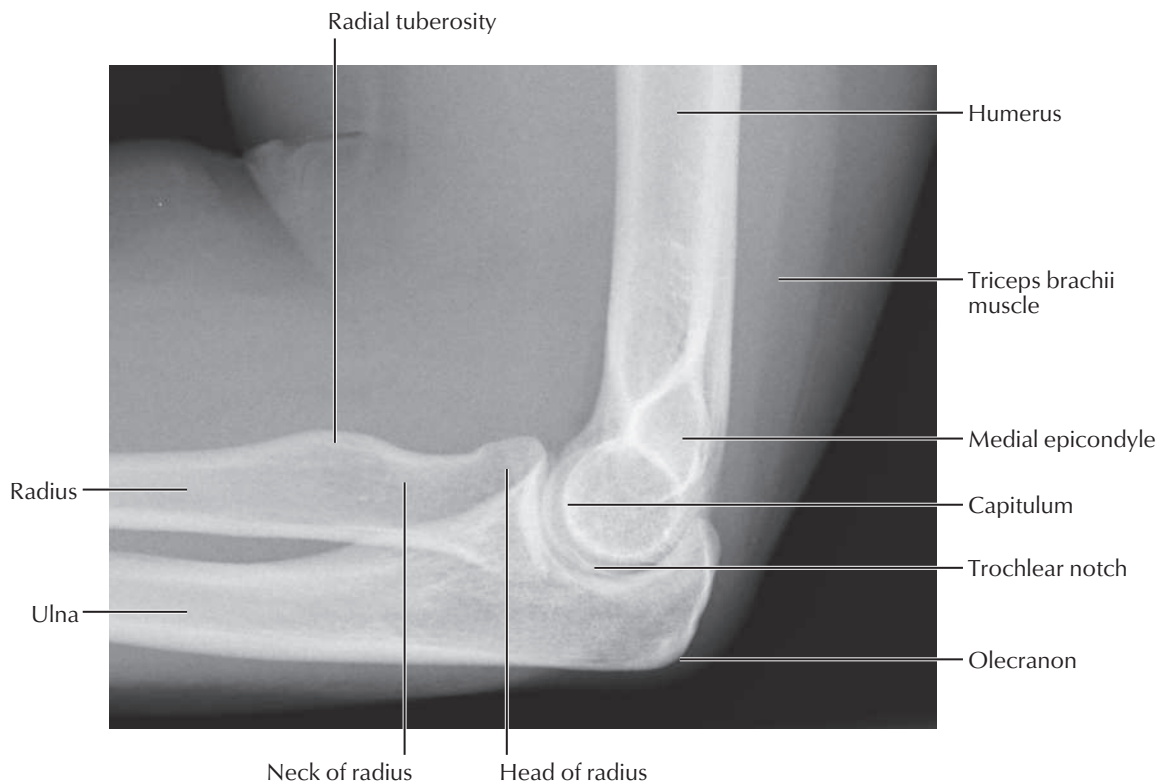
In 90 degrees of flexion: lateral view

In 90 degrees of flexion: medial view

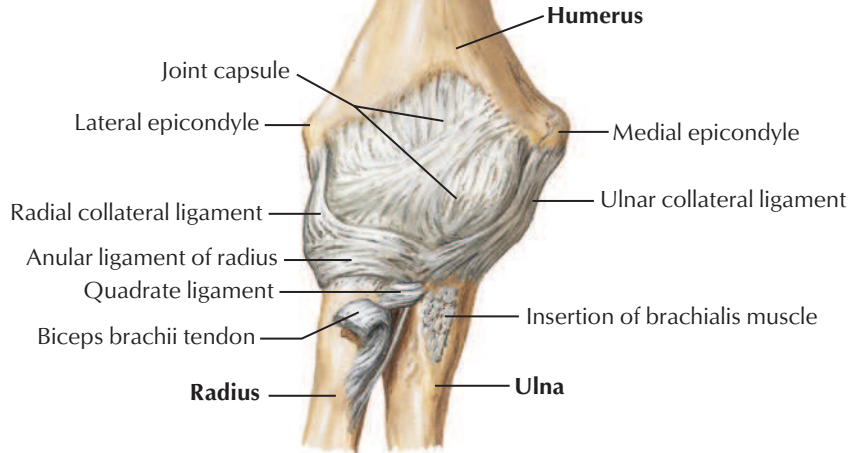
Anteroposterior view



Lateral view

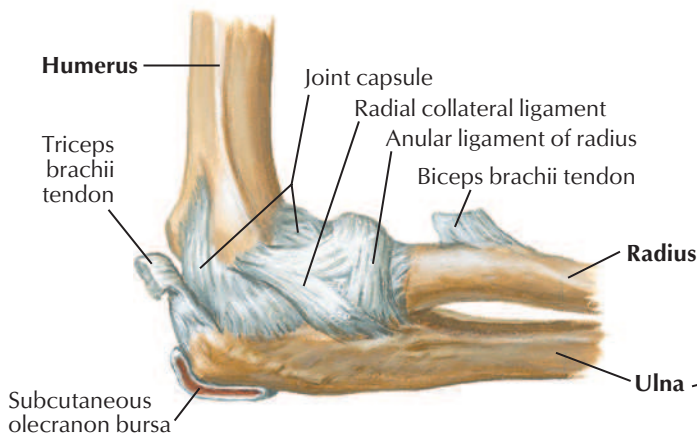


Right elbow: anterior view

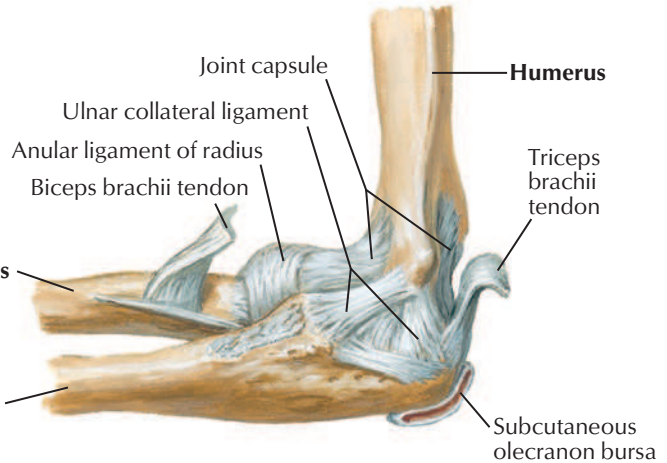


F. Netter M.D.

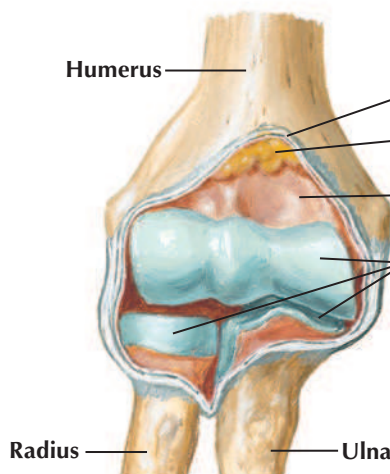
In 90 degrees of flexion: lateral view



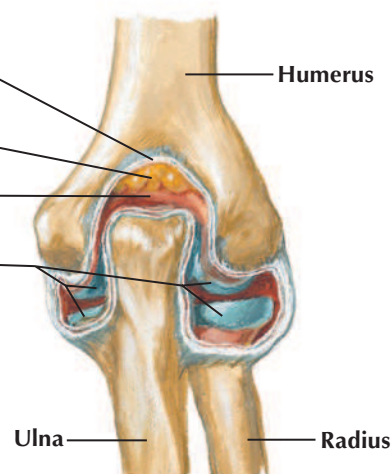
In 90 degrees of flexion: medial view



Opened joint: anterior view

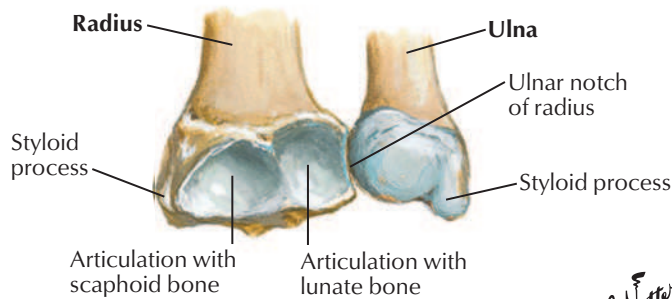
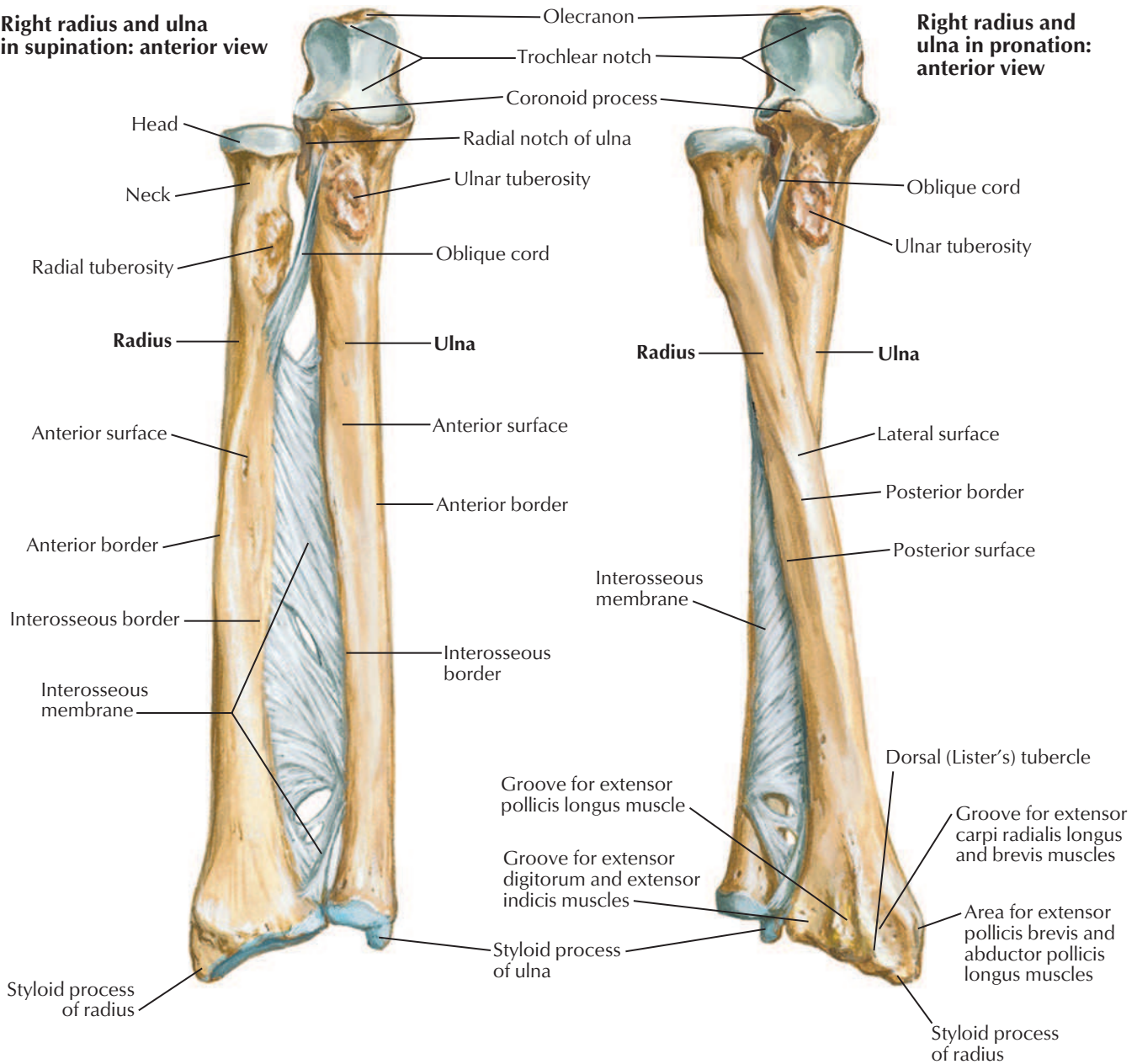


Opened joint: posterior view



Right radius and ulna in supination: anterior view

Right radius and ulna in pronation: anterior view

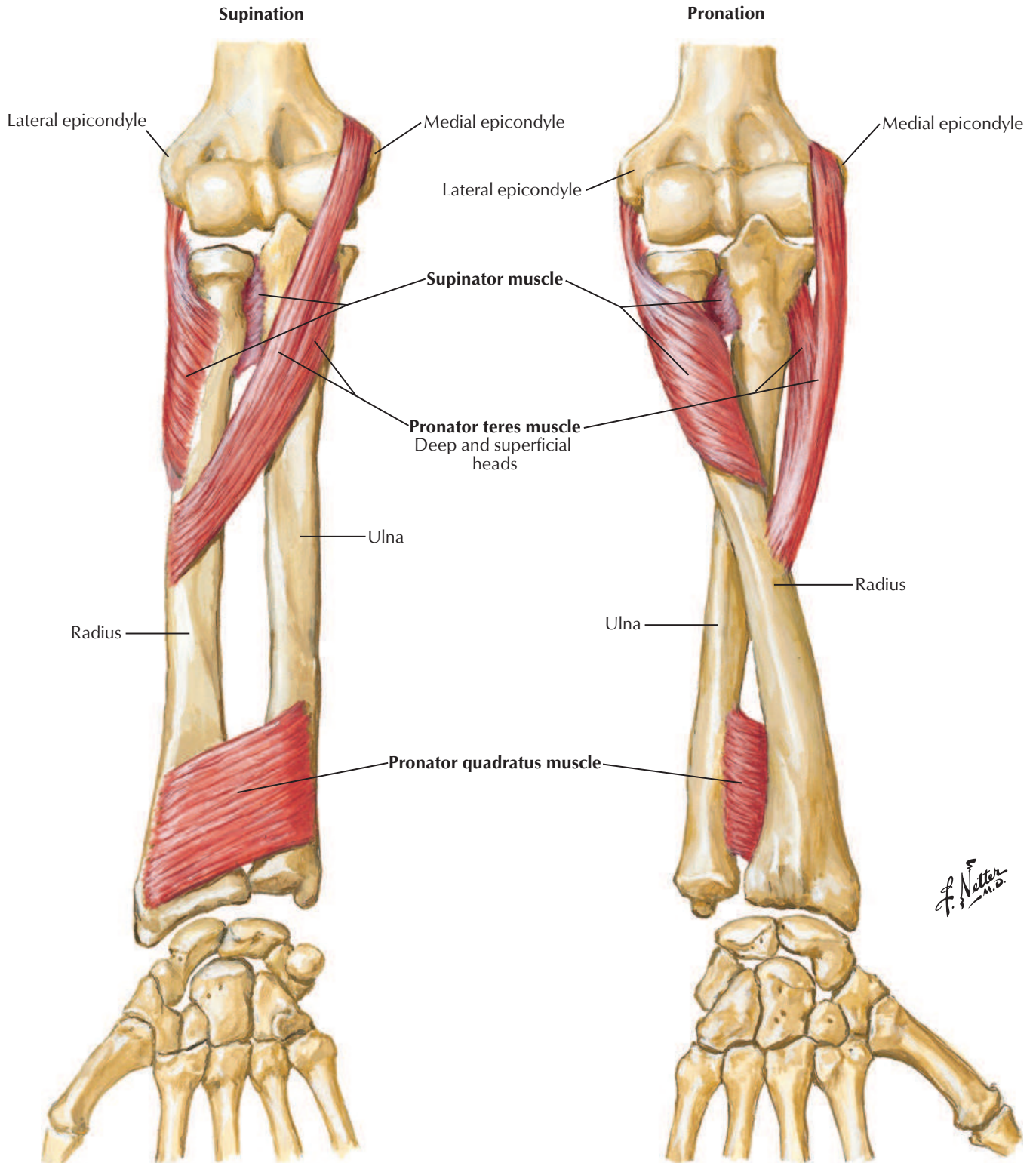


Carpal articular surface



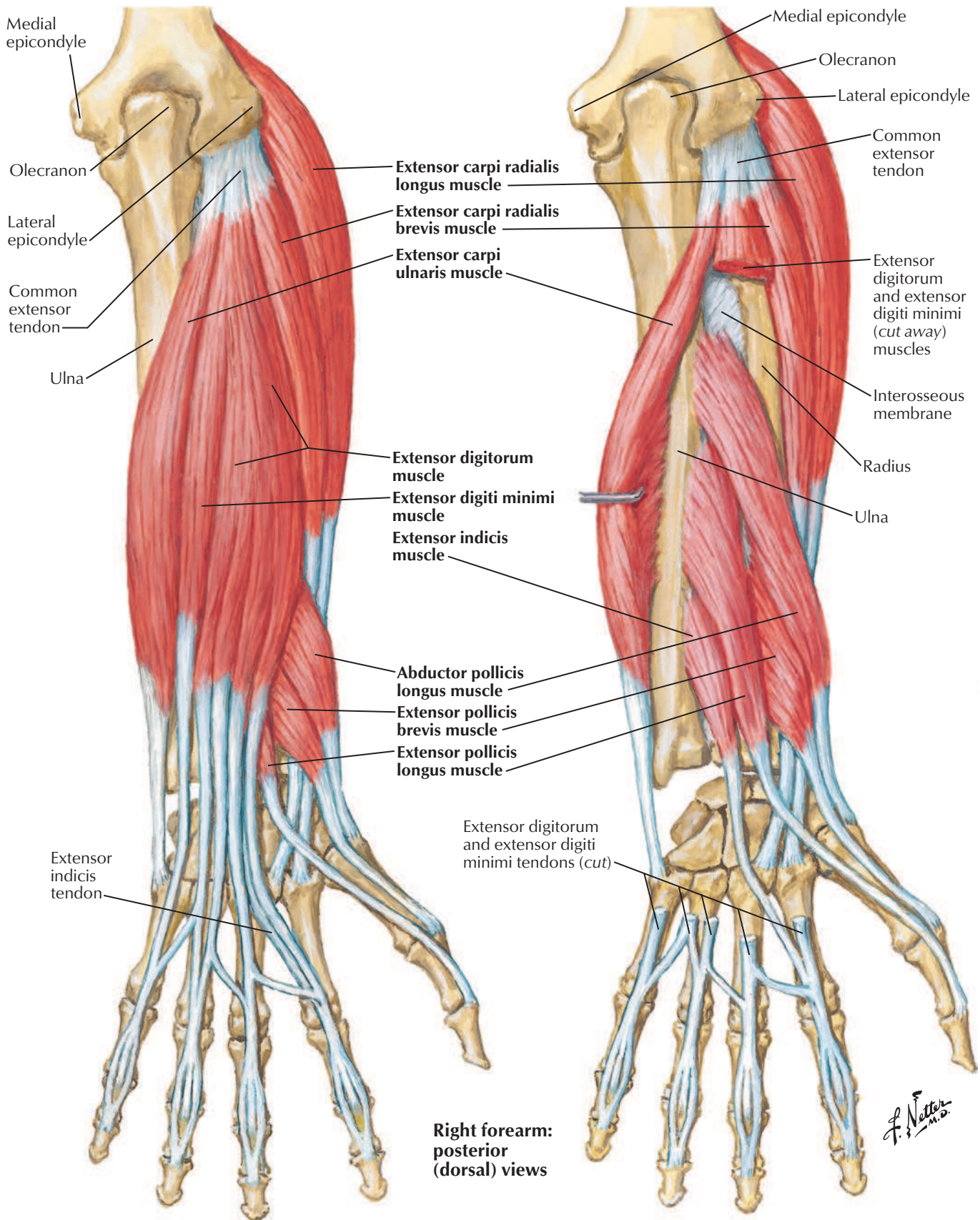
Coronal section of radius demonstrates how thickness of cortical bone of body of radius diminishes to thin layer over cancellous bone at distal end

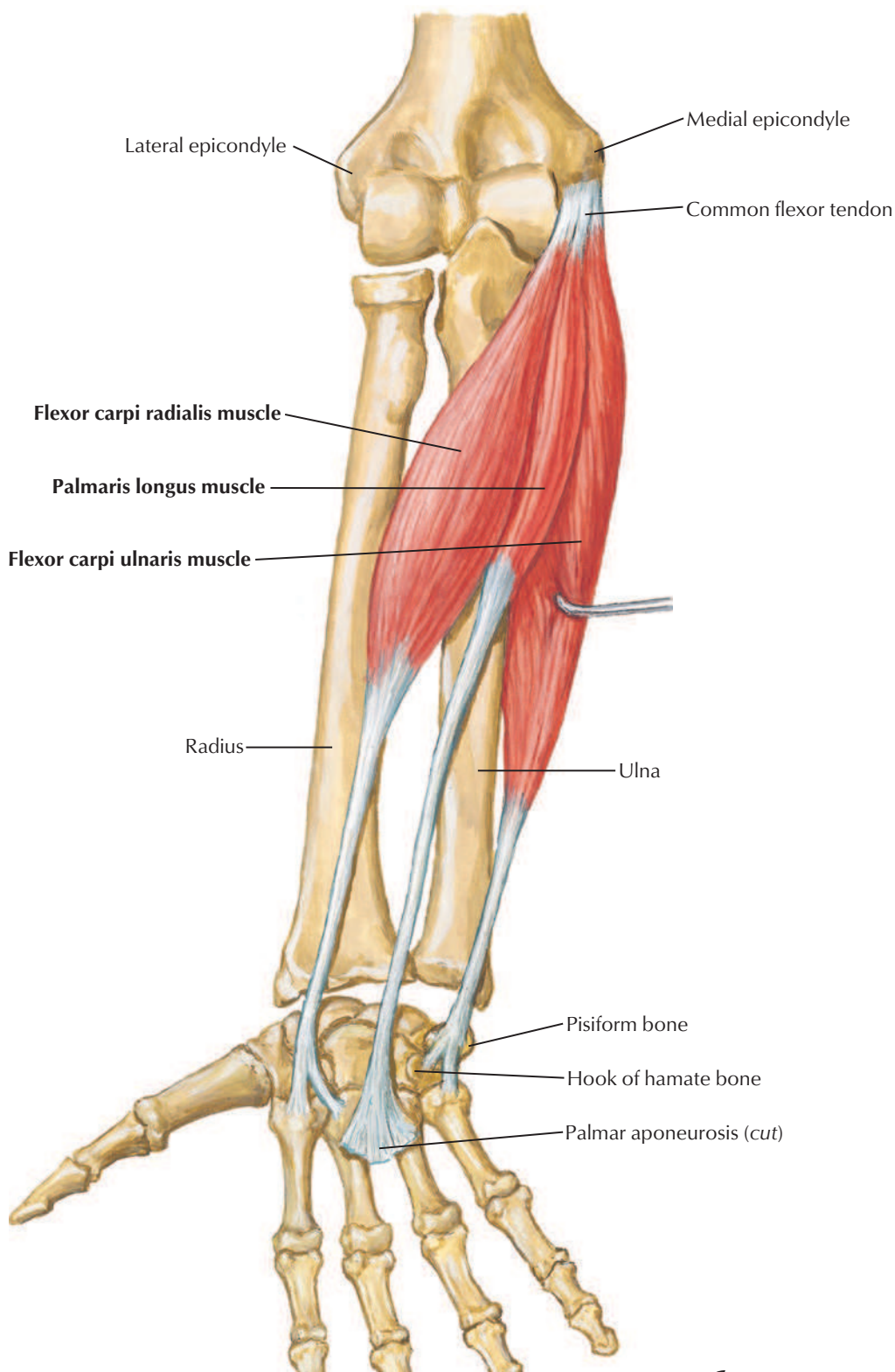
Right forearm: anterior view



Individual Muscles of Forearm: Extensors of Wrist and Digits

See also [Plate 441](#)

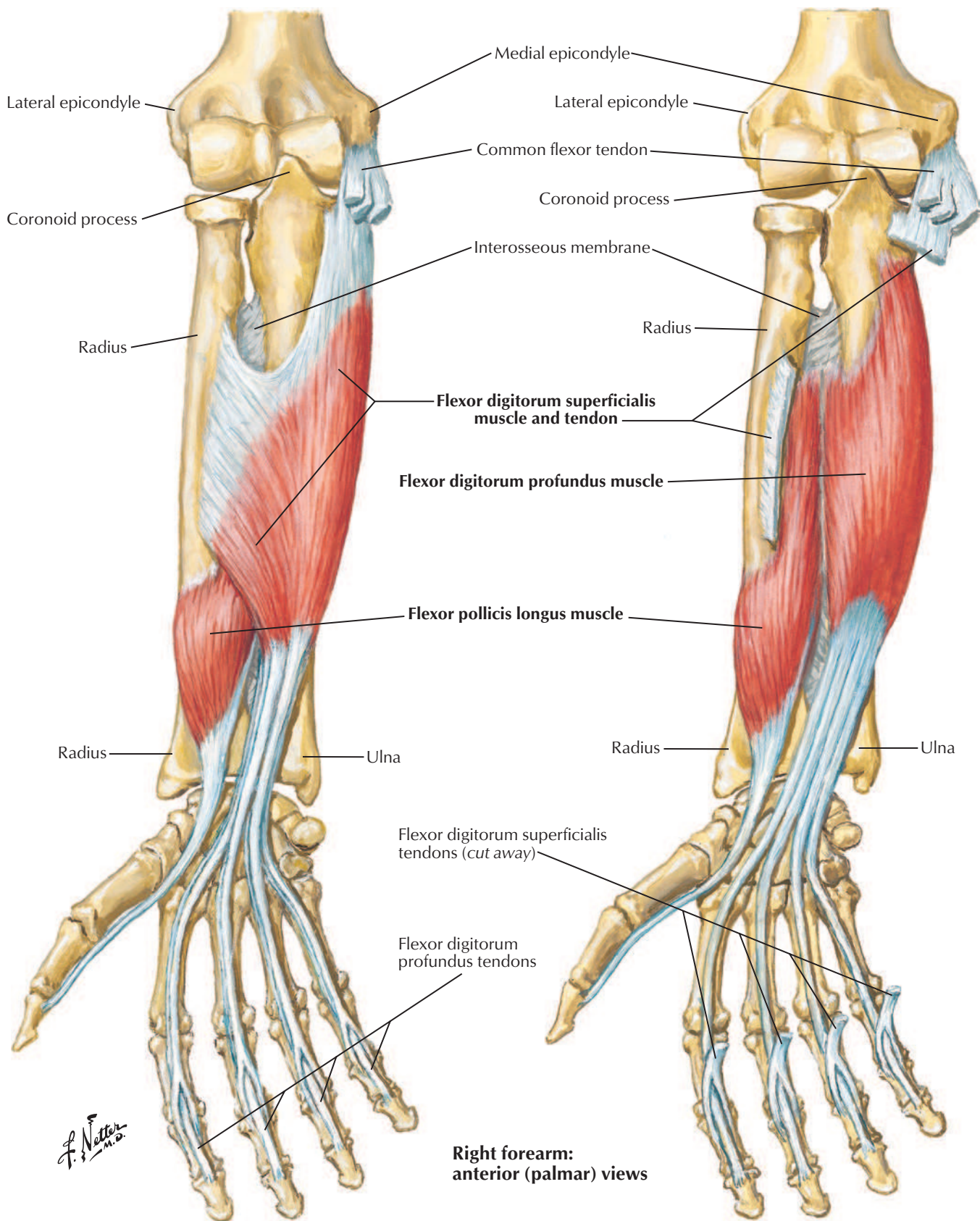


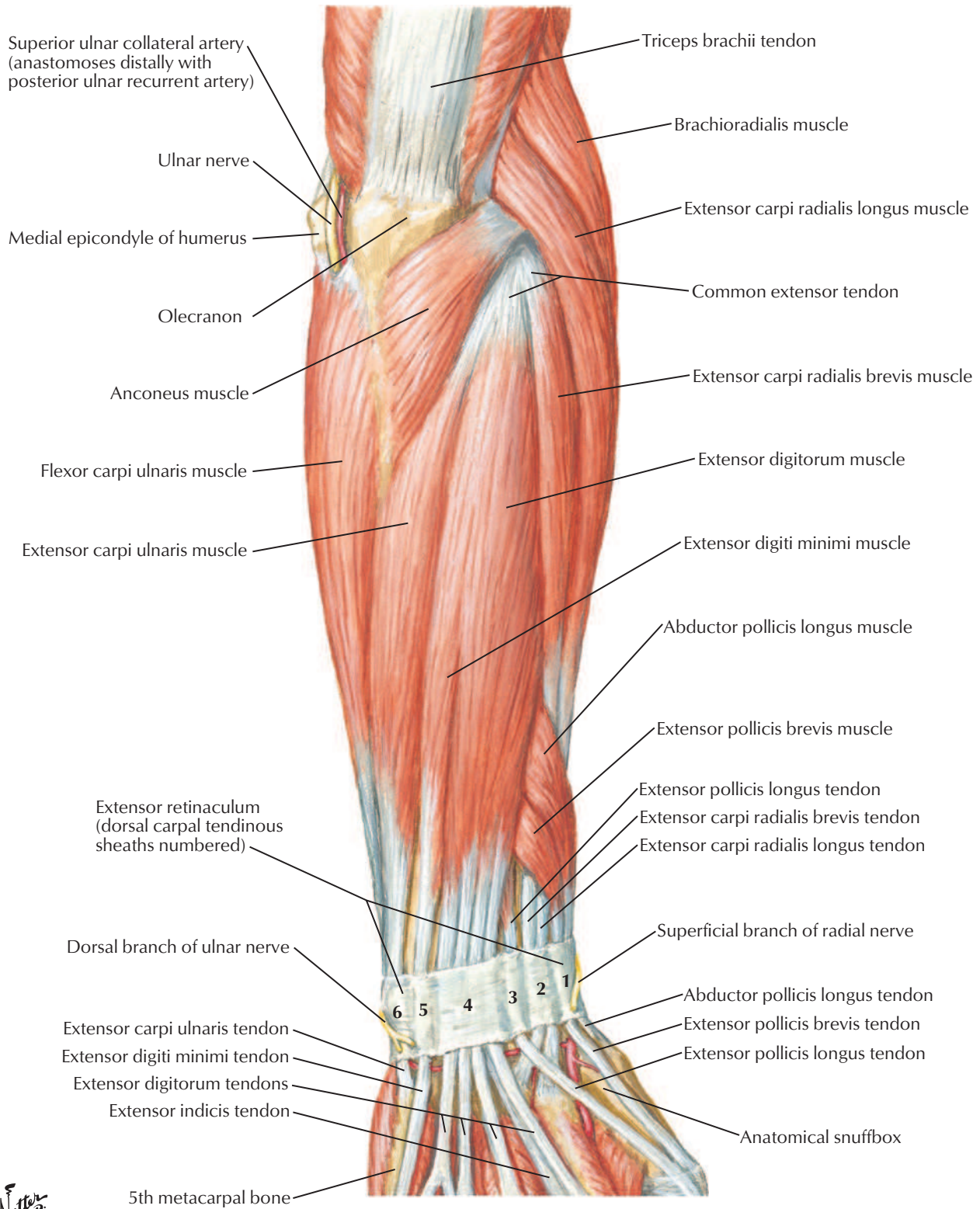


Right forearm:
anterior (palmar) view

*F. Netter
M.D.*

Individual Muscles of Forearm: Flexors of Digits

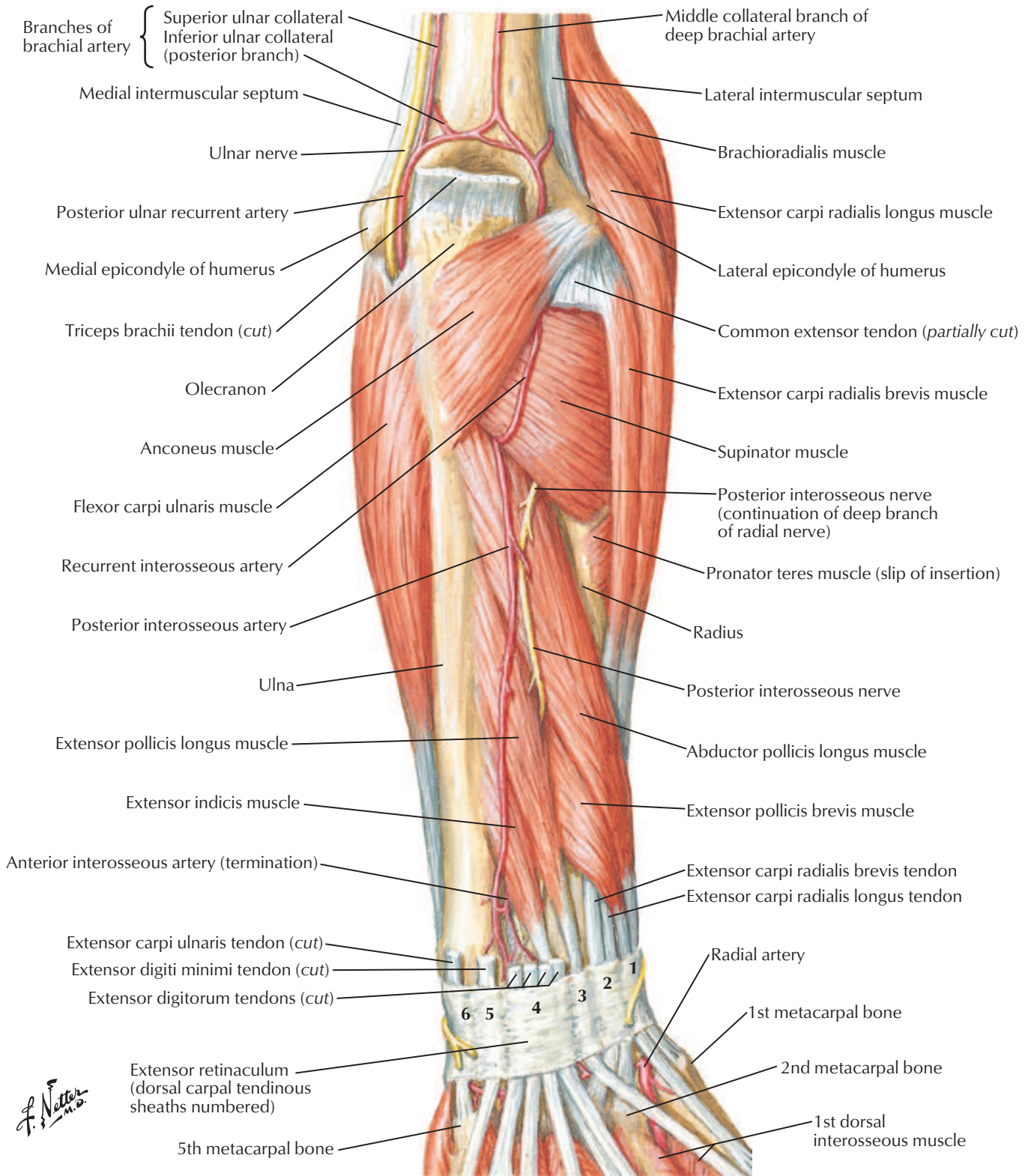


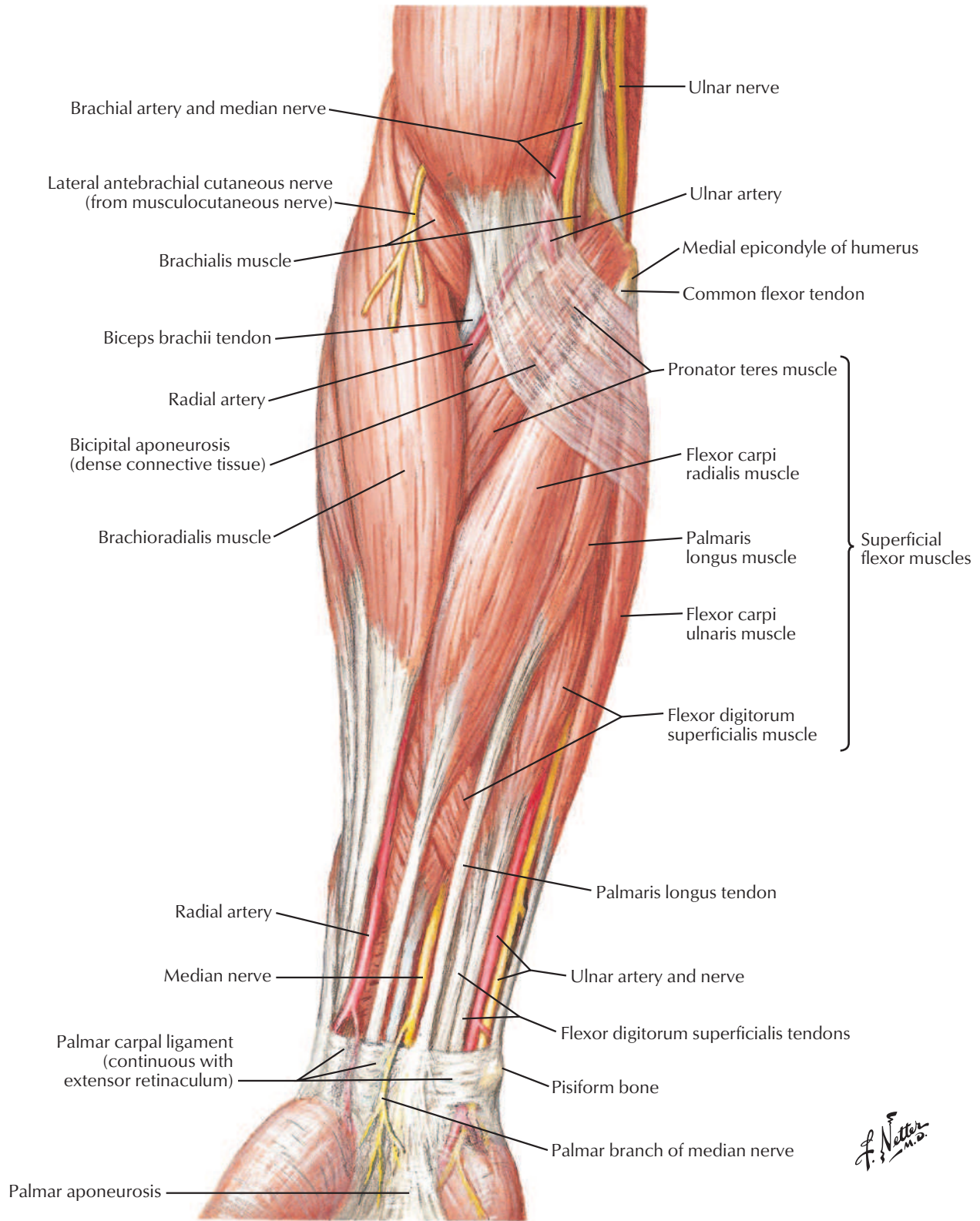


F. Netter M.D.

Muscles of Forearm (Deeper Layer): Posterior View

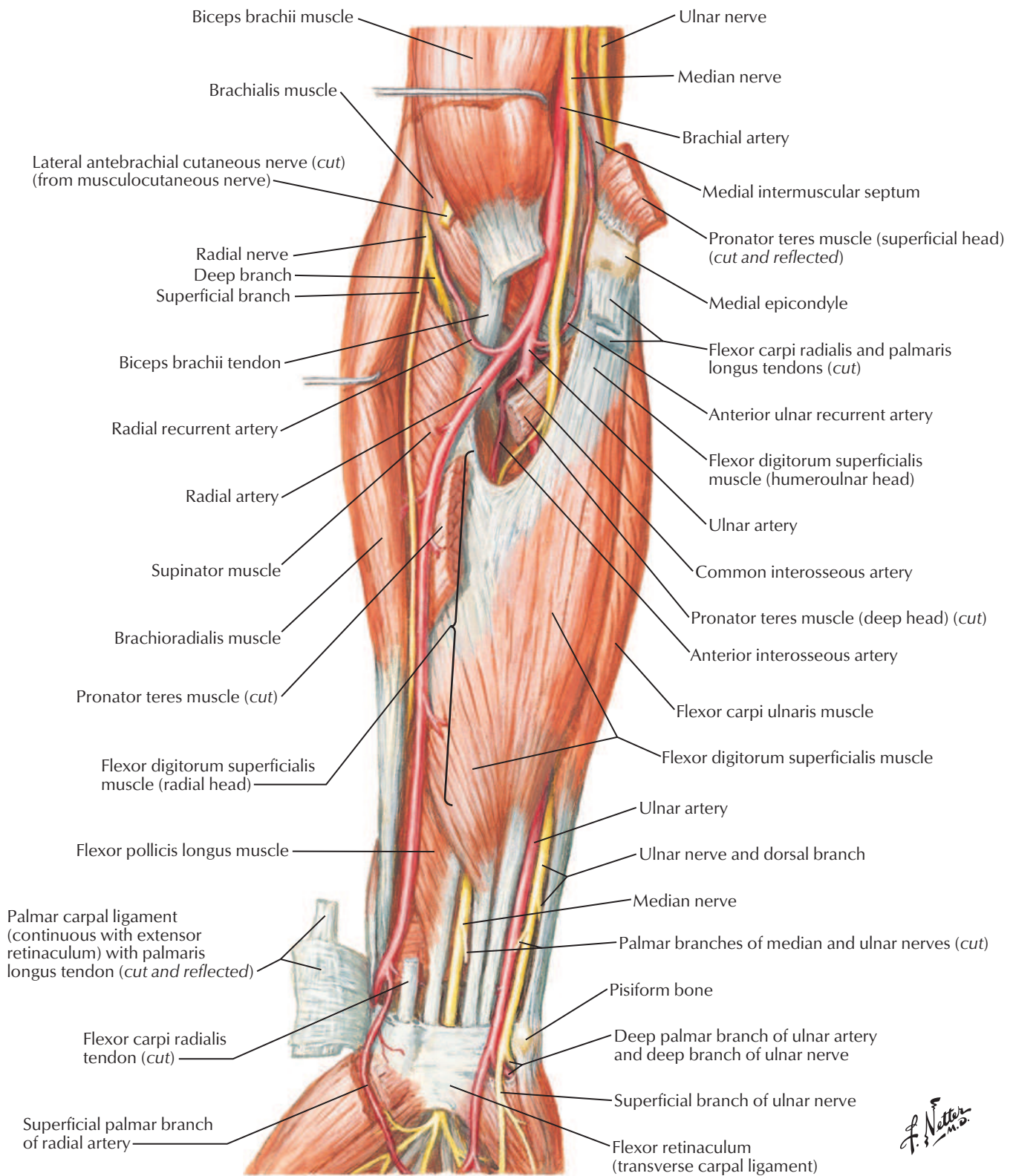
See also [Plate 460](#)

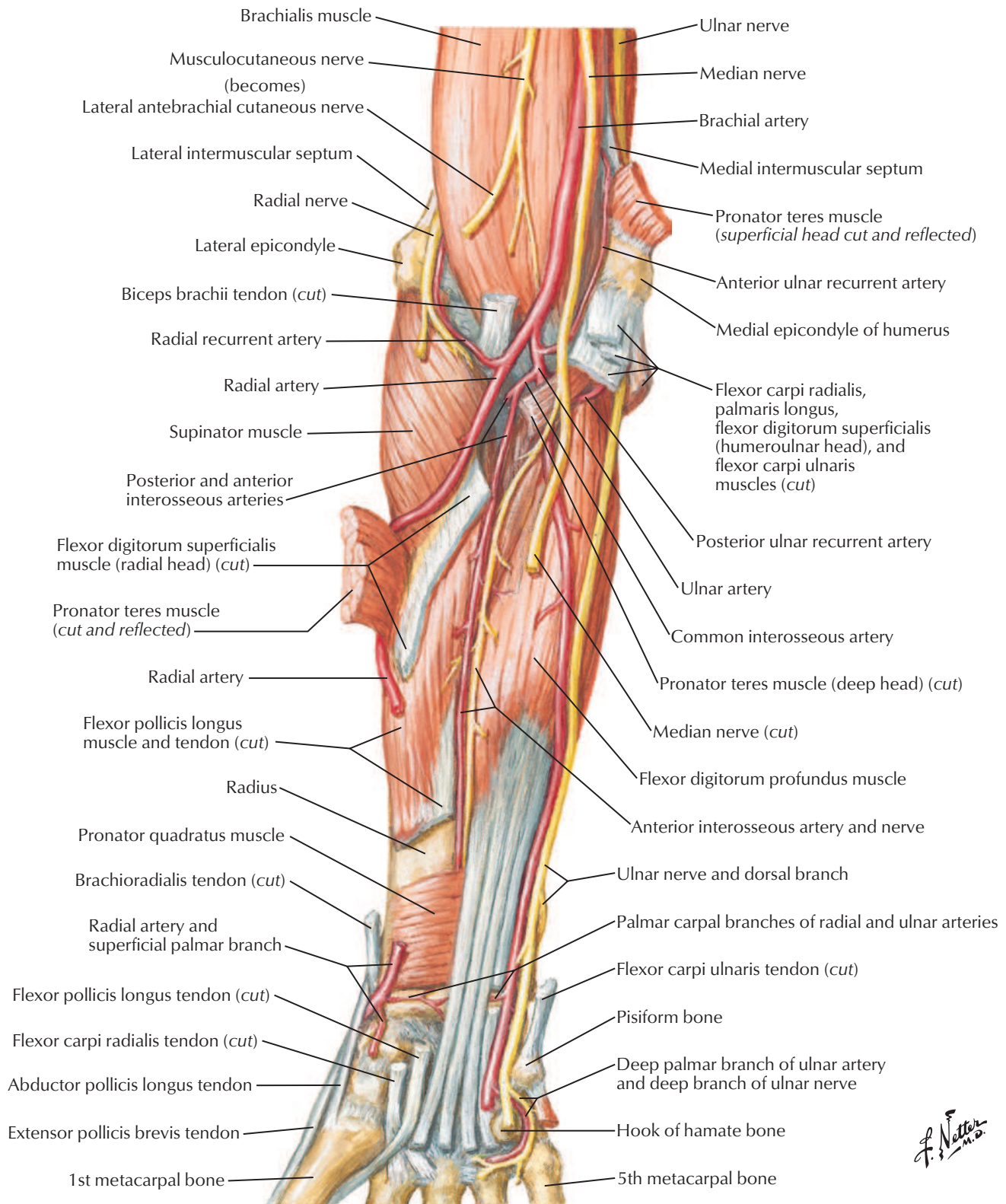




Muscles of Forearm (Intermediate Layer): Anterior View

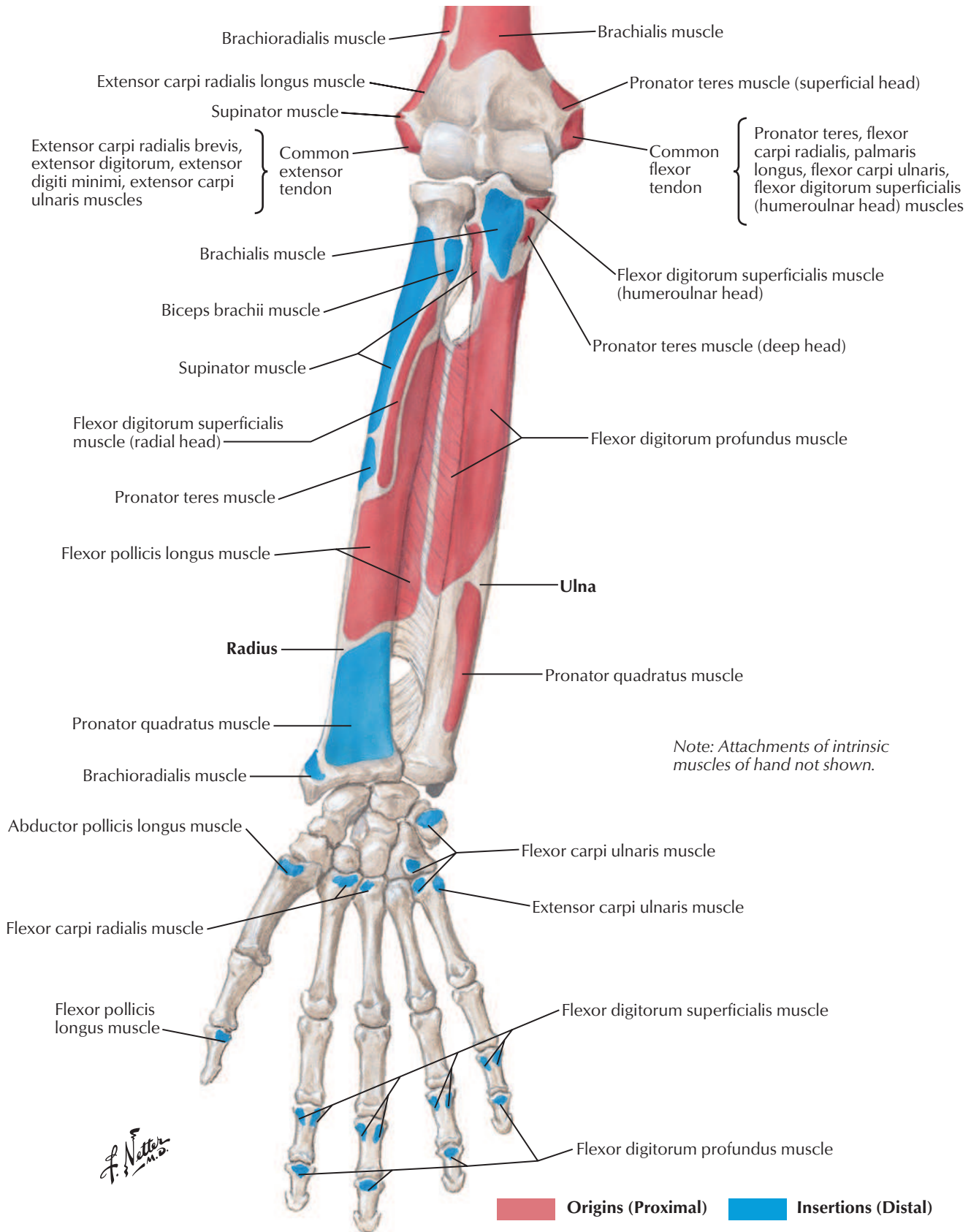
See also [Plates 424, 466](#)



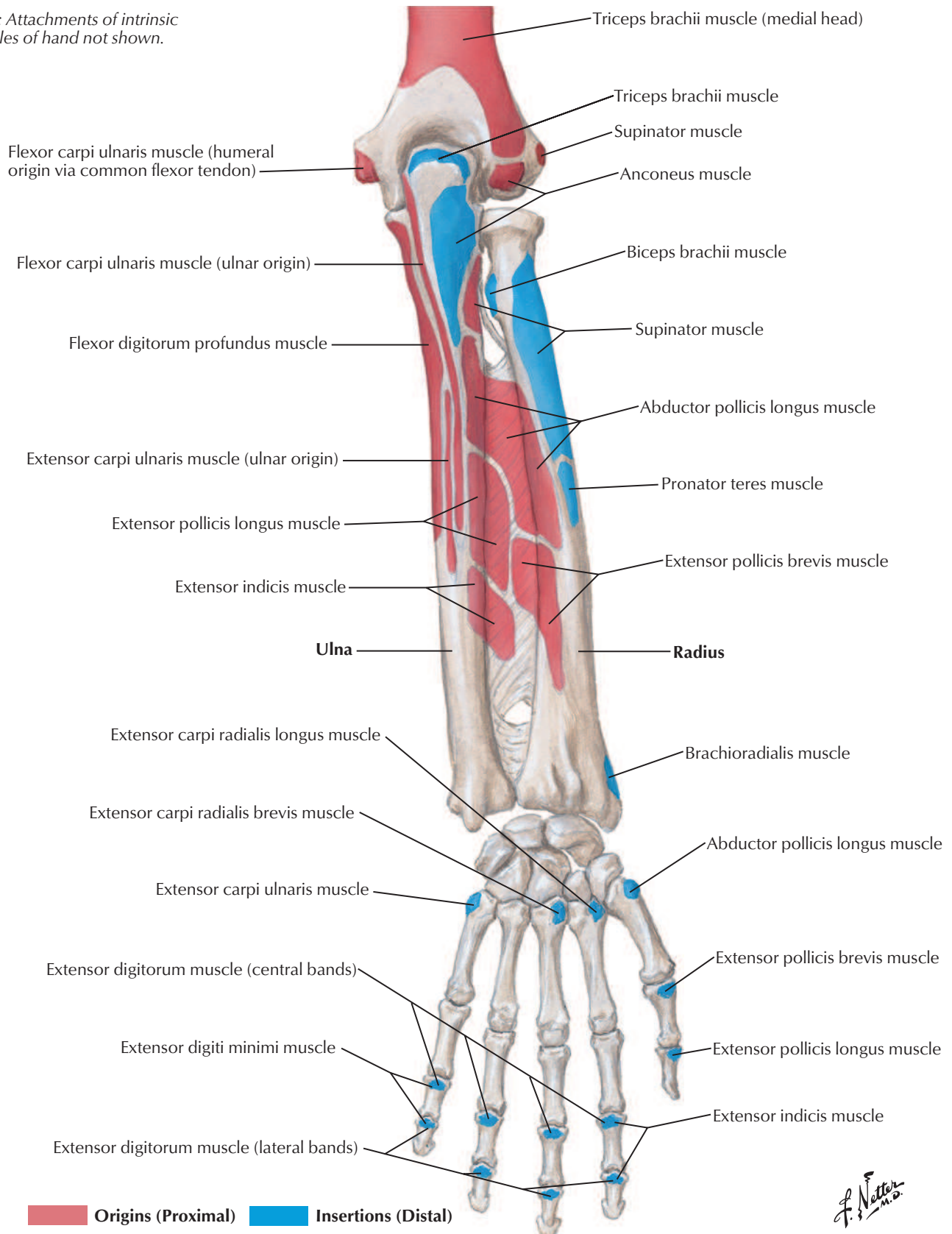


F. Netter M.D.

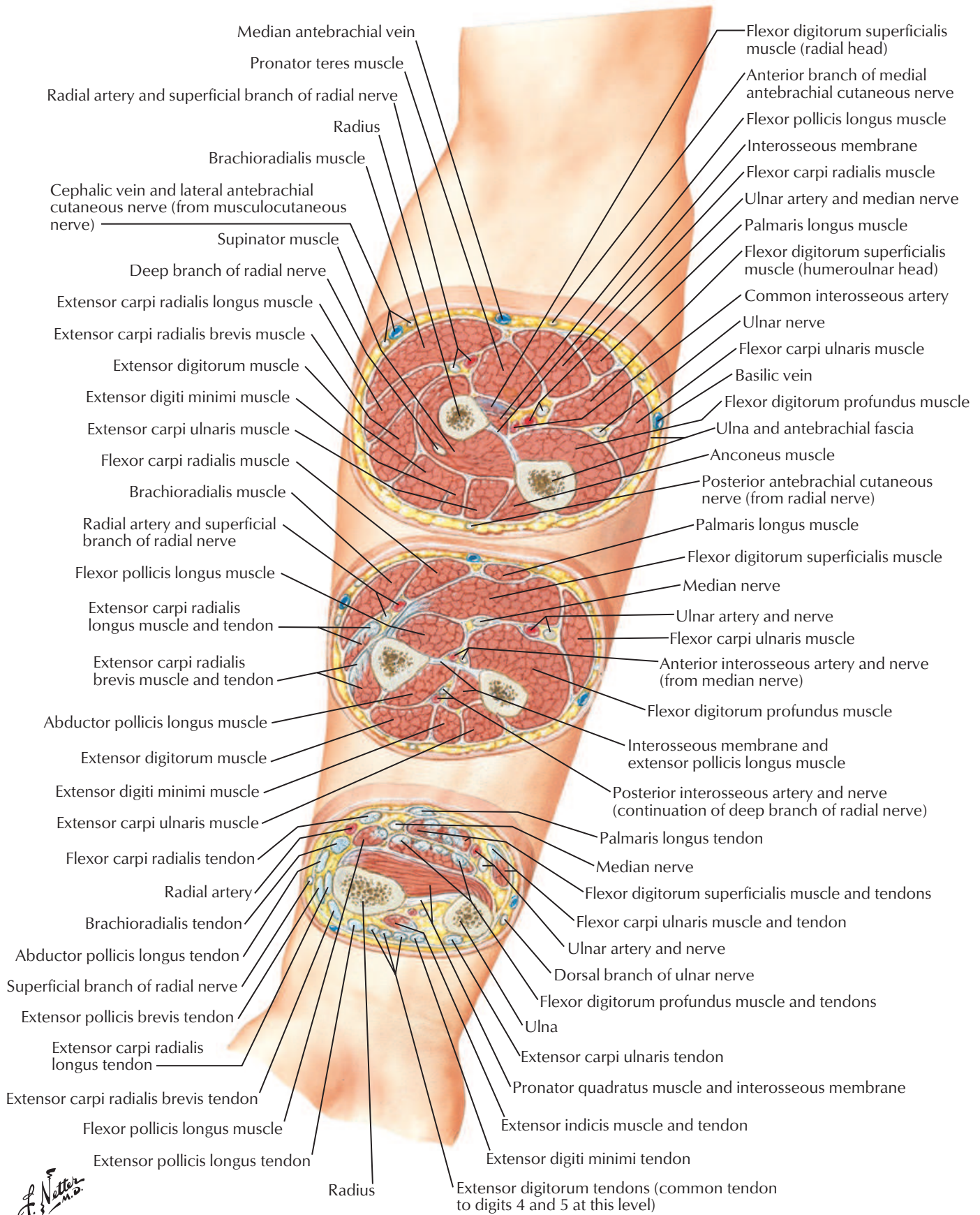
Attachments of Muscles of Forearm: Anterior View

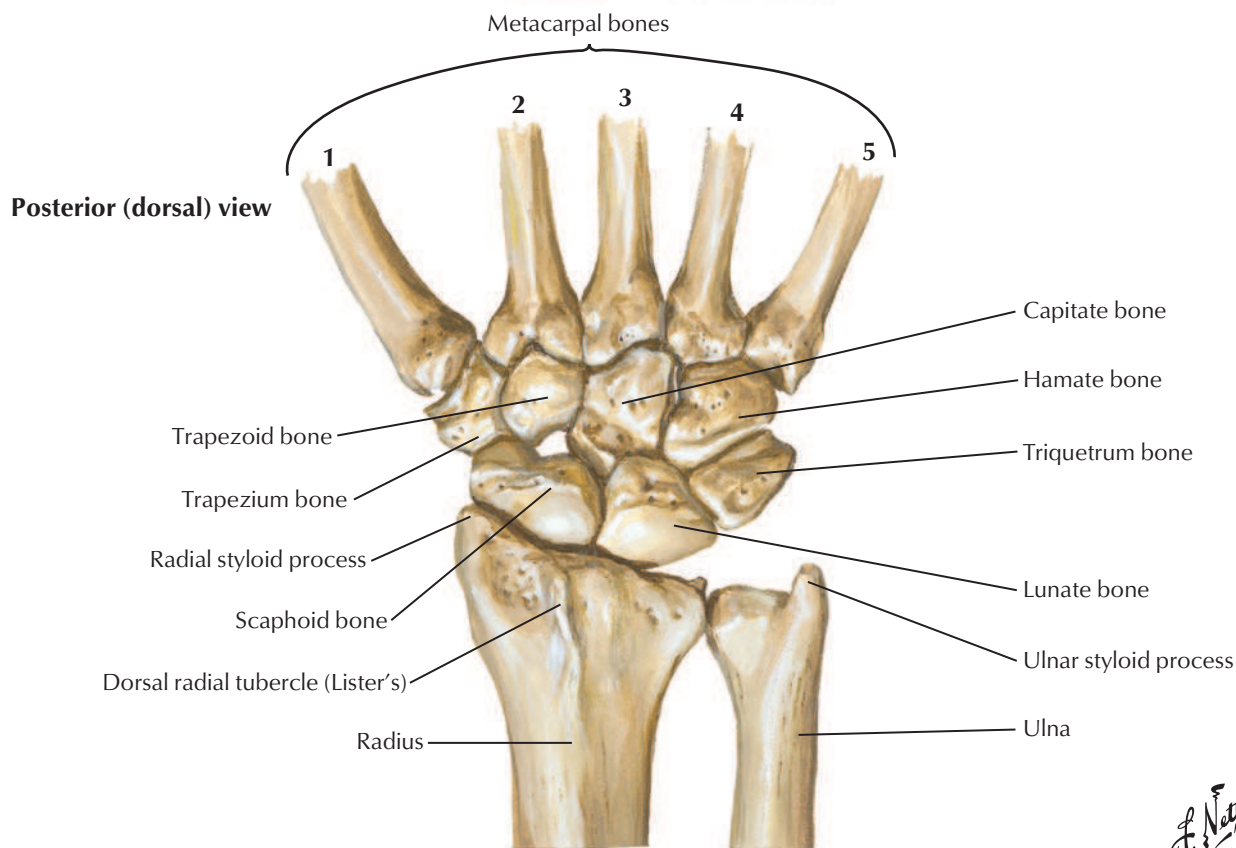
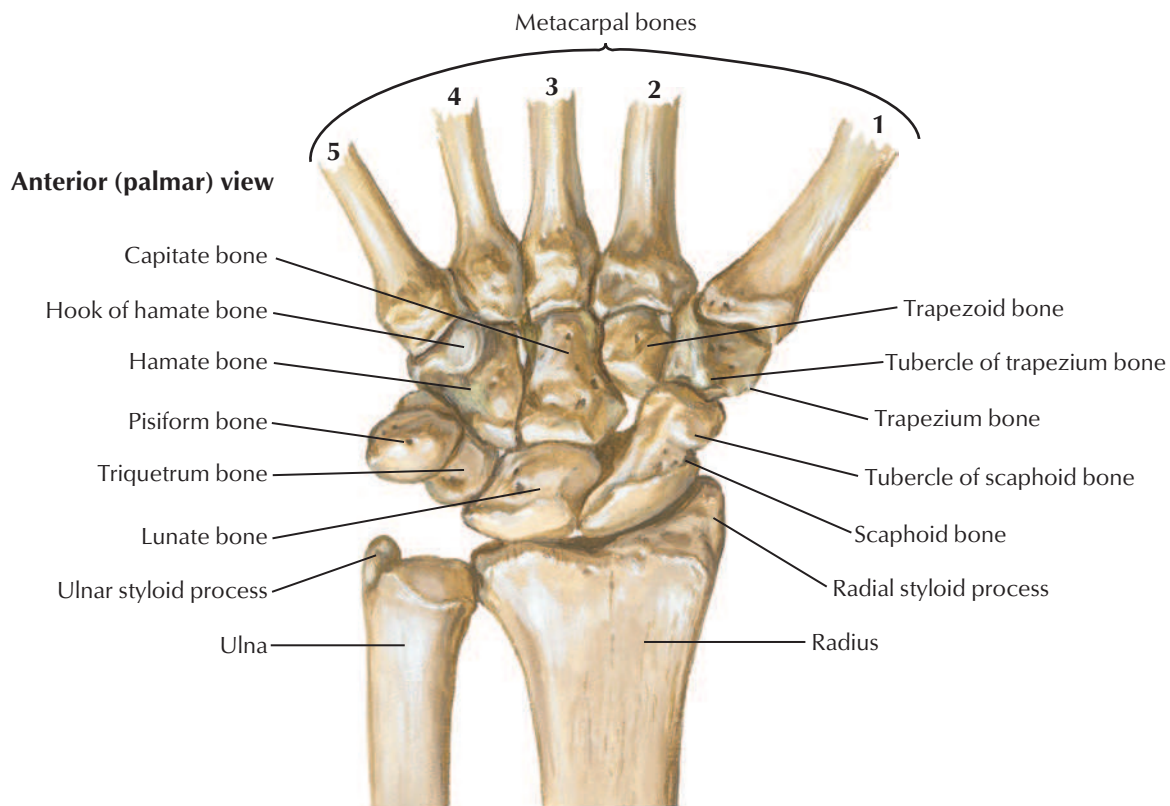


Note: Attachments of intrinsic muscles of hand not shown.

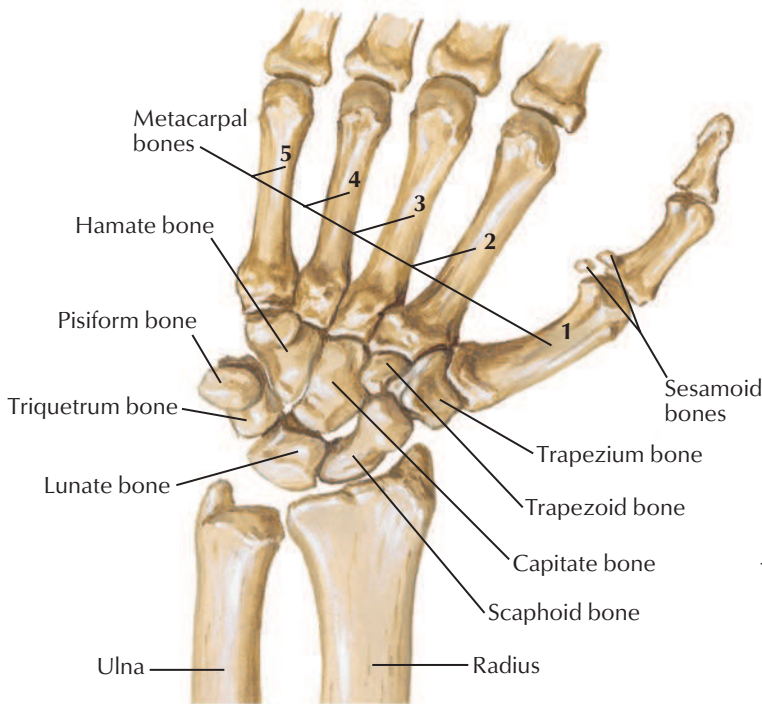


Forearm: Serial Cross Sections, Anterior View

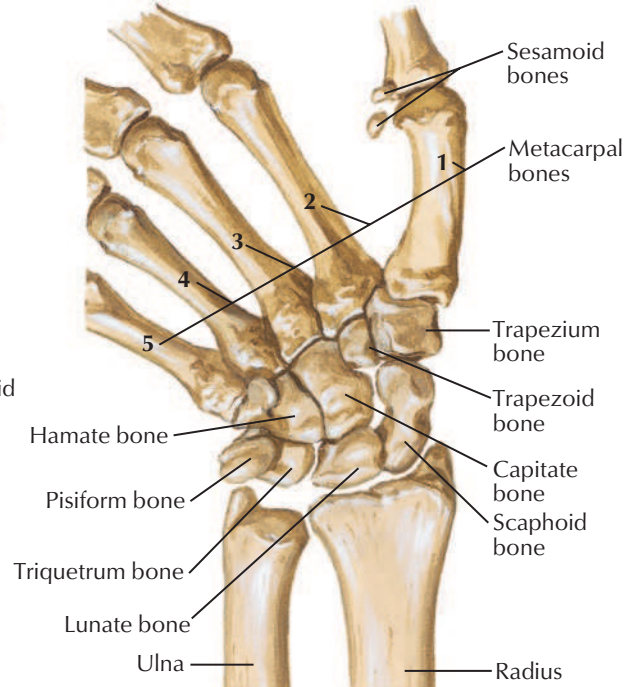




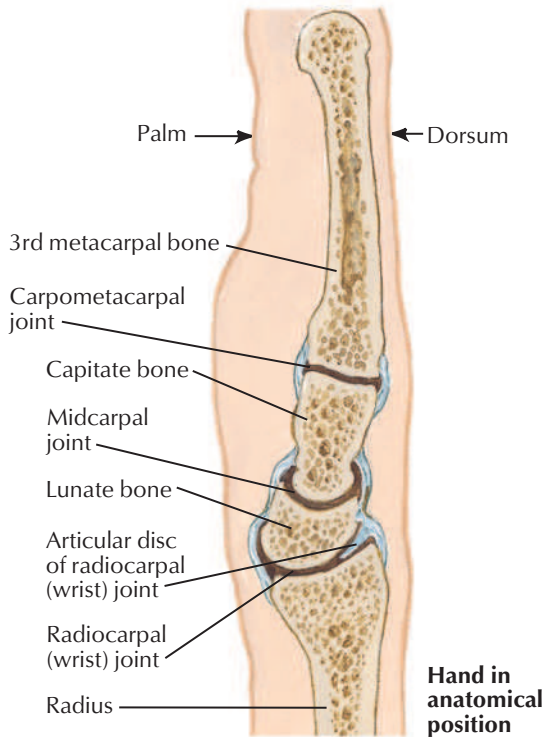
F. Netter M.D.



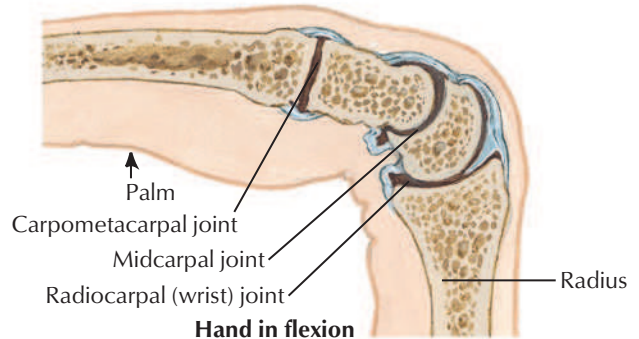
Position of carpal bones with hand in abduction: anterior (palmar) view



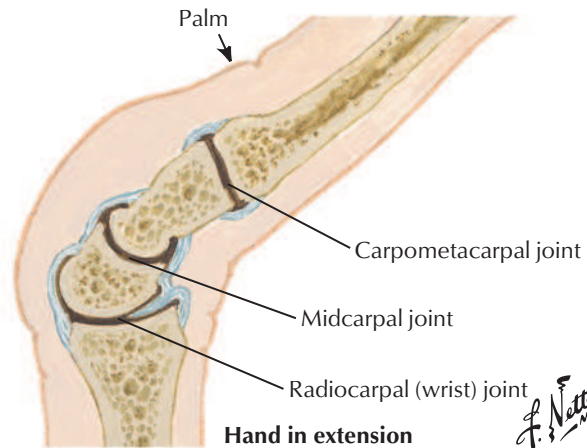
Position of carpal bones with hand in adduction: anterior (palmar) view



Sagittal sections through wrist and middle finger

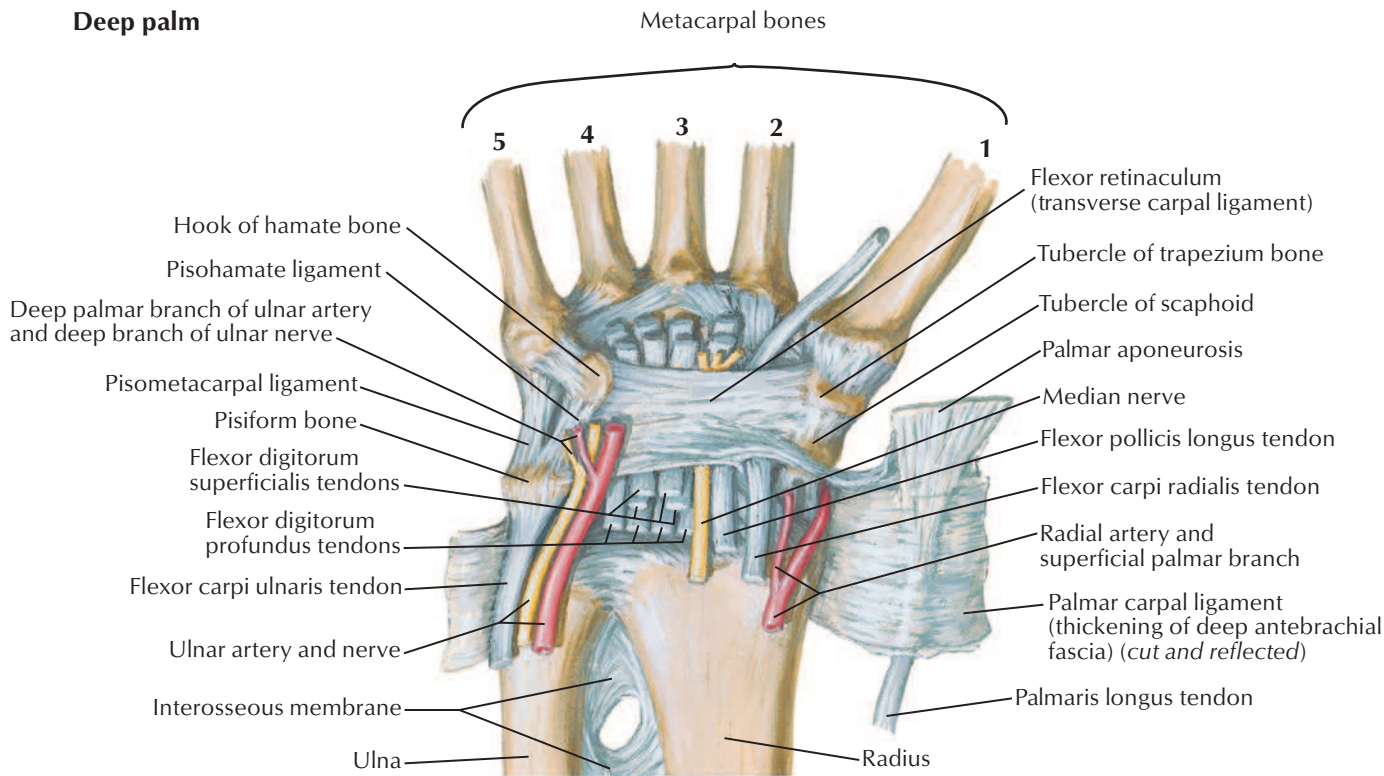


Hand in flexion

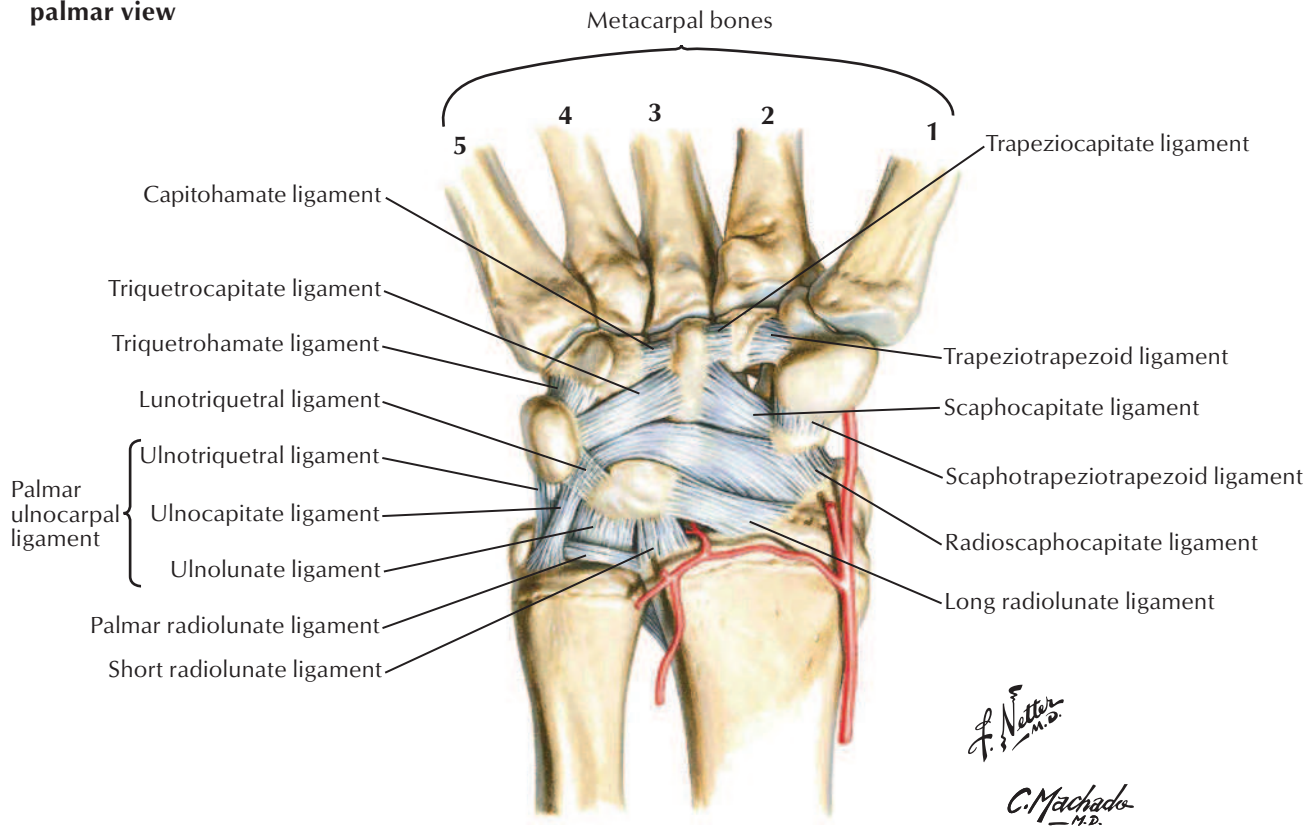


Hand in extension

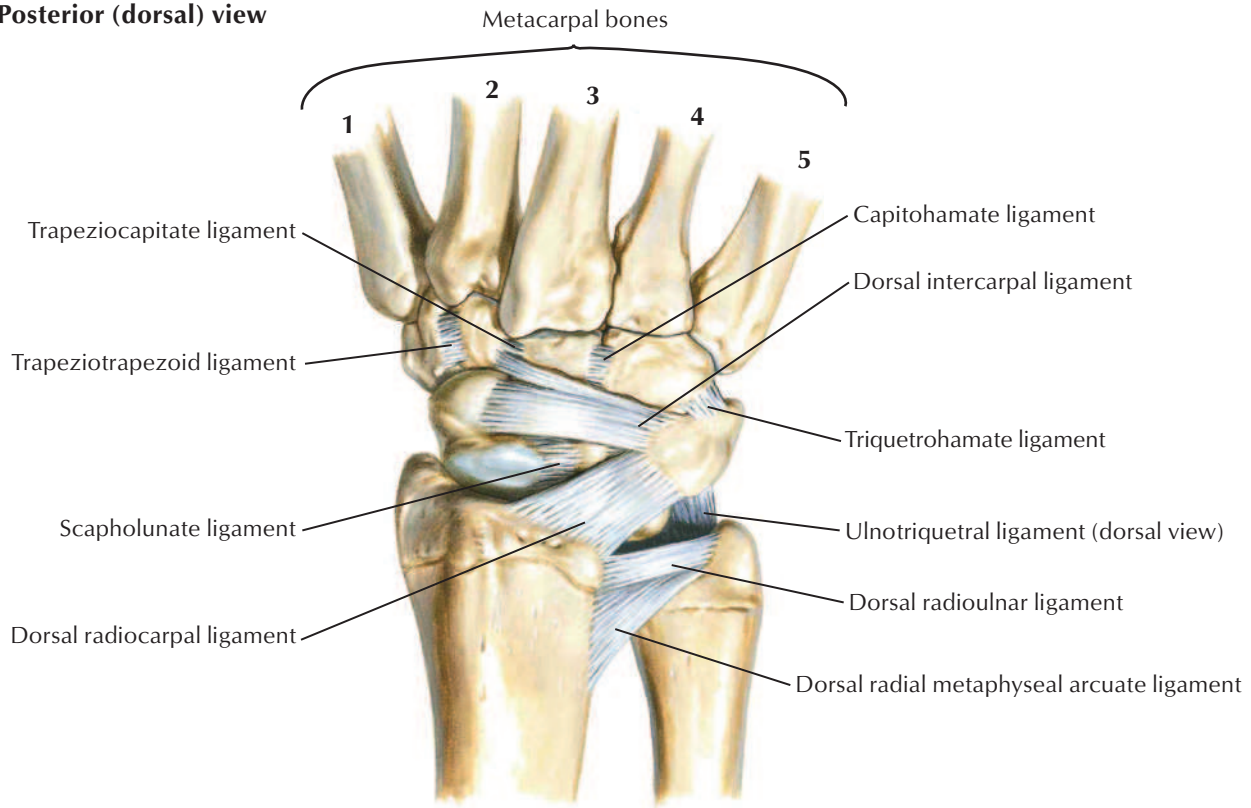
Deep palm



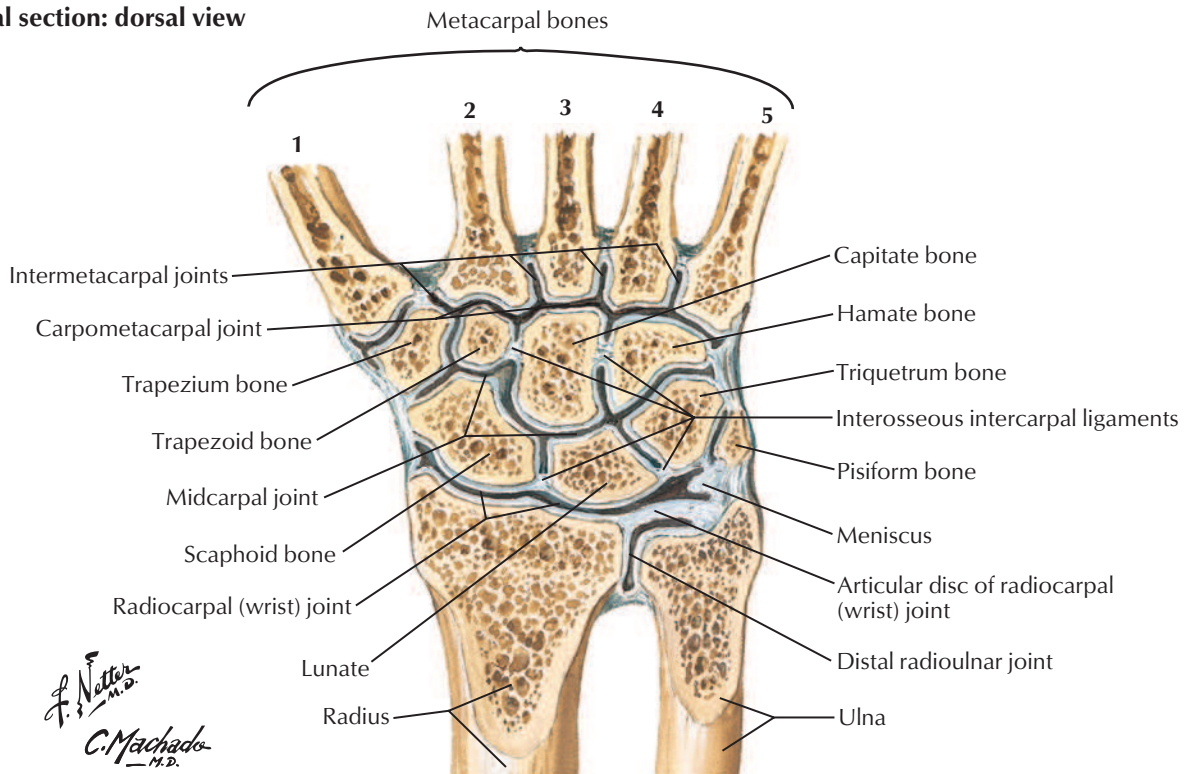
Flexor retinaculum removed:
palmar view



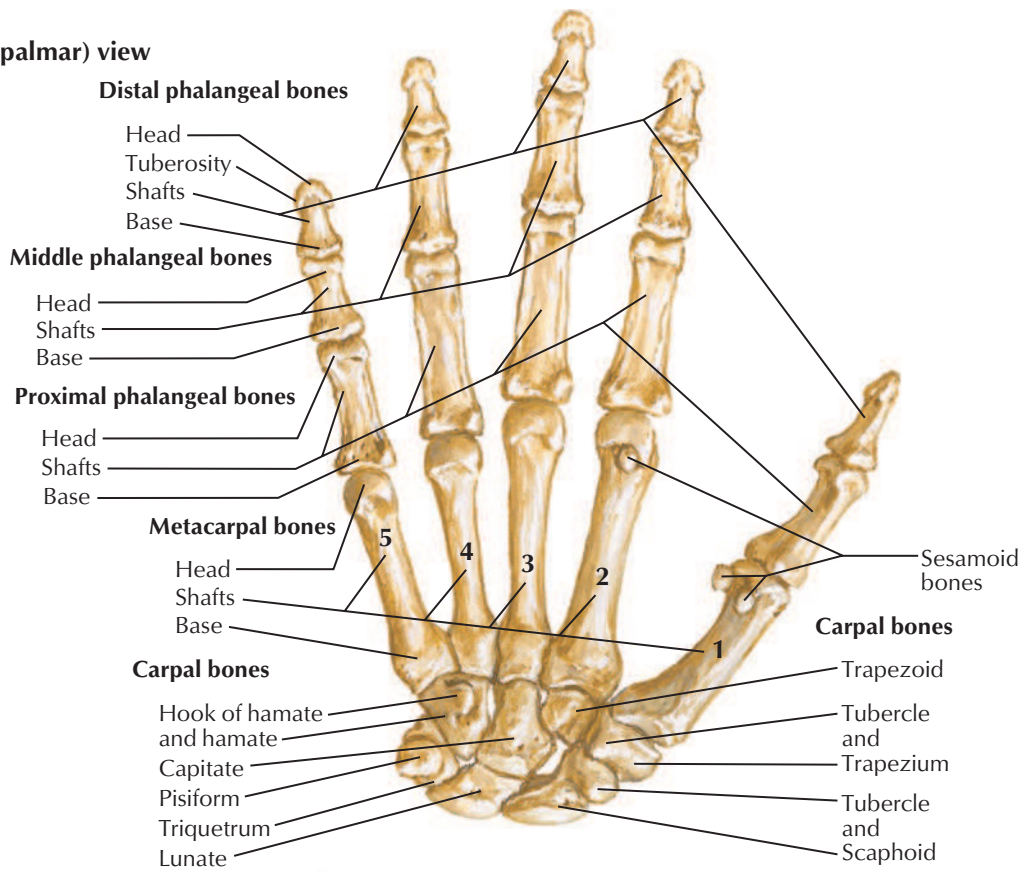
Posterior (dorsal) view



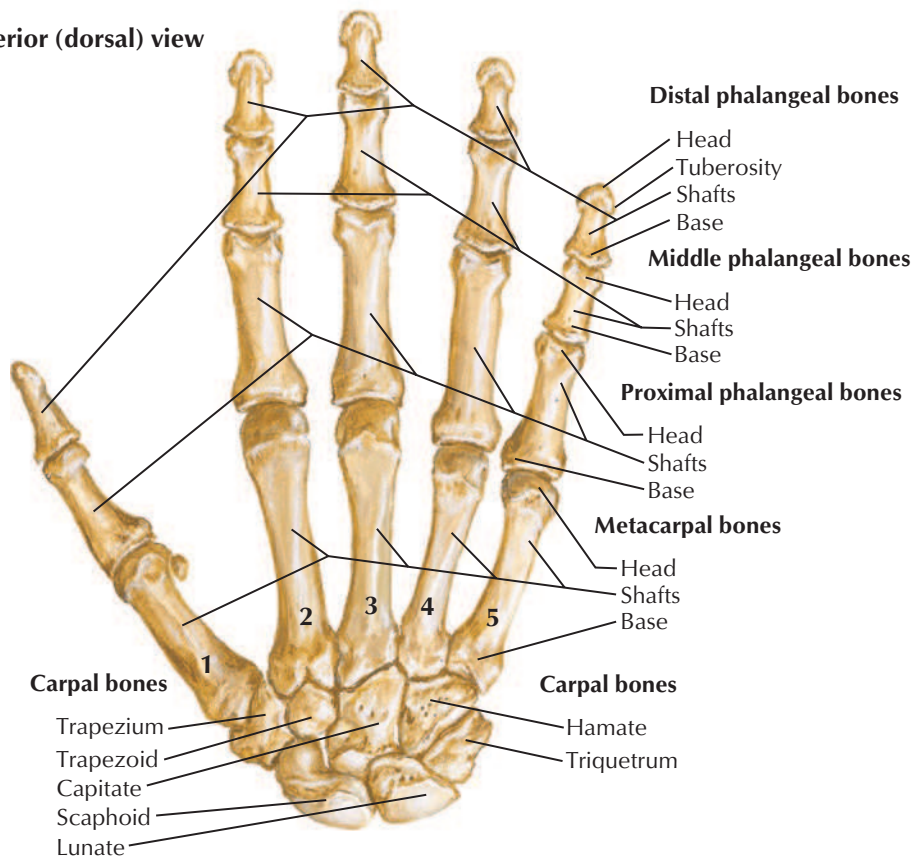
Coronal section: dorsal view



Right hand: anterior (palmar) view



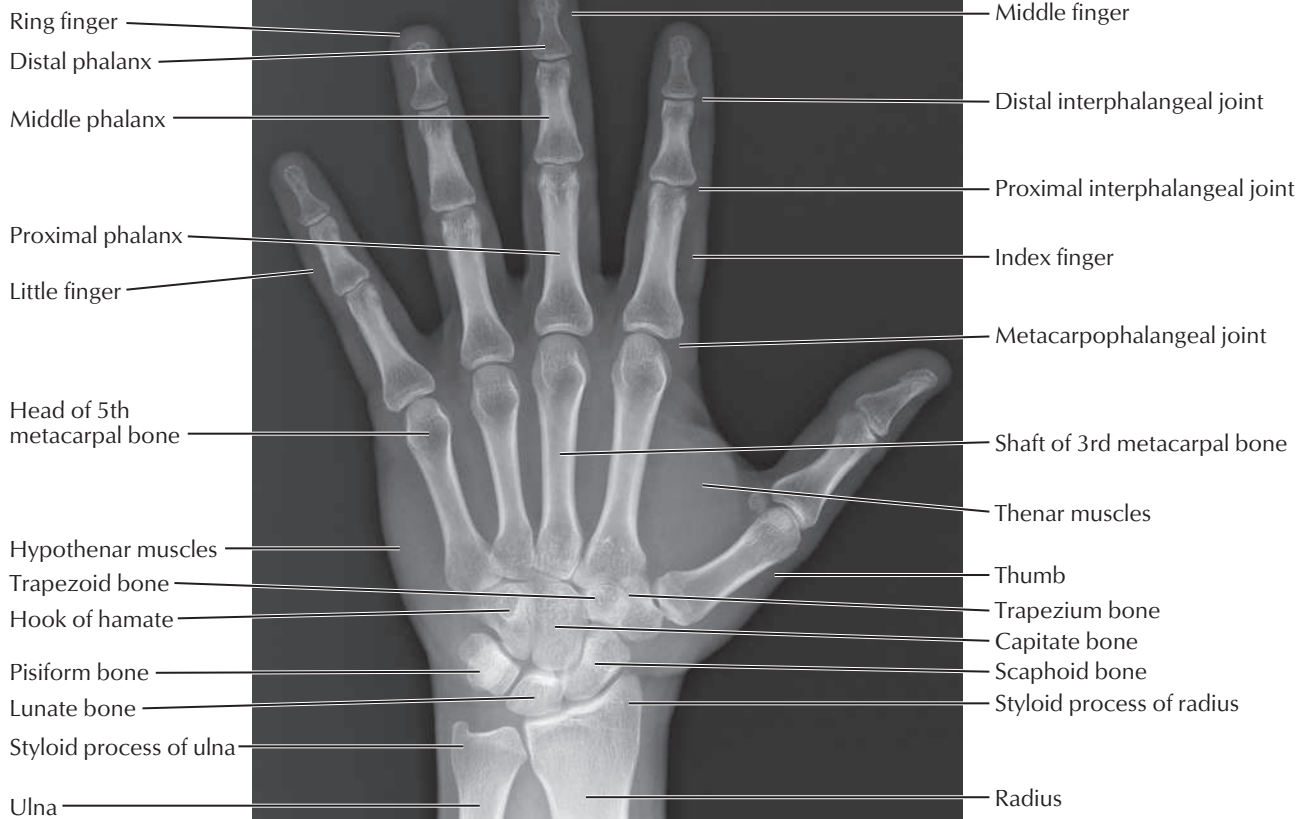
Right hand: posterior (dorsal) view



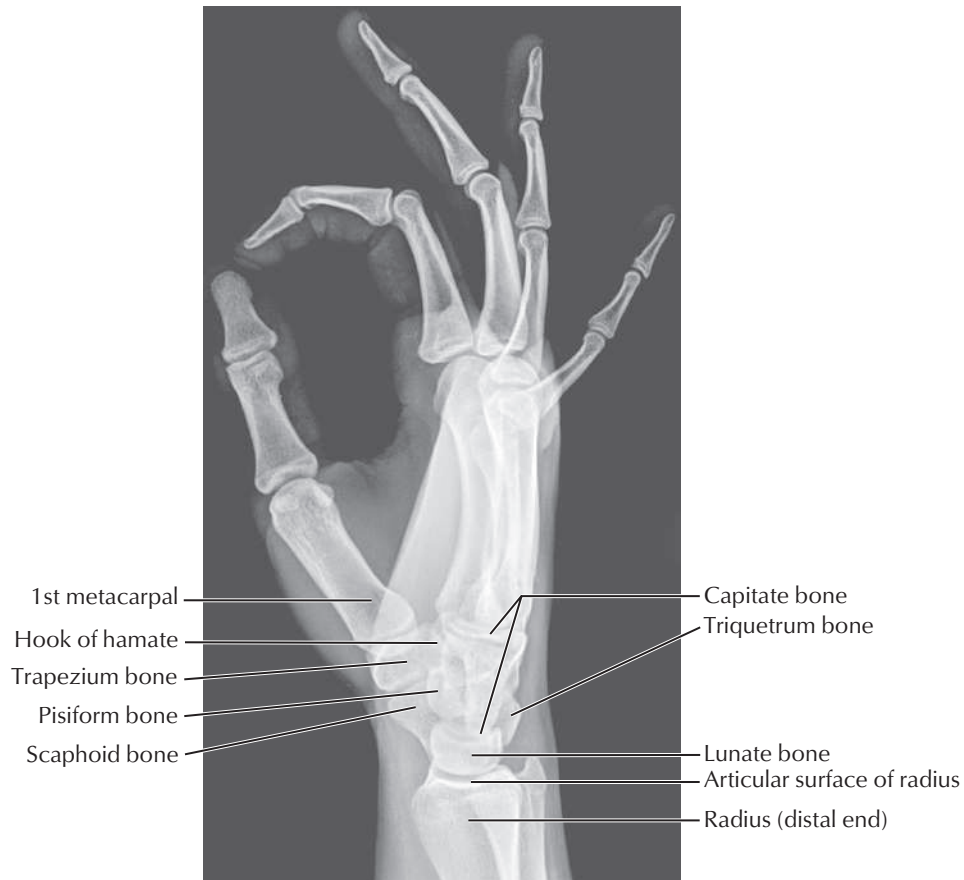
F. Netter M.D.

See also [Plate 446](#)

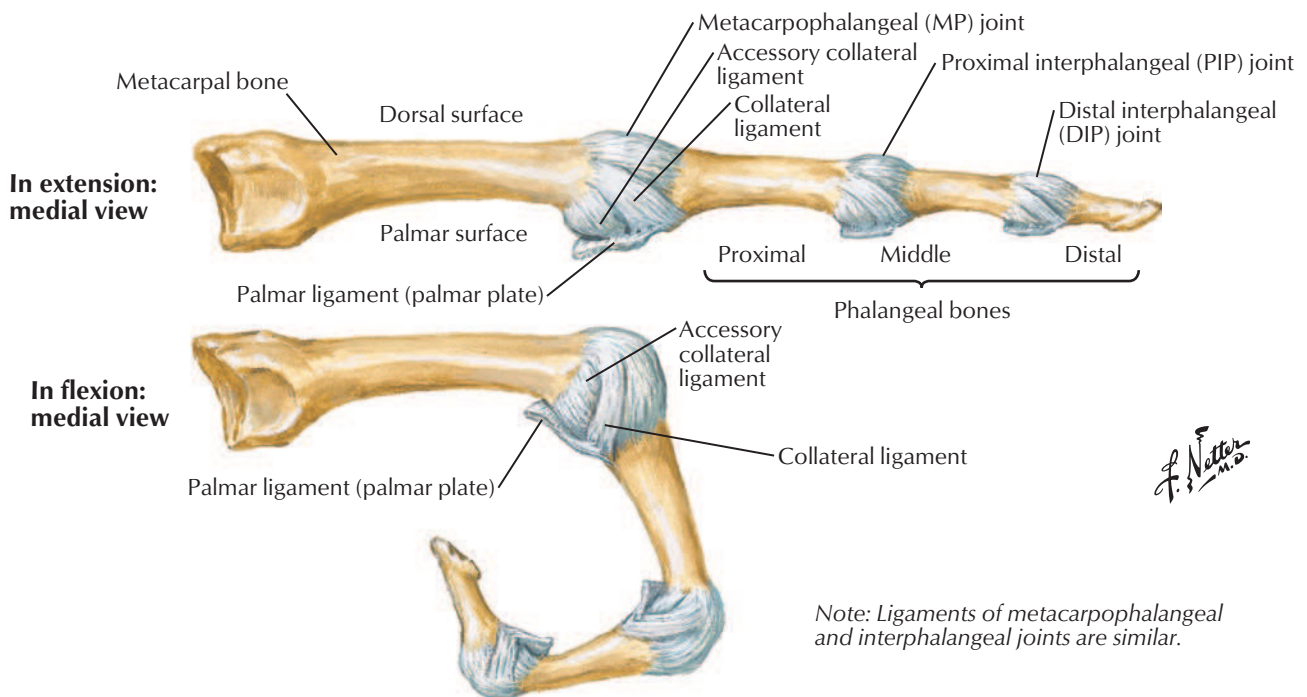
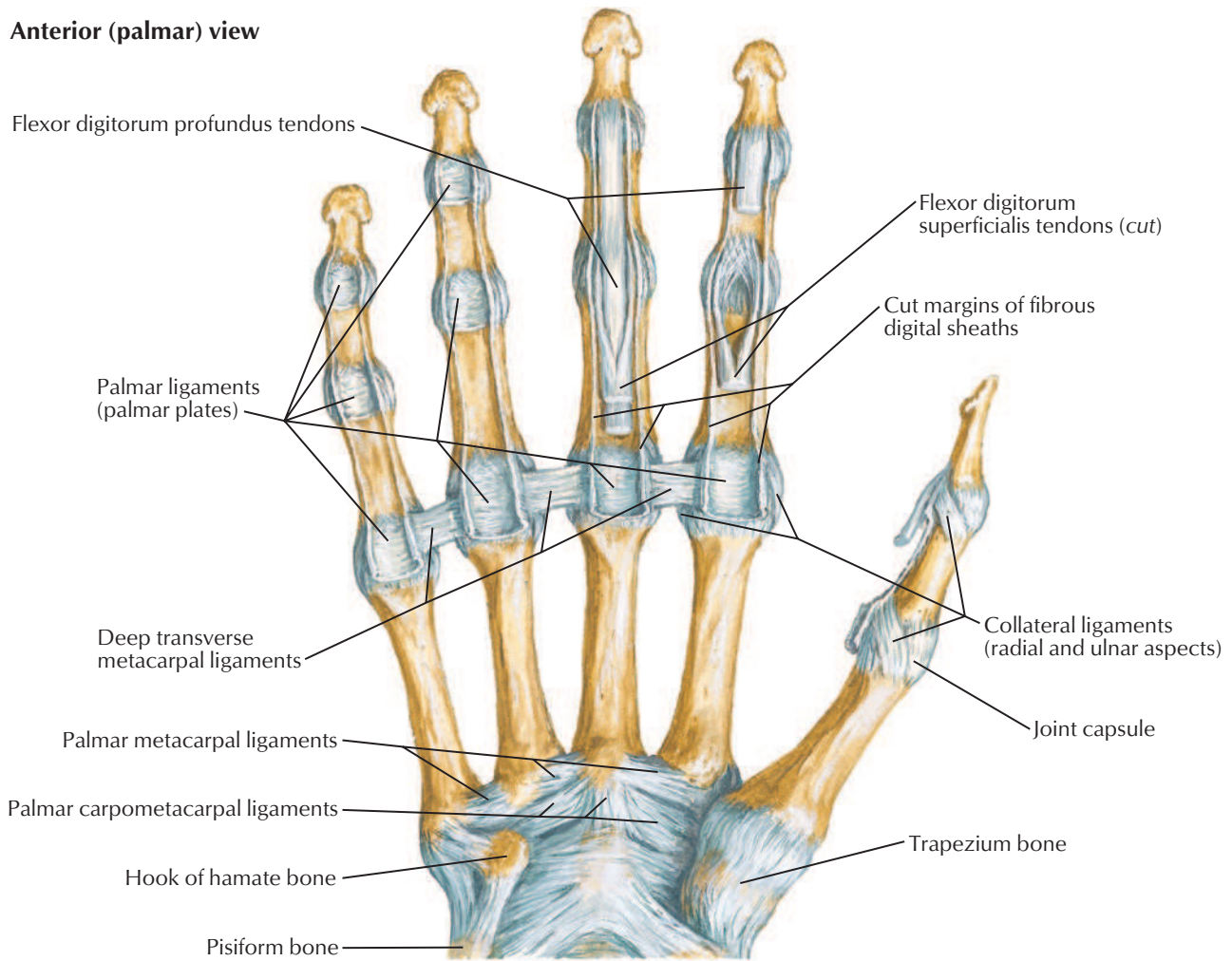
Anteroposterior view



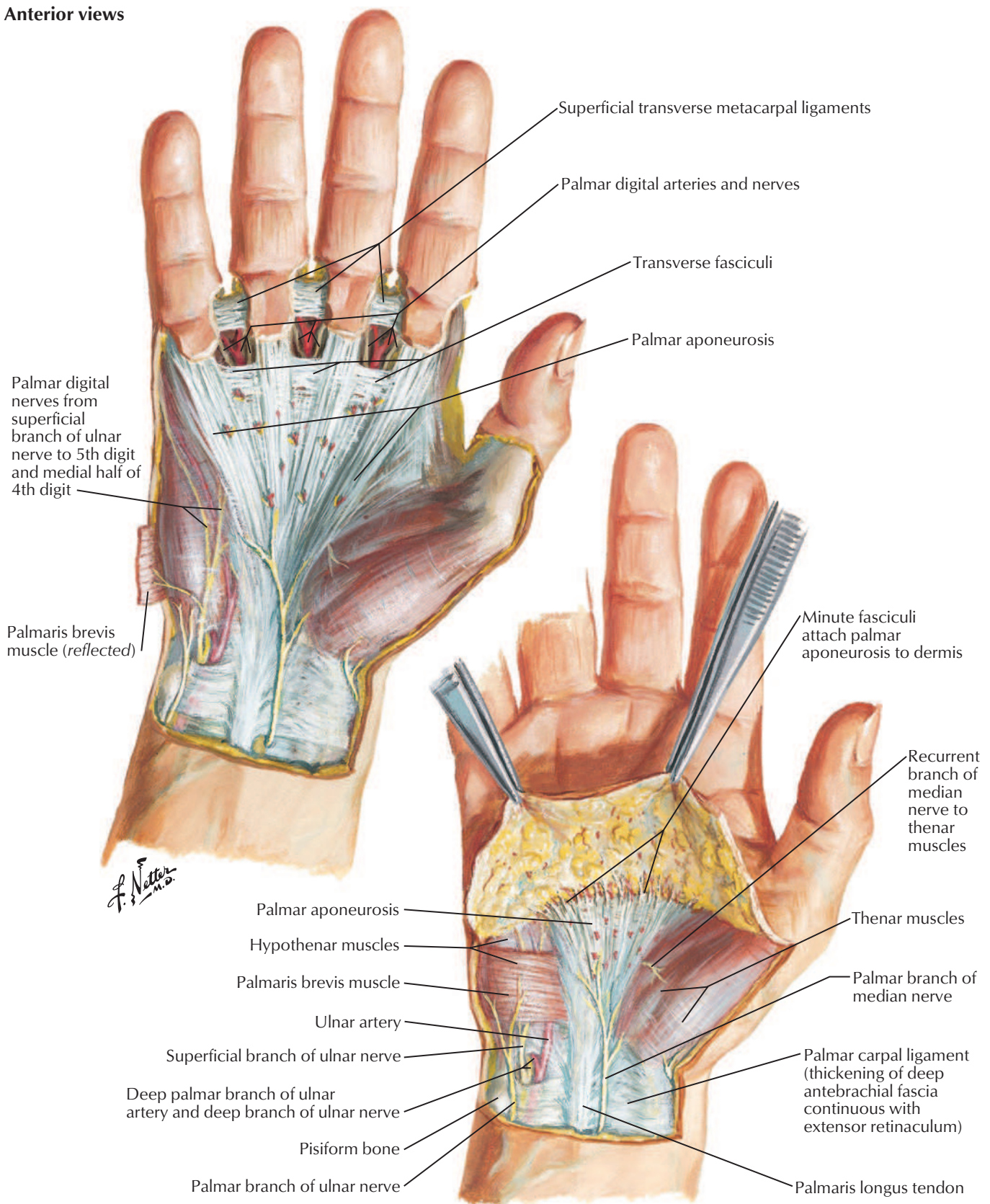
Lateral view

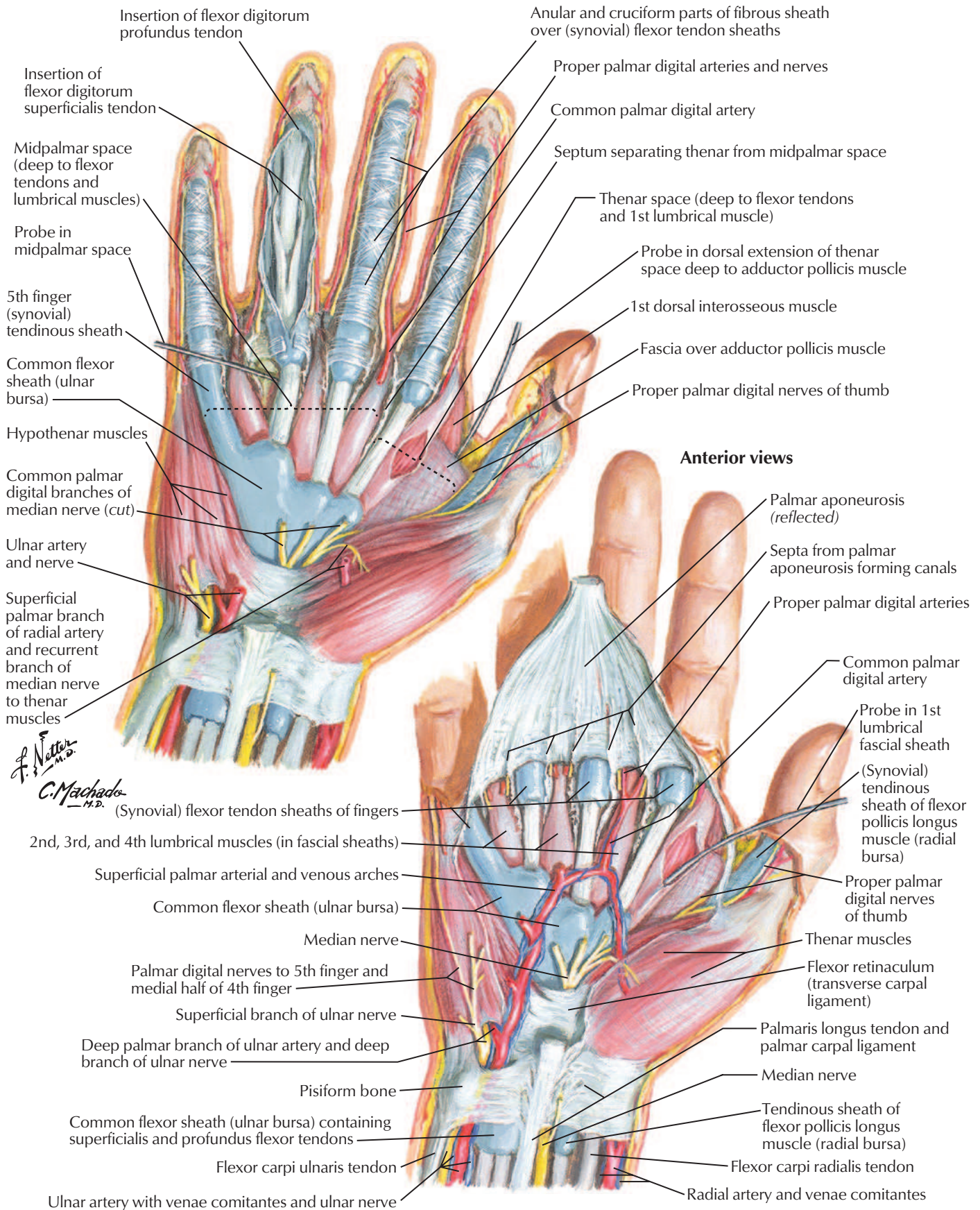


Anterior (palmar) view



Anterior views





See also [Plate 448](#)

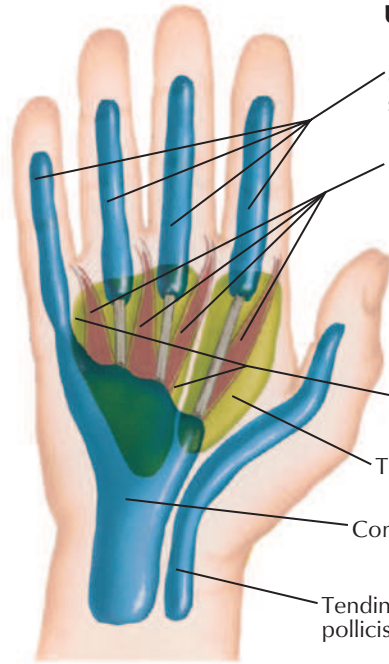
Common variation

Intermediate bursa (communication between common flexor sheath [ulnar bursa] and tendinous sheath of flexor pollicis longus [radial bursa])

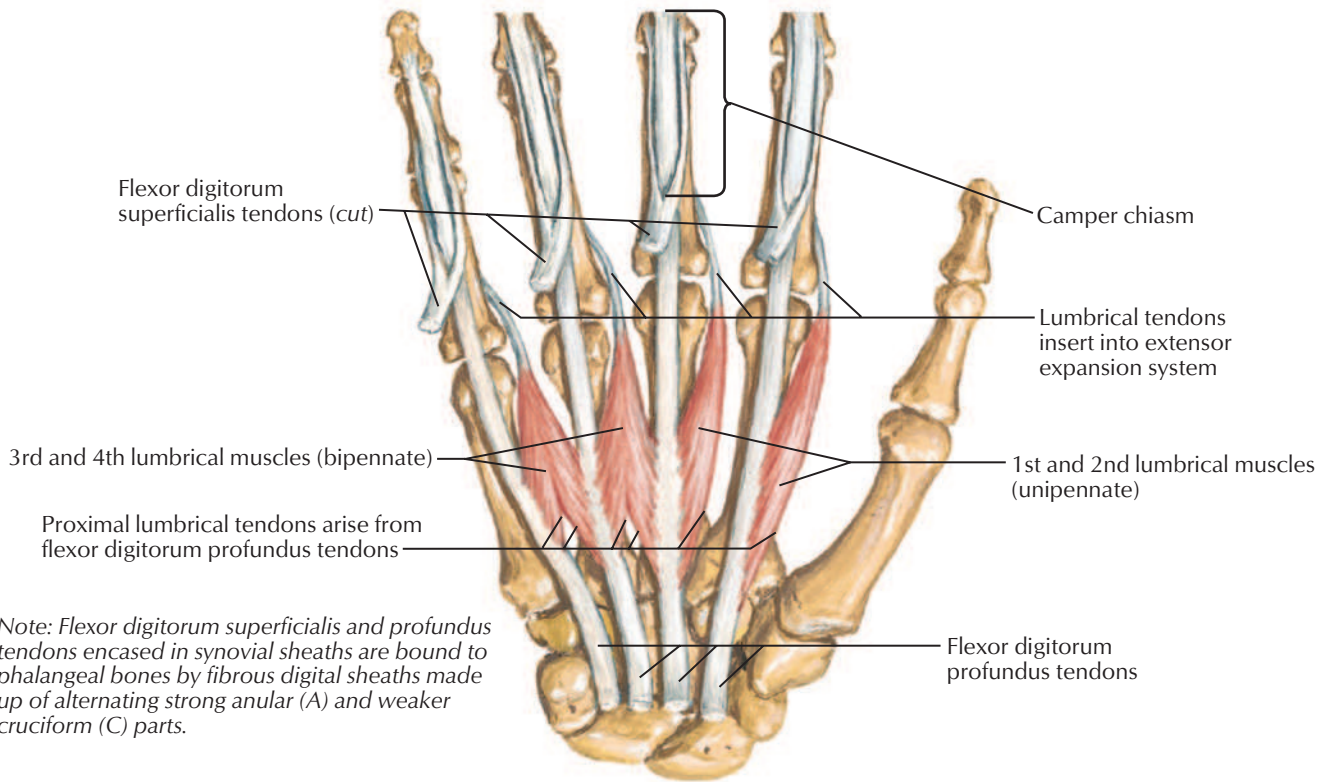


Usual arrangement

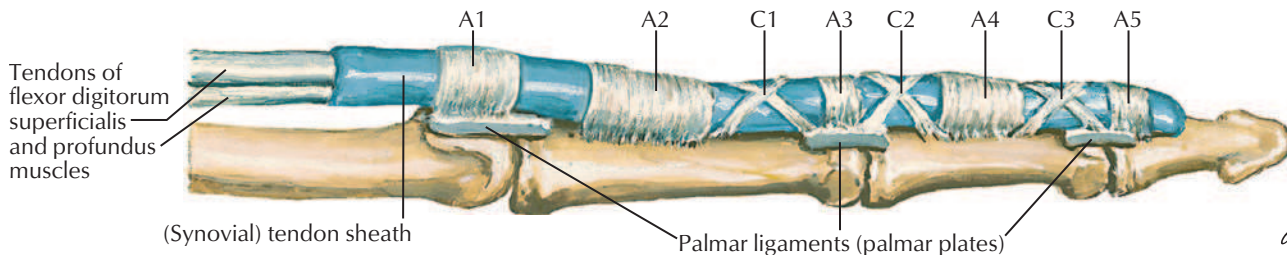
(Synovial) tendon sheaths of fingers
 Lumbrical muscles (in fascial sheaths)
 Midpalmar space
 Thenar space
 Common flexor sheath
 Tendinous sheath of flexor pollicis longus muscle

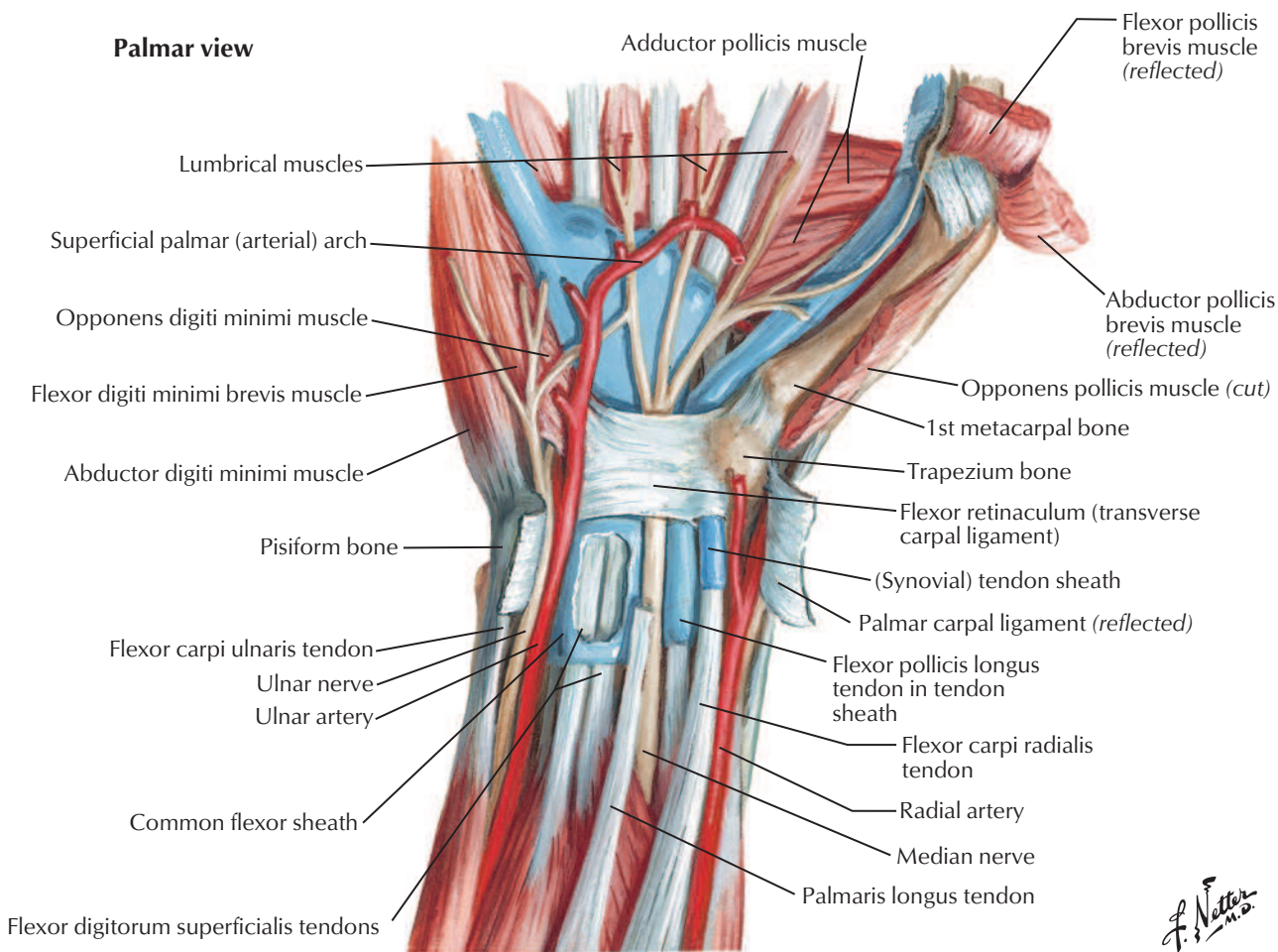


Lumbrical muscles: schema

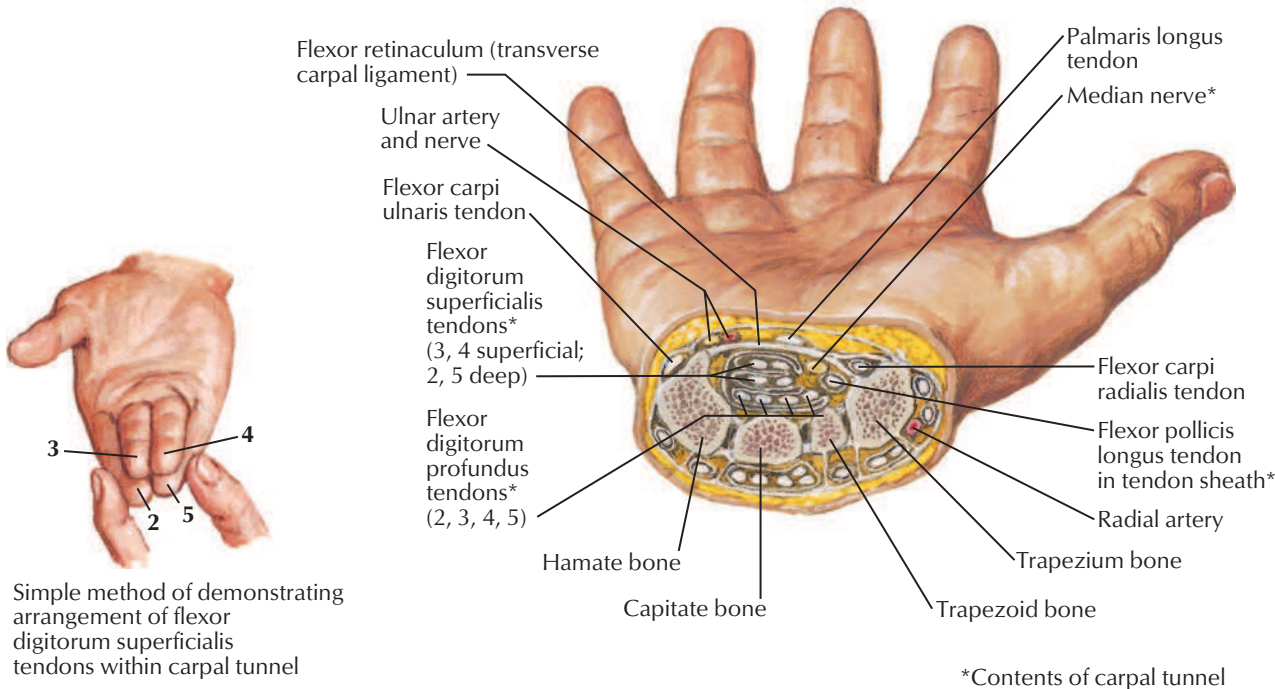


Note: Flexor digitorum superficialis and profundus tendons encased in synovial sheaths are bound to phalangeal bones by fibrous digital sheaths made up of alternating strong anular (A) and weaker cruciform (C) parts.

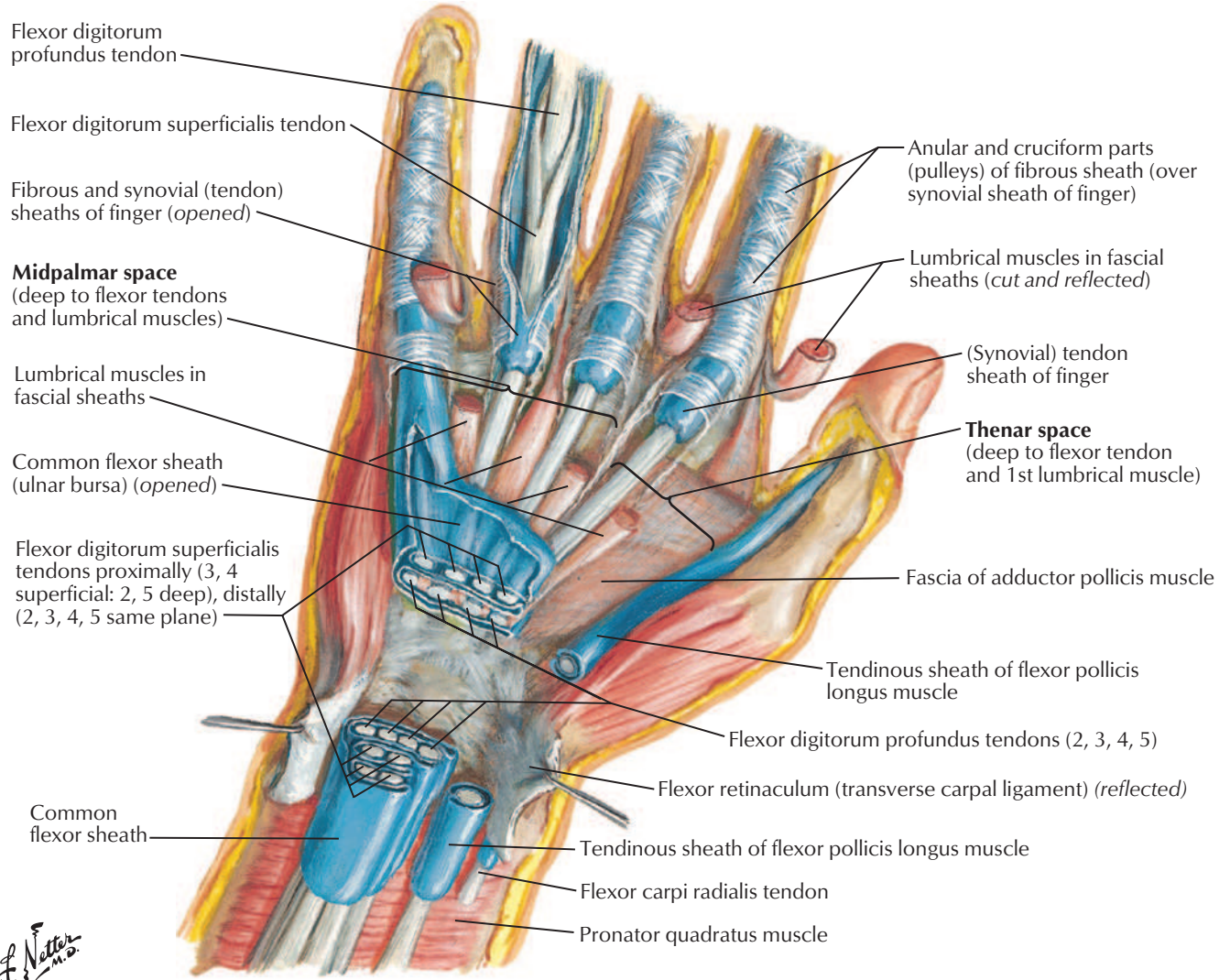




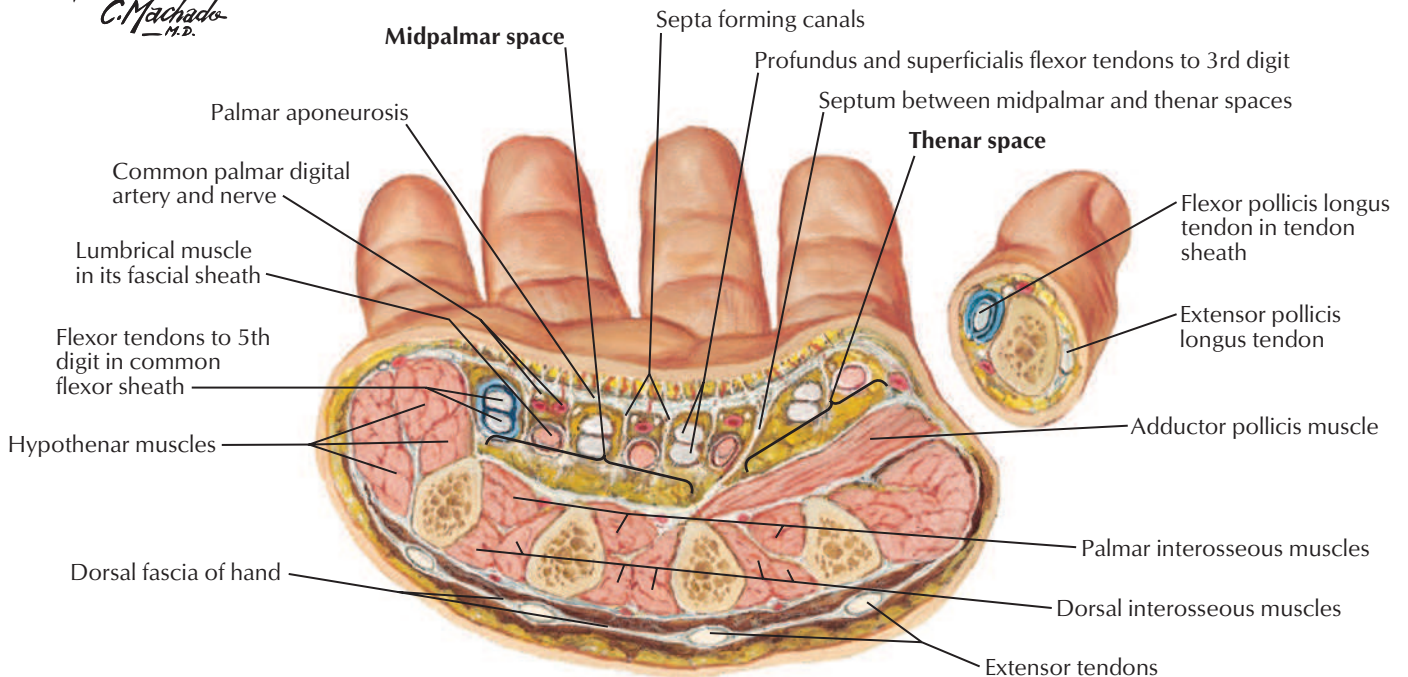
Cross section of wrist demonstrating carpal tunnel

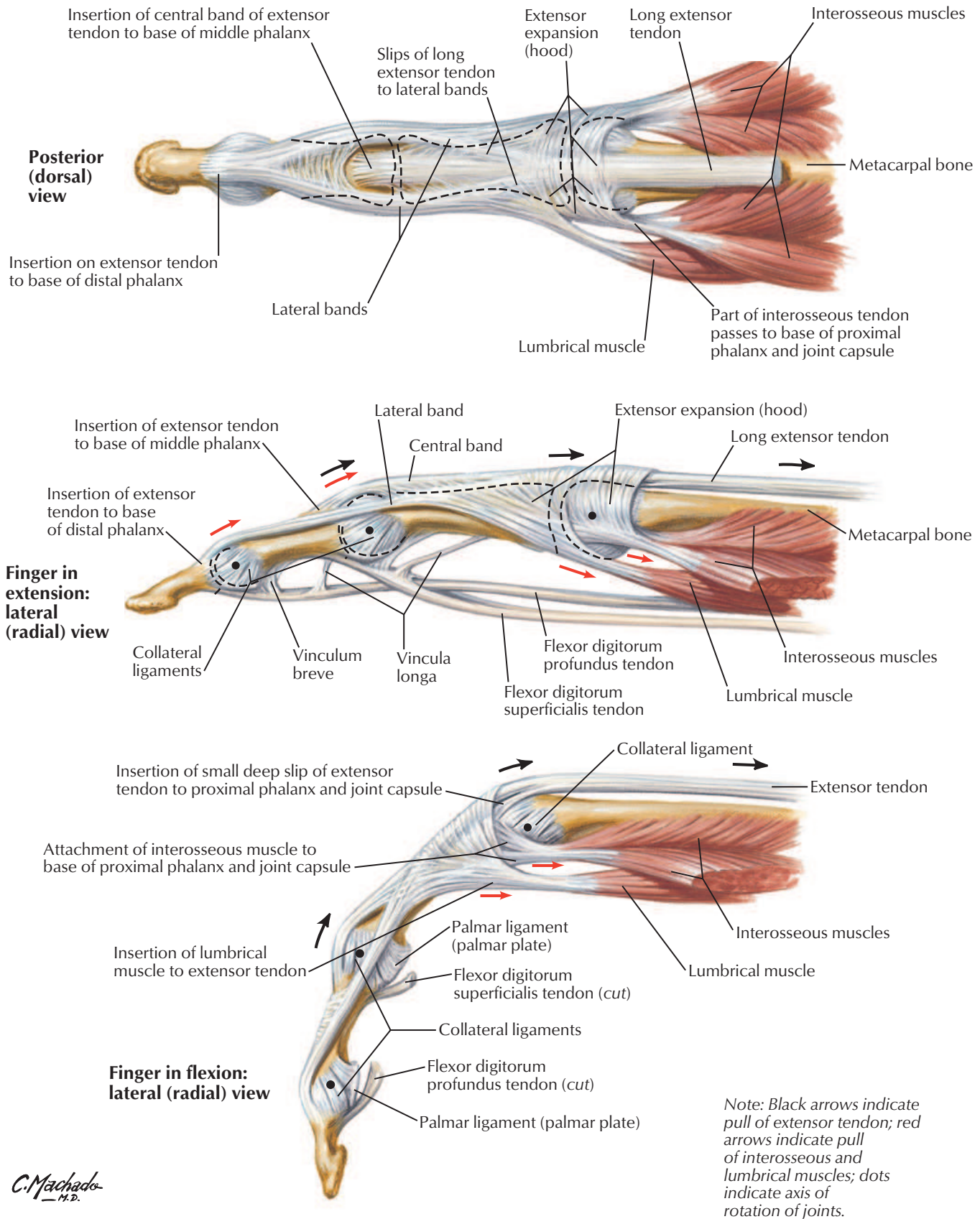


Bursae, Spaces, and Tendon Sheaths of Hand

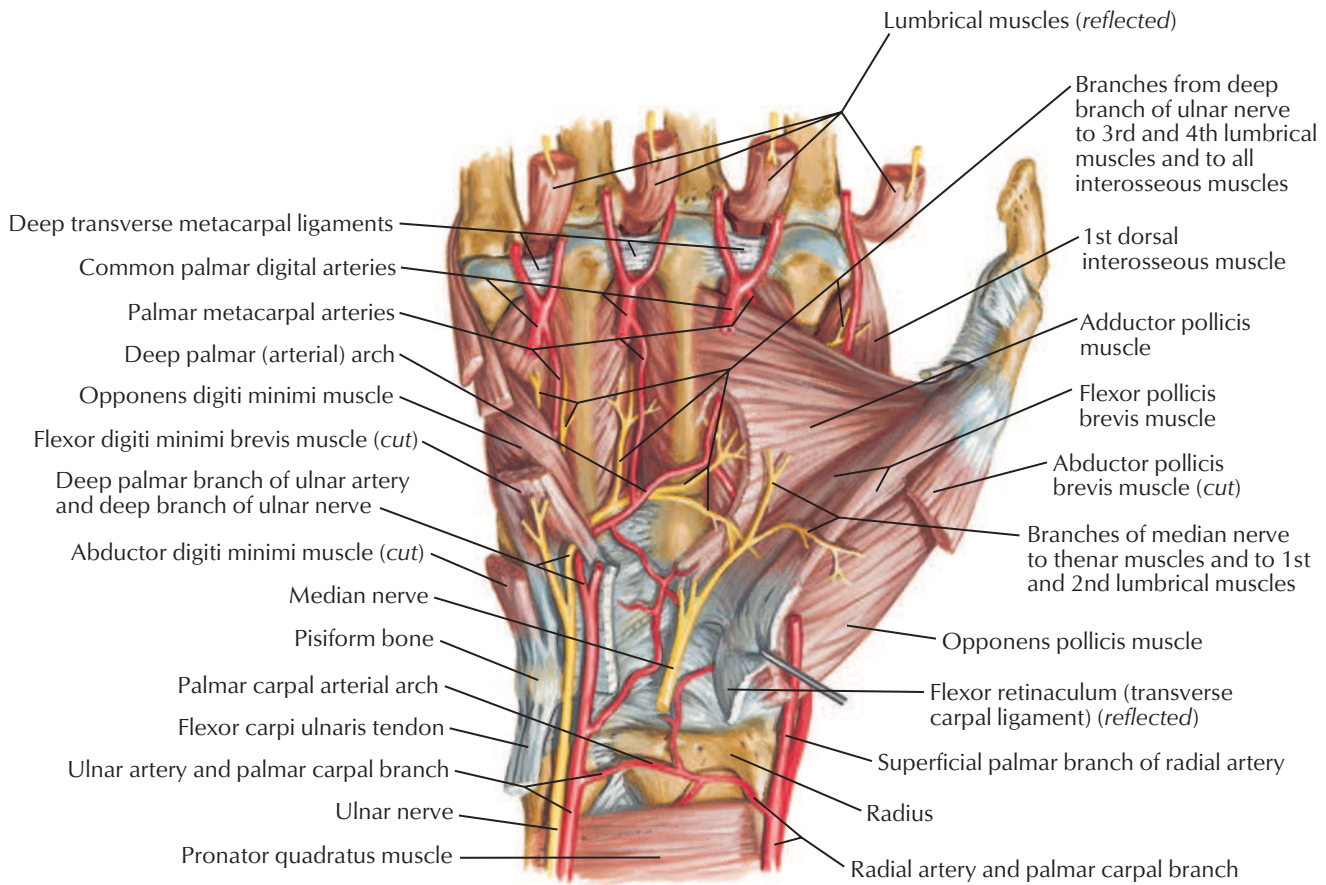


F. Netter M.D.
C. Machado M.D.

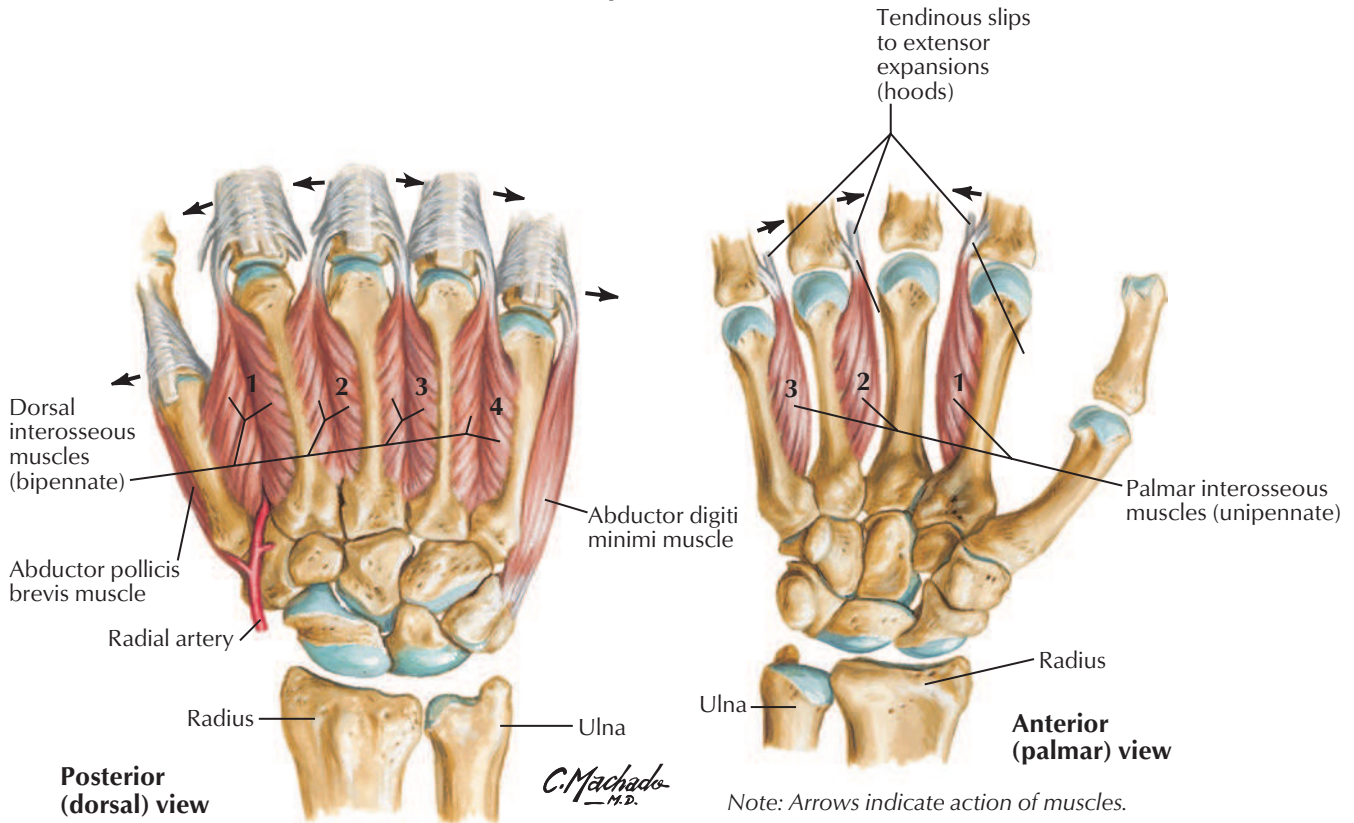




C. Machado M.D.

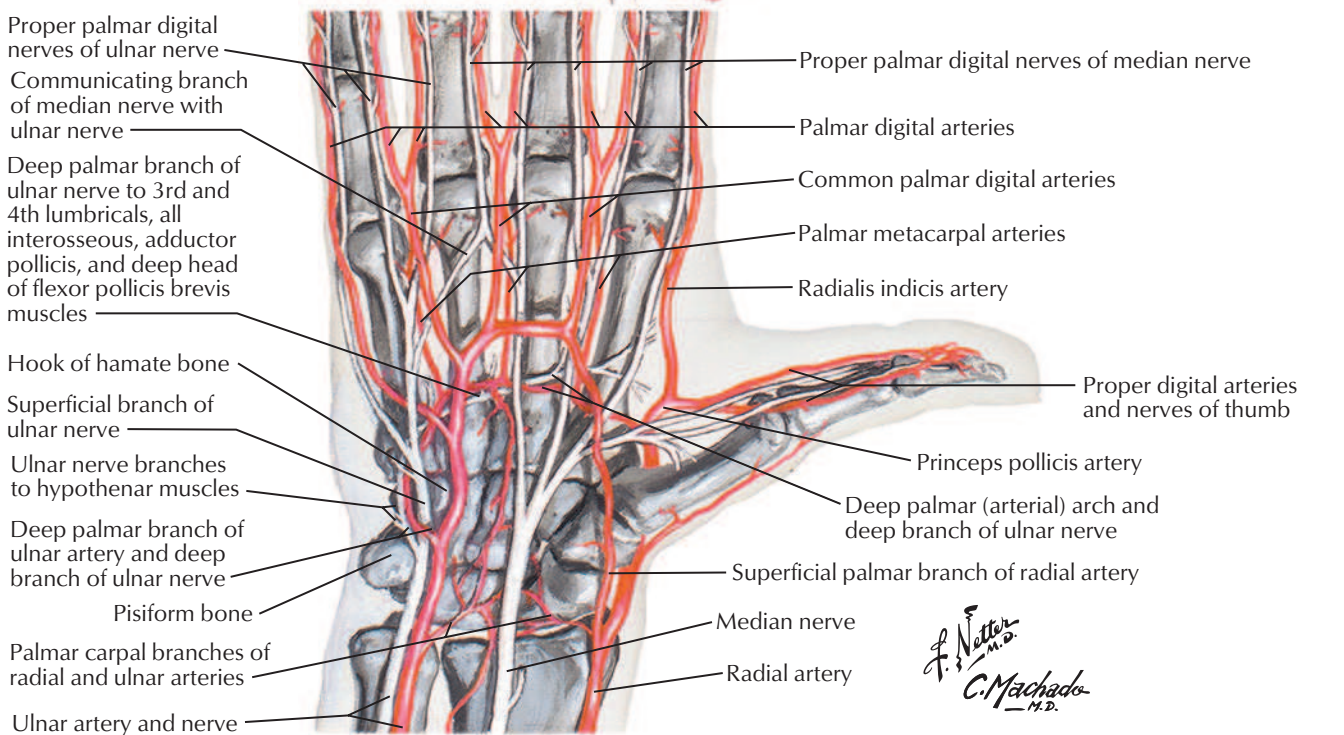
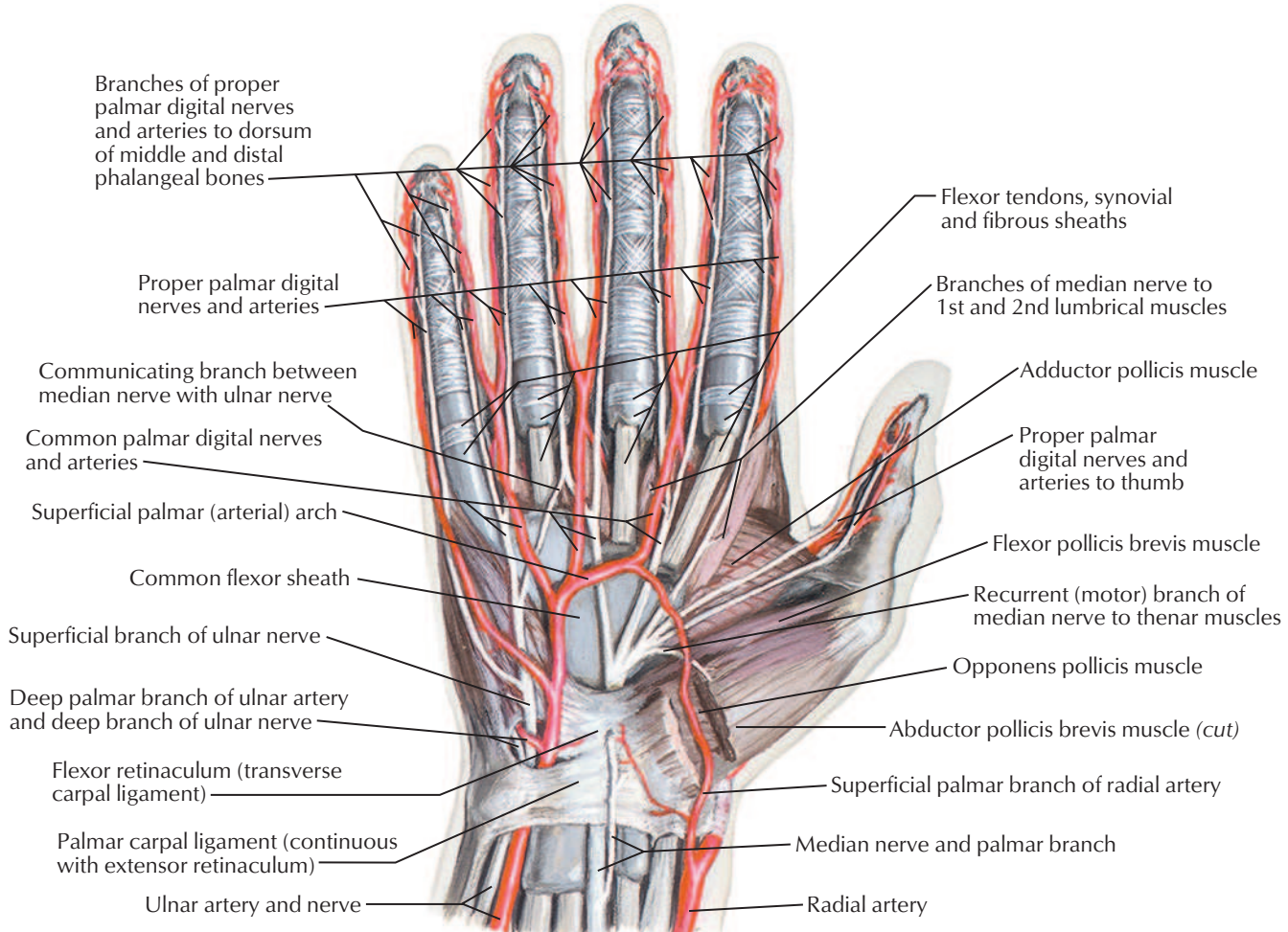


Anterior (palmar) view

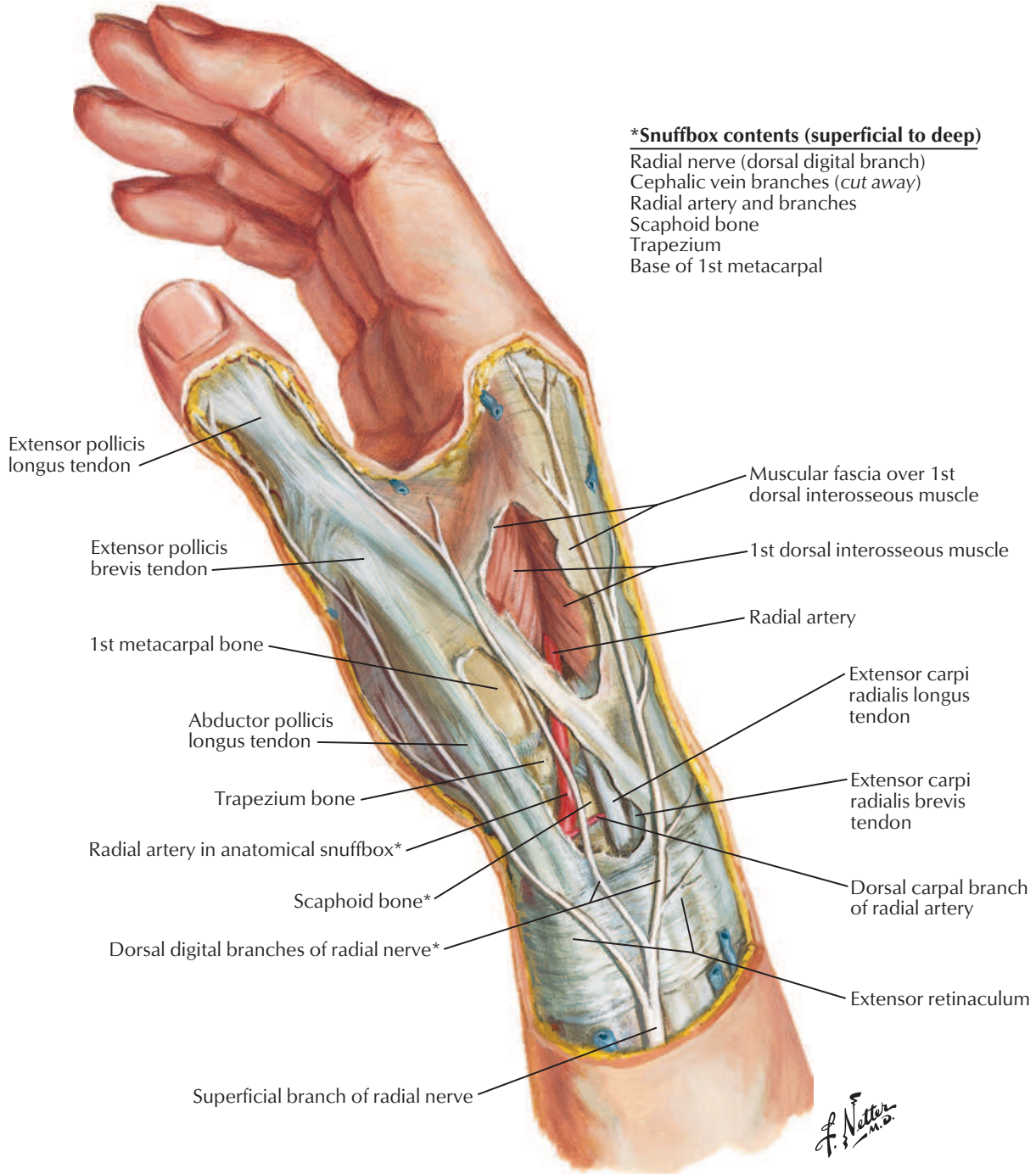


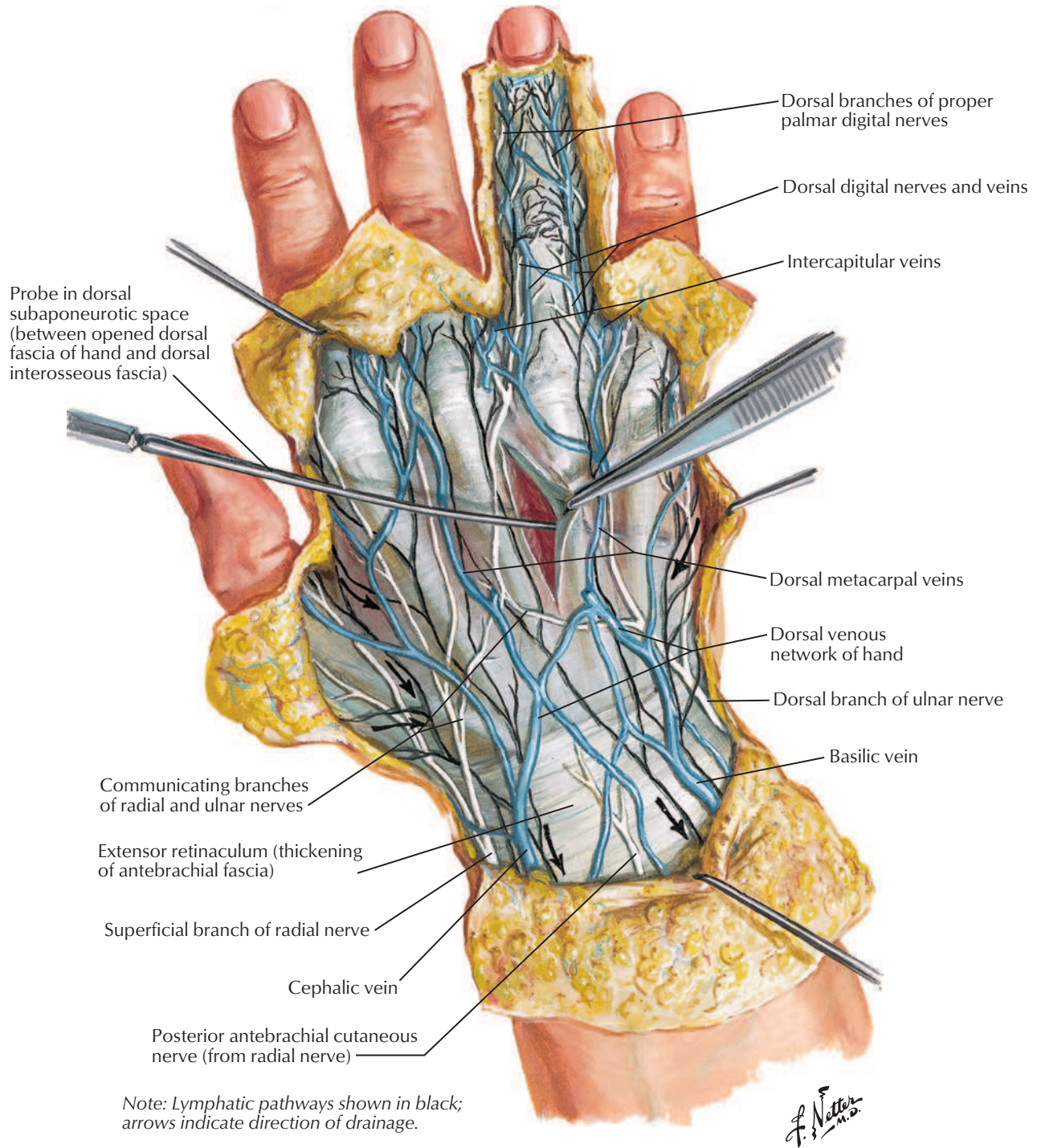
Posterior (dorsal) view

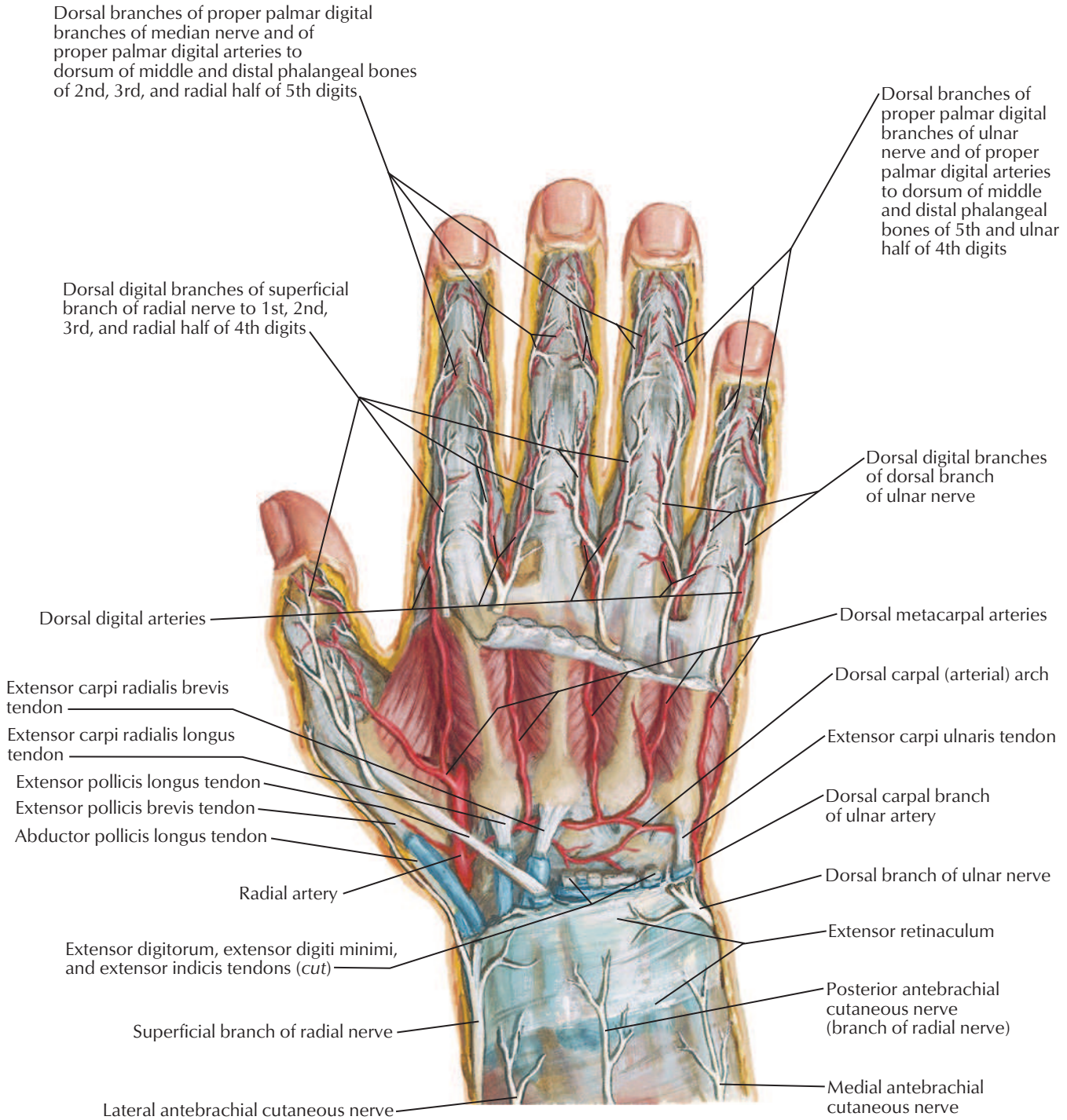
Anterior (palmar) view

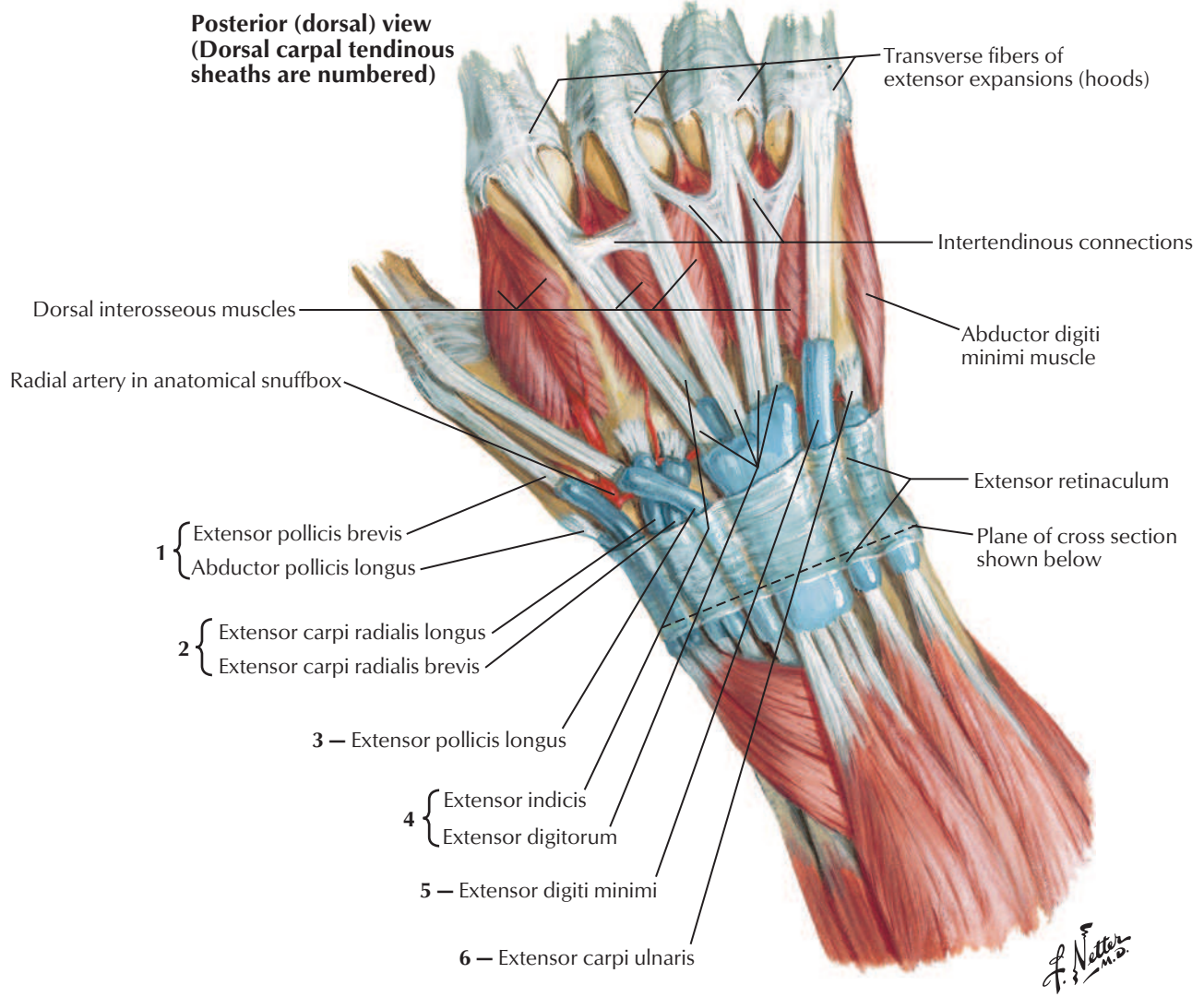


F. Netter M.D.
C. Machado M.D.

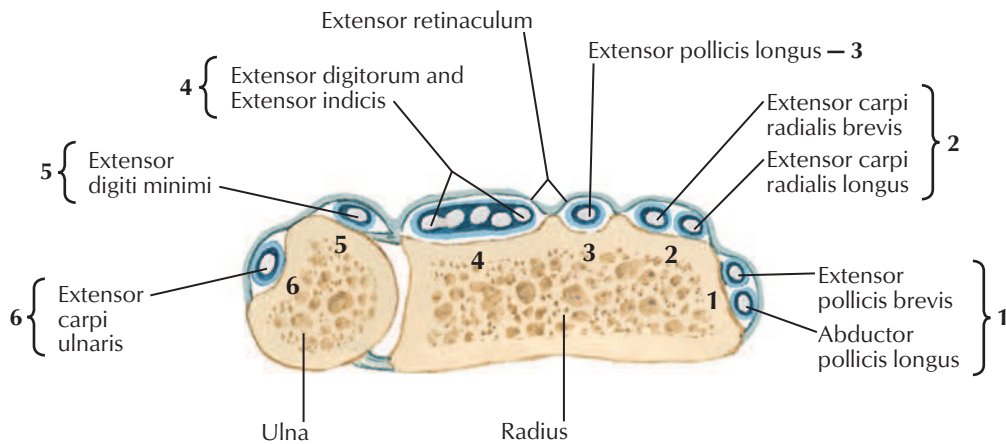


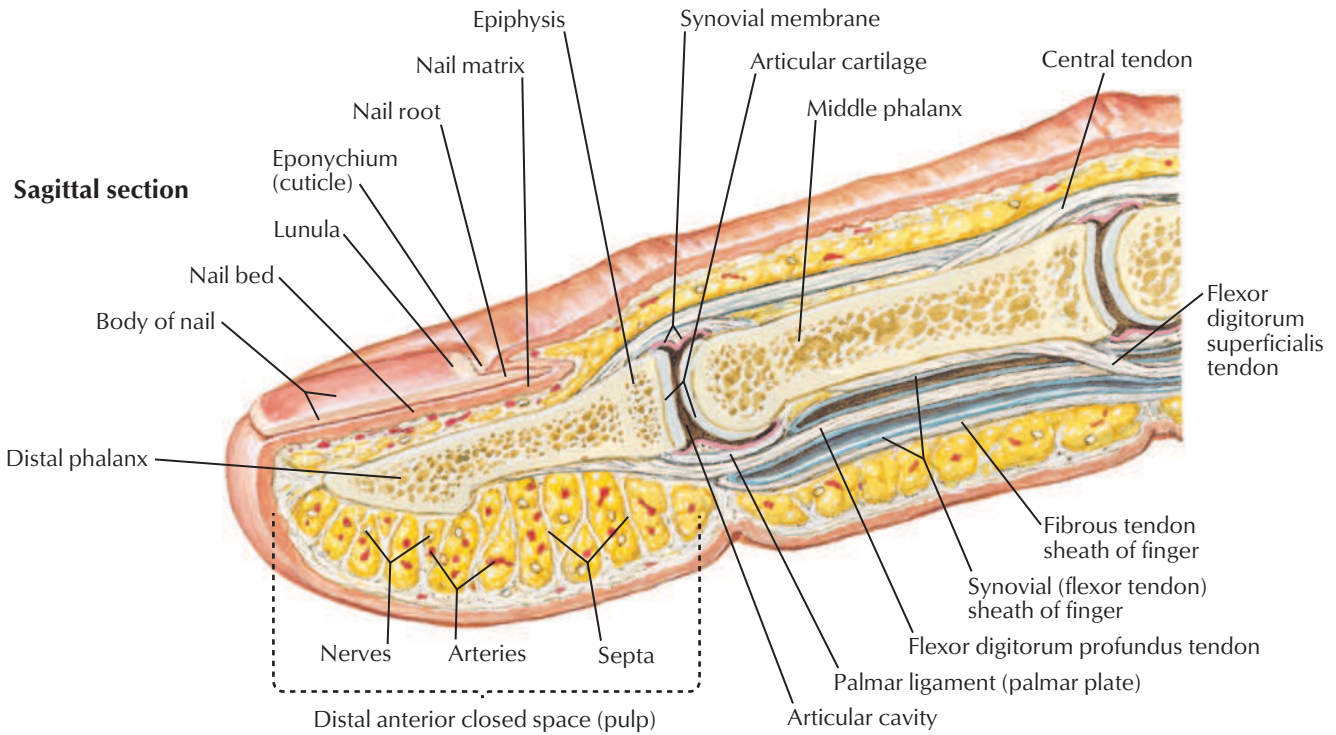




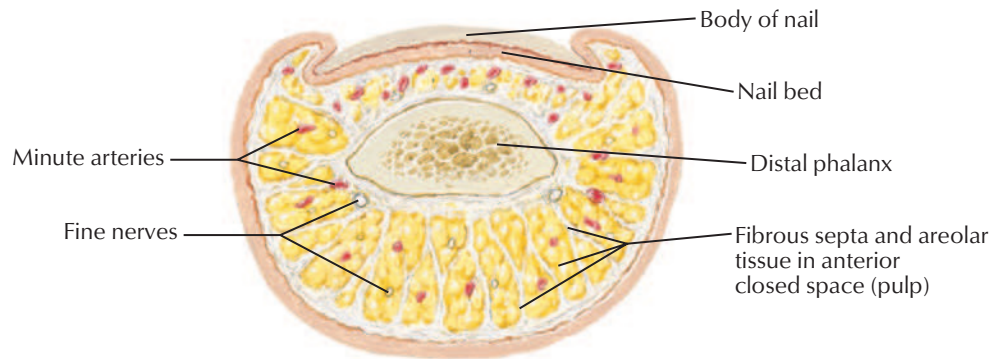


Cross section of most distal portion of forearm

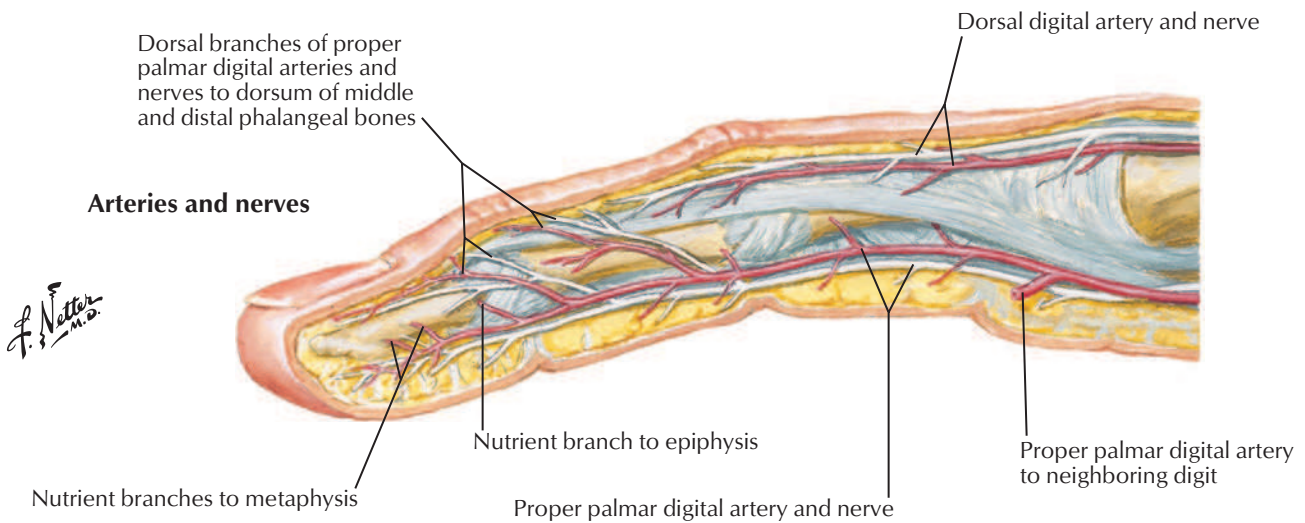


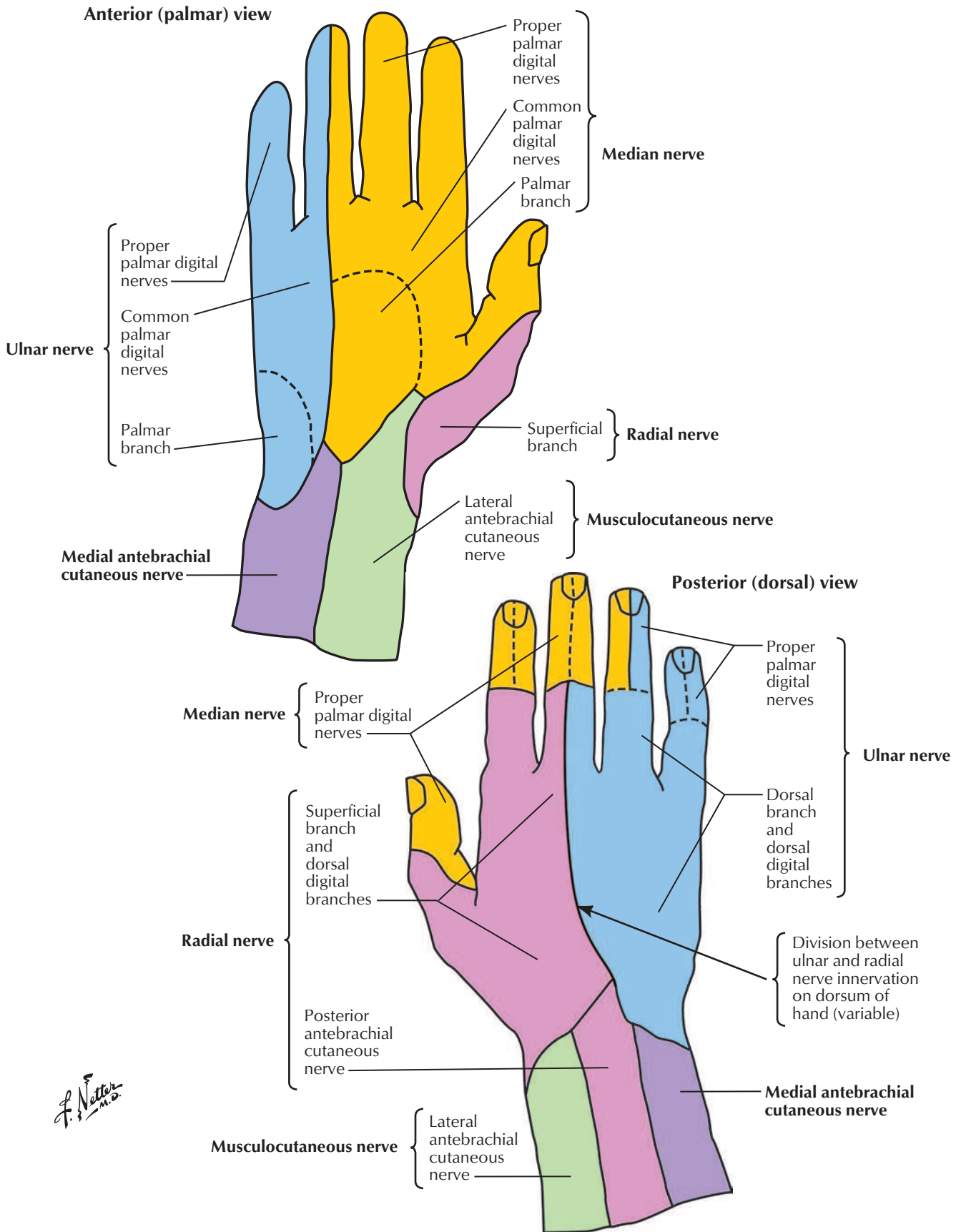


Cross section through distal phalanx



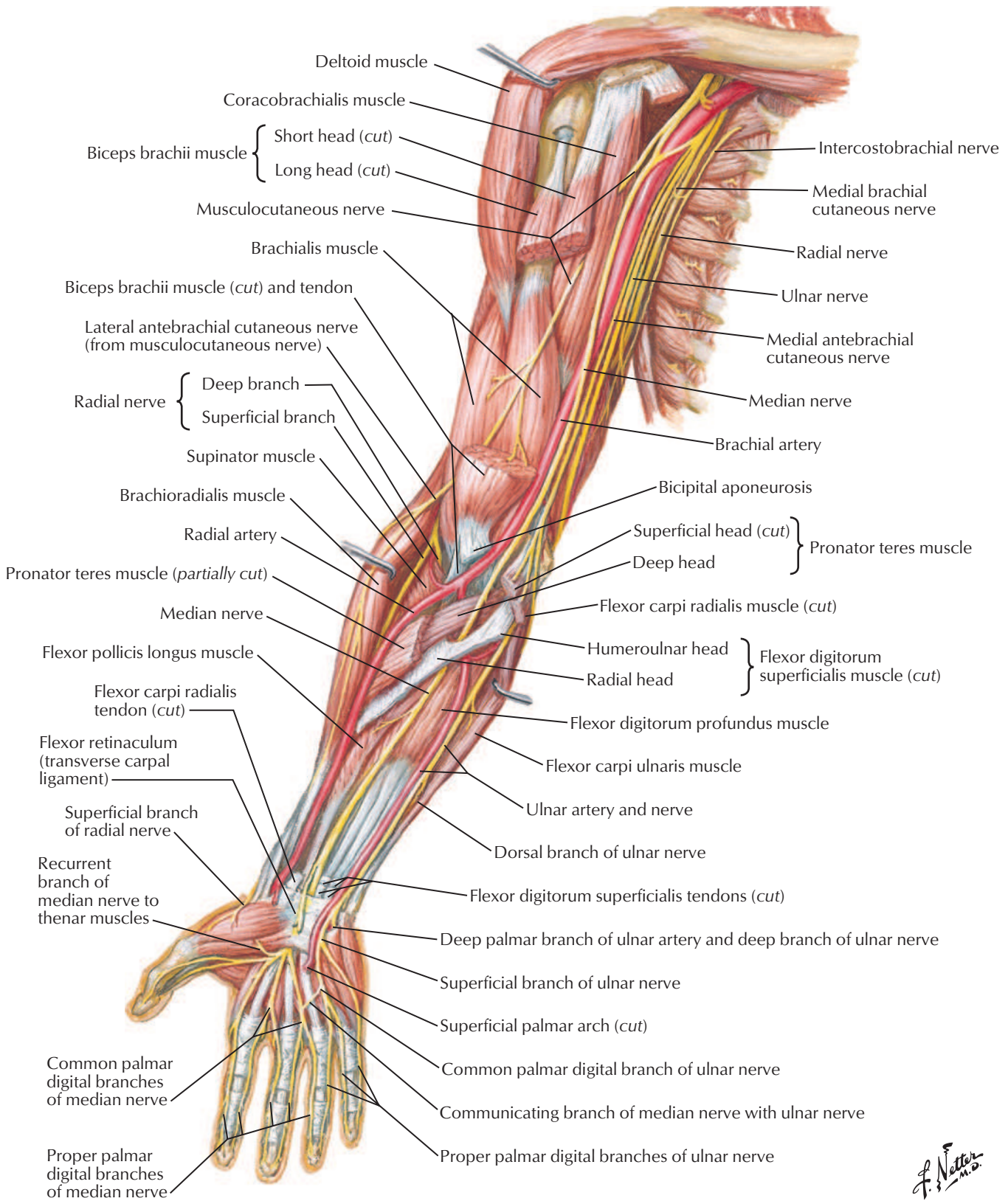
Arteries and nerves

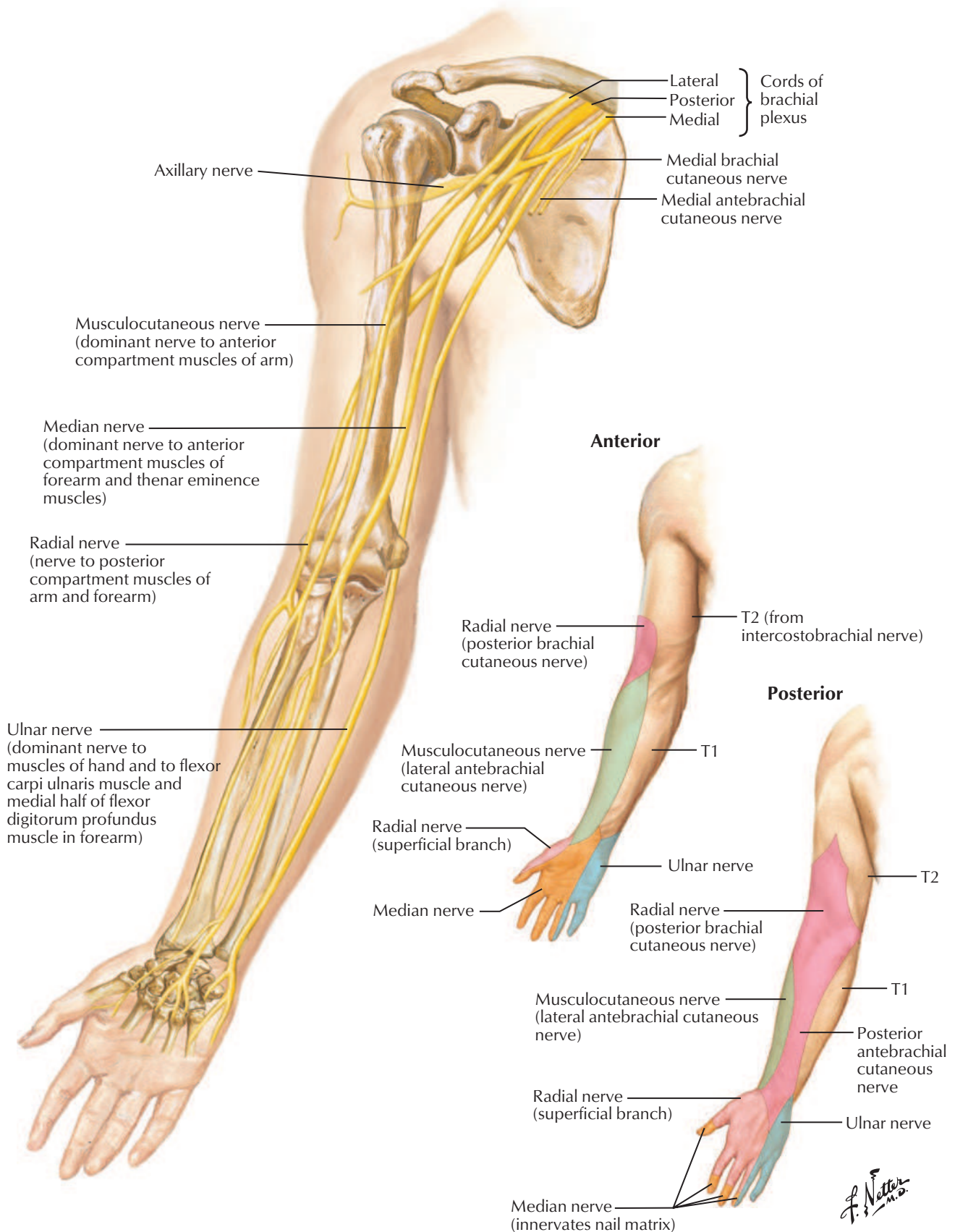




Arteries and Nerves of Upper Limb: Anterior View

See also [Plates 423, 438](#)

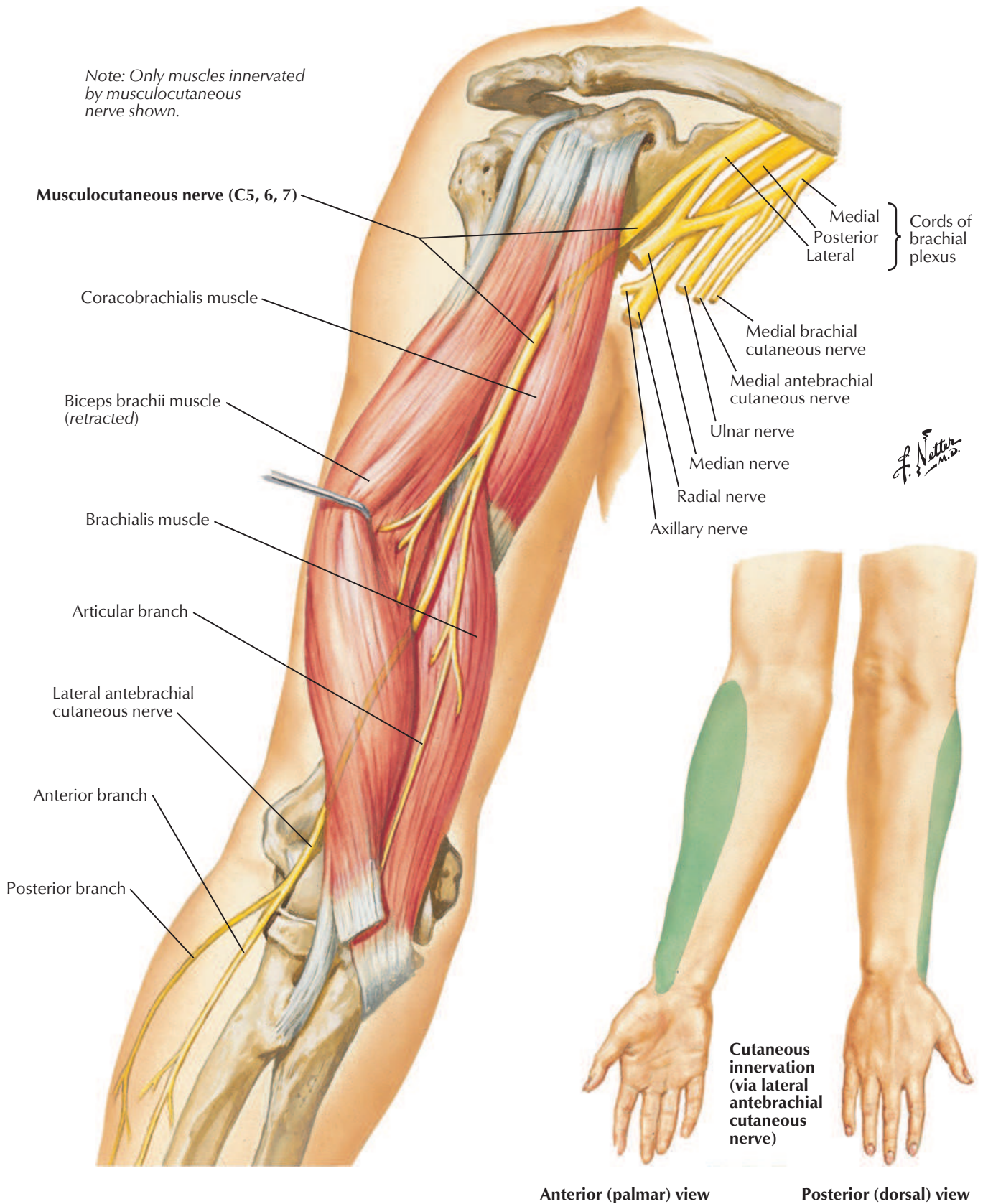




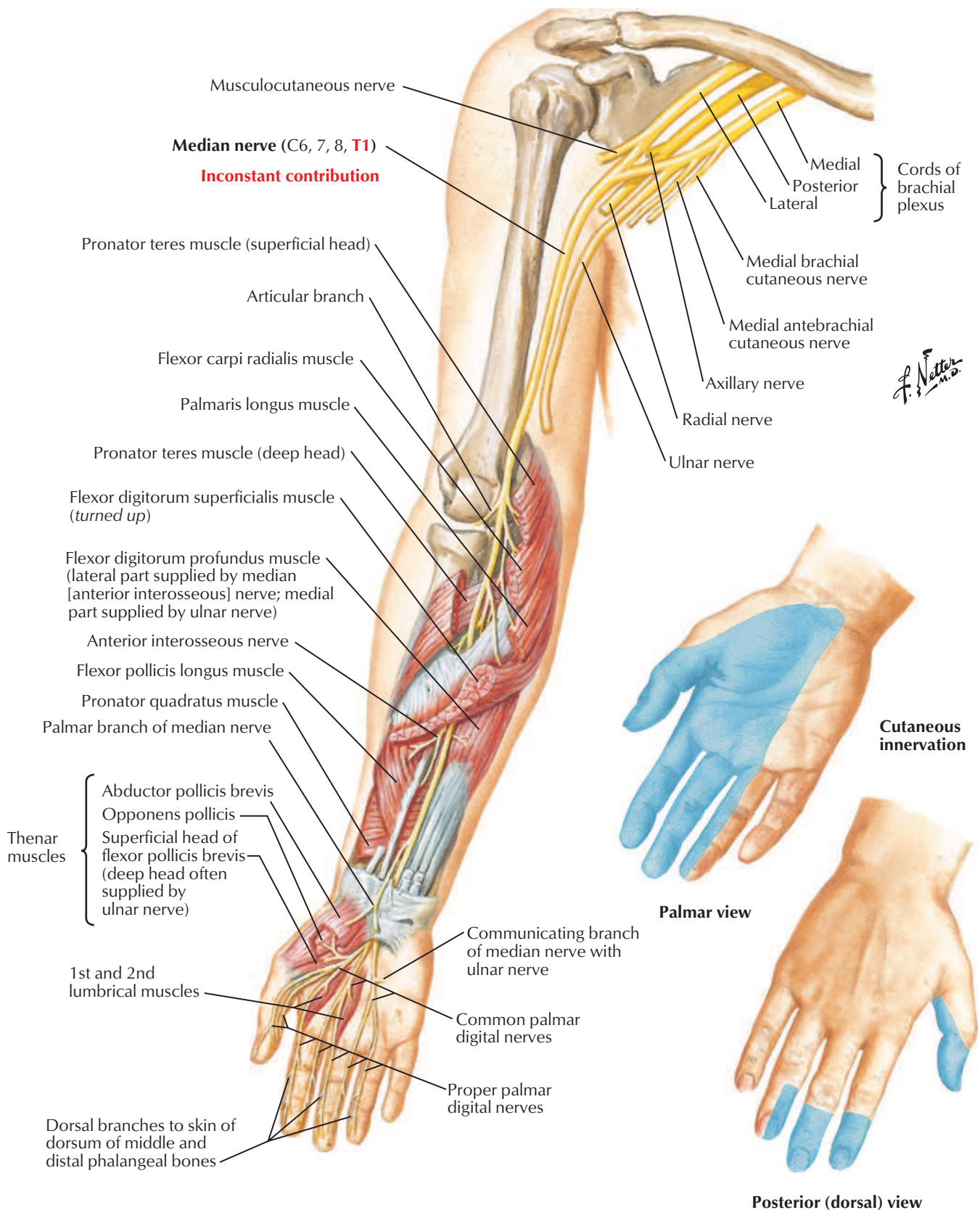
Musculocutaneous Nerve: Anterior View

See also [Plate 421](#)

Note: Only muscles innervated by musculocutaneous nerve shown.

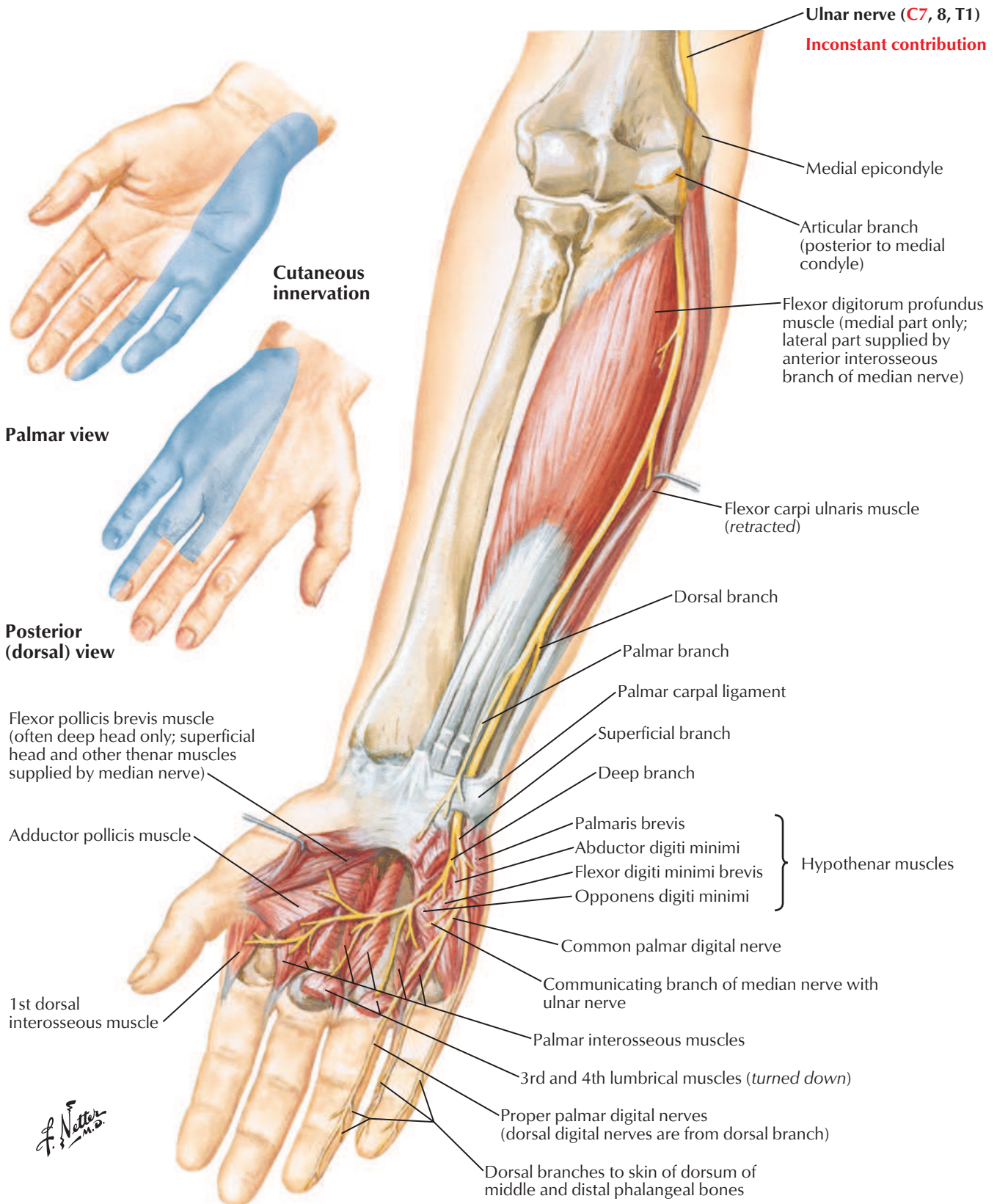


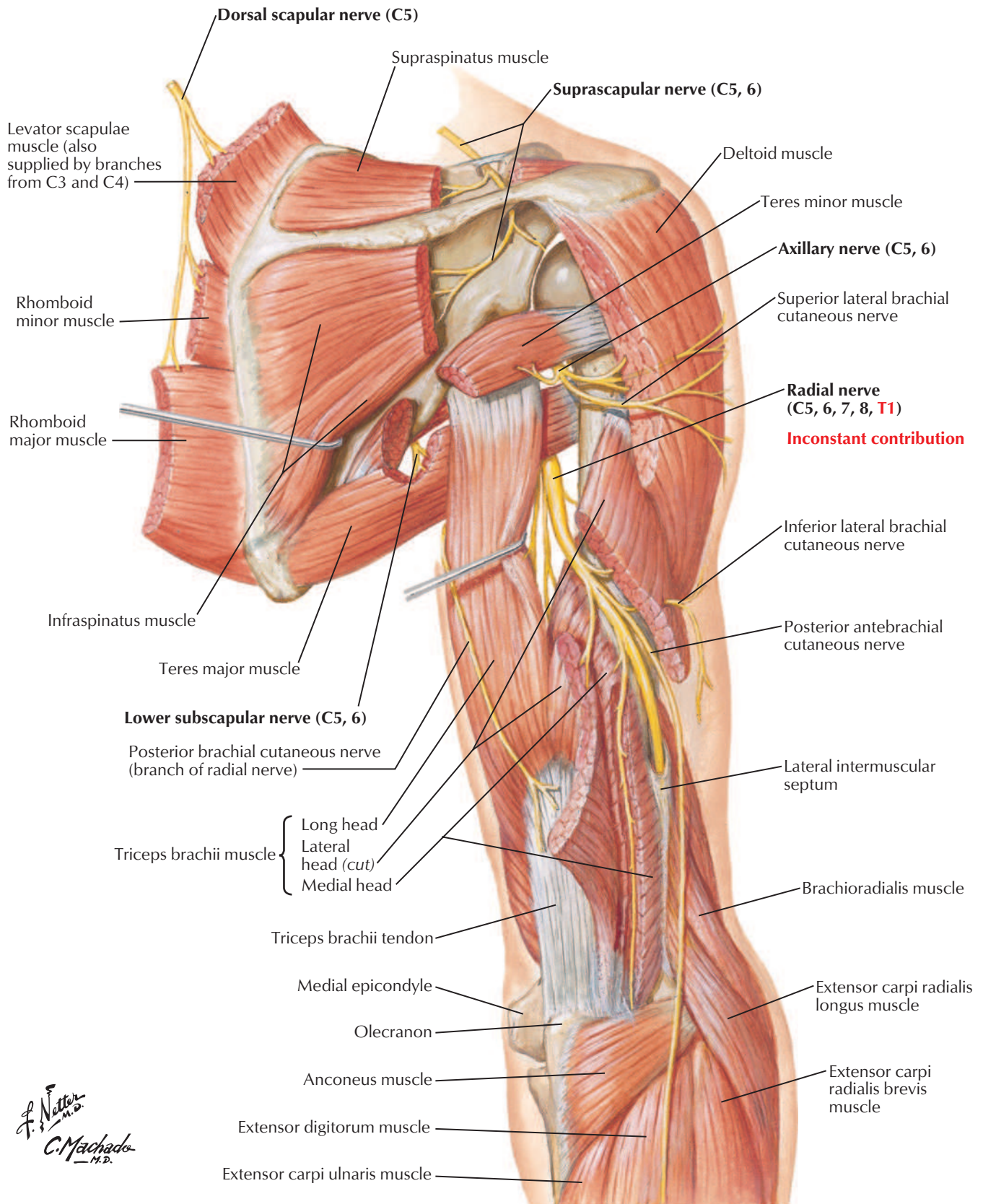
Note: Only muscles innervated by median nerve shown.



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Note: Only muscles innervated by ulnar nerve shown.

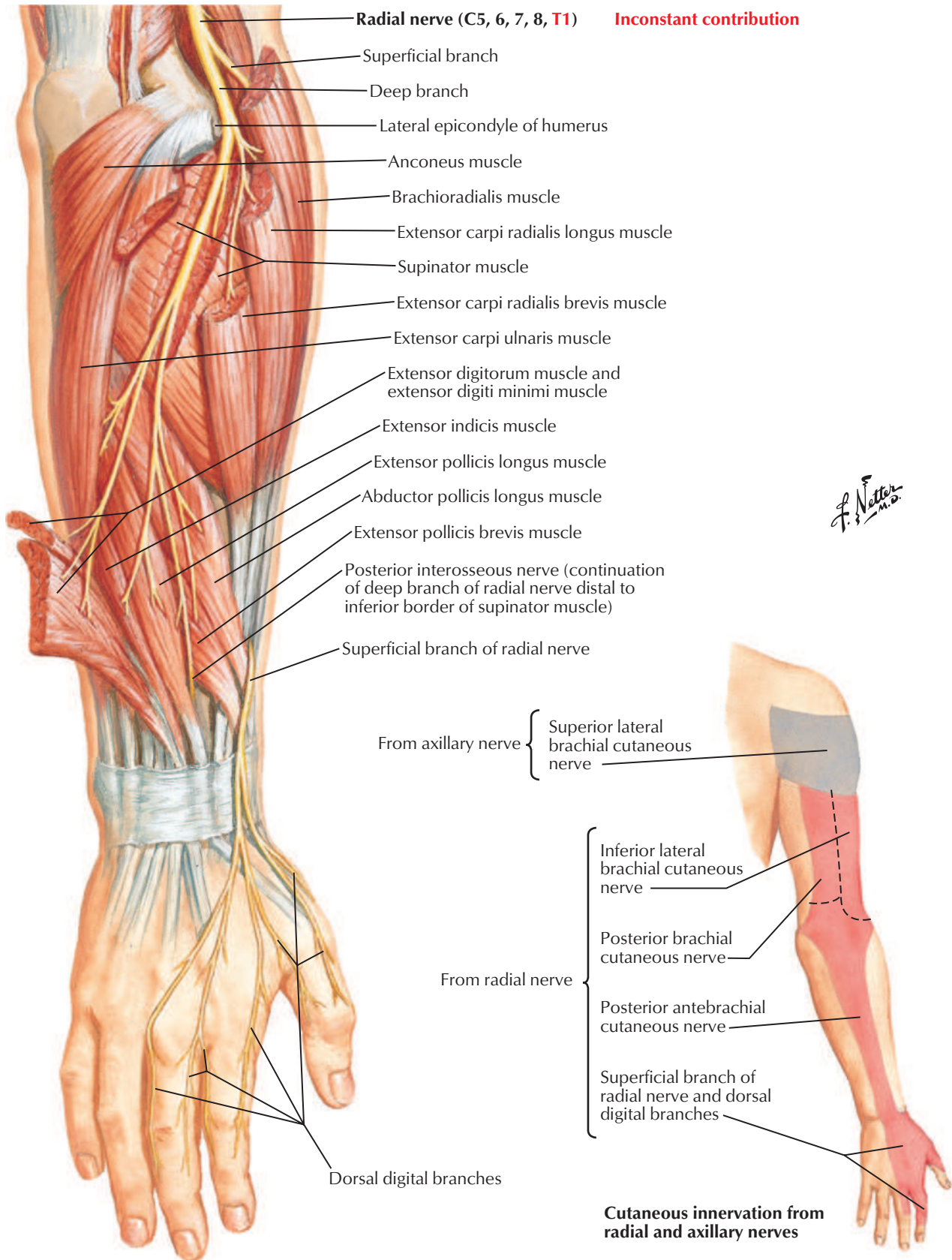




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Radial Nerve in Forearm and Hand

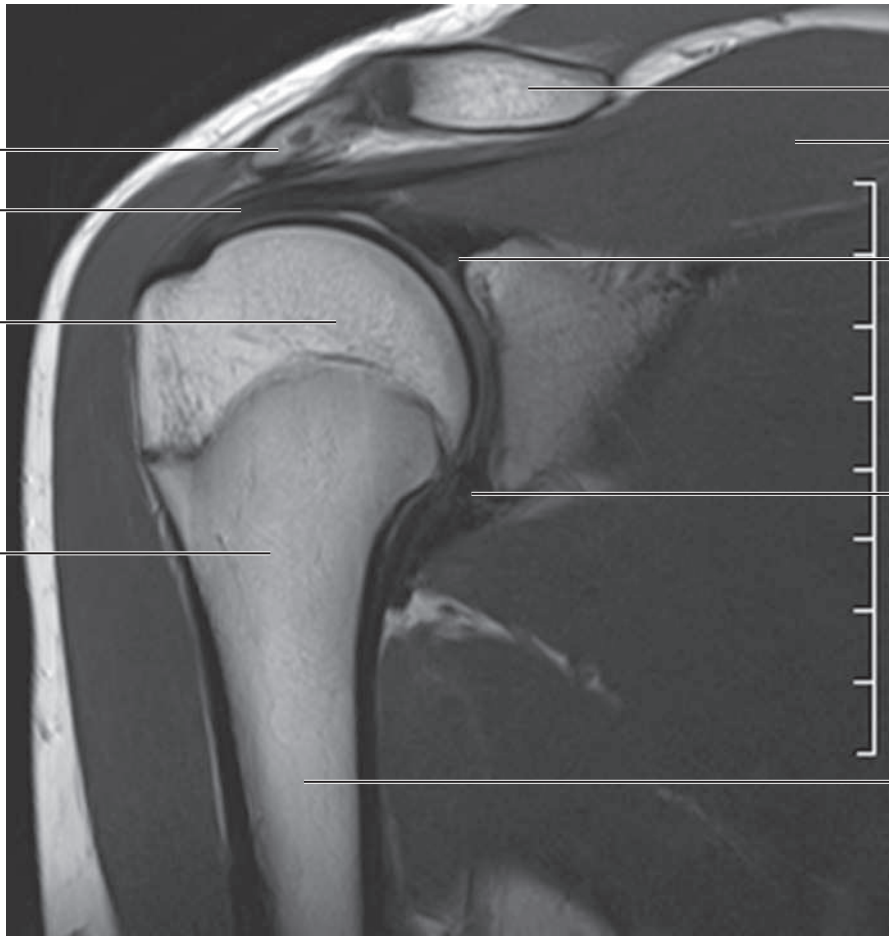
See also [Plates 434, 457](#)



See also [Plates 245, 412](#)

Coronal Proton-Density MRI of Glenohumeral Joint

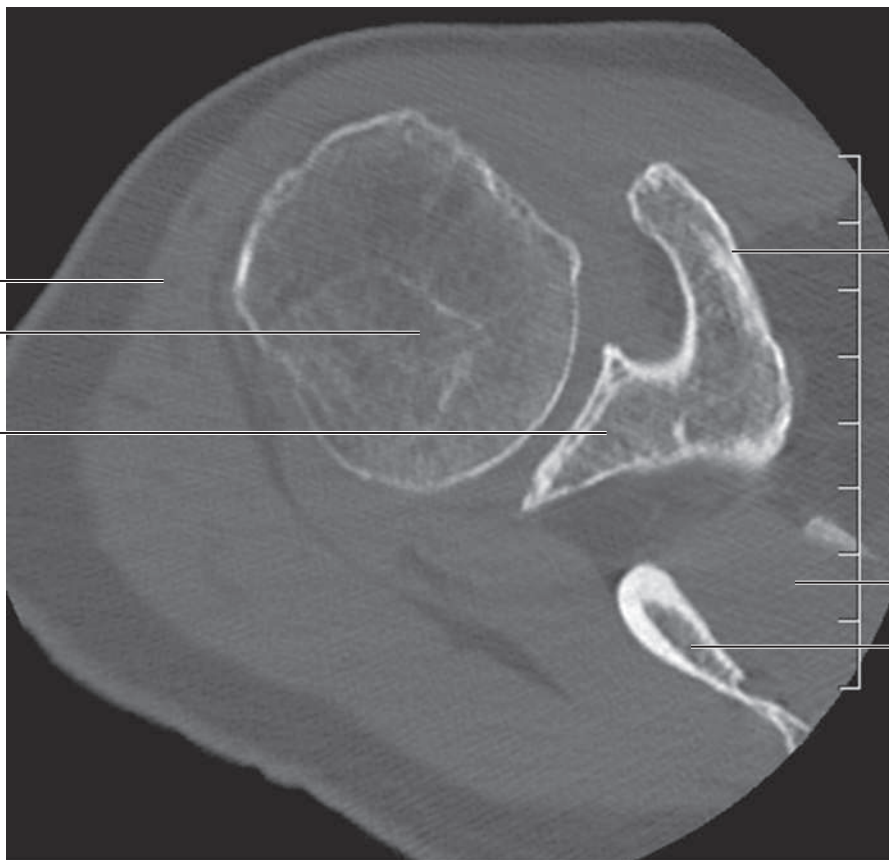
- Acromion
- Supraspinatus tendon
- Head of humerus
- Surgical neck



- Clavicle
- Supraspinatus muscle
- Glenoid labrum
- Glenoid labrum
- Humerus

Axial CT Image of Glenohumeral Joint

- Deltoid muscle
- Head of humerus
- Glenoid fossa



- Coracoid process
- Supraspinatus muscle
- Spine of scapula





ANATOMICAL STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 SKELETAL SYSTEM		
Clavicle	Most clavicular fractures are caused from a fall on an outstretched arm or direct trauma delivered to the lateral side of the shoulder. Middle third of the clavicle is most commonly fractured due to the changing bony morphology of the clavicle, its strutlike function, and ligament attachments.	408, 409
Humerus	The proximal humerus, especially the surgical neck, is fractured due to low-energy falls in the elderly and high-energy trauma in youth. The axillary nerve is in harm's way and the circumflex humeral arteries can be injured. Midshaft fractures are also relatively common and place the radial nerve in harm's way.	409–411
Ulna	Subcutaneous location of olecranon makes it vulnerable to fracture by direct trauma, especially when elbow is flexed; ulnar styloid process may also be fractured in distal radial fractures	426, 429
Radius	Fractures of distal radius are most common fracture of upper extremity, typically caused by fall on outstretched hand	429
Scaphoid	Most commonly fractured carpal bone; fracture is often due to fall on outstretched hand	439, 440, 442
 MUSCULAR SYSTEM		
Rotator (compressor) cuff muscles	Injuries to this group of muscles can be from an acute injury or chronic overuse injury leading to common causes of shoulder pain and disability	412, 415, 422
Supraspinatus tendon	Most commonly injured rotator (compressor) cuff muscle tendon complex. Often torn beneath the acromion	415–417, 422
Biceps brachii tendon	Proximally the long head of the biceps tendon tears in the elderly from falls on an outstretched arm, and distally the biceps tendon is used to perform flexor compartment reflex assessing the C5 and C6 spinal nerves	421, 423
Long head of biceps brachii	When long head has been ruptured, it pulls off supraglenoid tubercle and retracts down into arm; muscle bulges (Popeye deformity) at midshaft of humerus	421
Posterior forearm muscles	Repetitive use of muscles arising from common extensor origin can damage tendons and produce pain over lateral epicondyle, associated with tennis elbow	431
Anterior forearm muscles	Repetitive use of muscles arising from common flexor origin can damage tendons and produce pain over medial epicondyle, associated with golfer's elbow	432, 433
 NERVOUS SYSTEM		
Long thoracic nerve	Injury may produce "winged scapula" caused by denervation of serratus anterior	417, 419
Axillary nerve	Position of nerve close to medial aspect of humeral head makes it vulnerable to injury with fractures of surgical neck of humerus or humeral dislocations	422
Median nerve	Commonly compressed in carpal tunnel, producing pain and paresthesia in lateral three and one-half digits	450, 466
Recurrent branch of median nerve	May be injured in superficial lacerations of palm over thenar eminence	449
Ulnar nerve	Vulnerable to compression or injury where it passes posterior to medial epicondyle of humerus, and at wrist in ulnar tunnel (Guyon's canal)	463, 467
Radial nerve	Vulnerable to compression or injury where it lies against humerus in radial groove (e.g., with humeral fracture); common symptom is "wrist drop" due to weakness of wrist extensors	468, 469

Table 7.1

ANATOMICAL STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 CARDIOVASCULAR SYSTEM		
Median cubital vein	Accessed in cubital fossa for venipuncture	405
Suprascapular, dorsal scapular, and circumflex scapular arteries	Provide collateral circulation around scapula, allowing blood to reach distal part of upper extremity if axillary artery is blocked or compressed	418
Brachial artery	Palpated in cubital fossa to assess brachial pulse prior to taking blood pressure measurement	423, 424
Radial artery	Palpated at lateral aspect of wrist to assess radial pulse	424

*Selections were based largely on clinical data as well as commonly covered clinical correlations in gross anatomy courses.

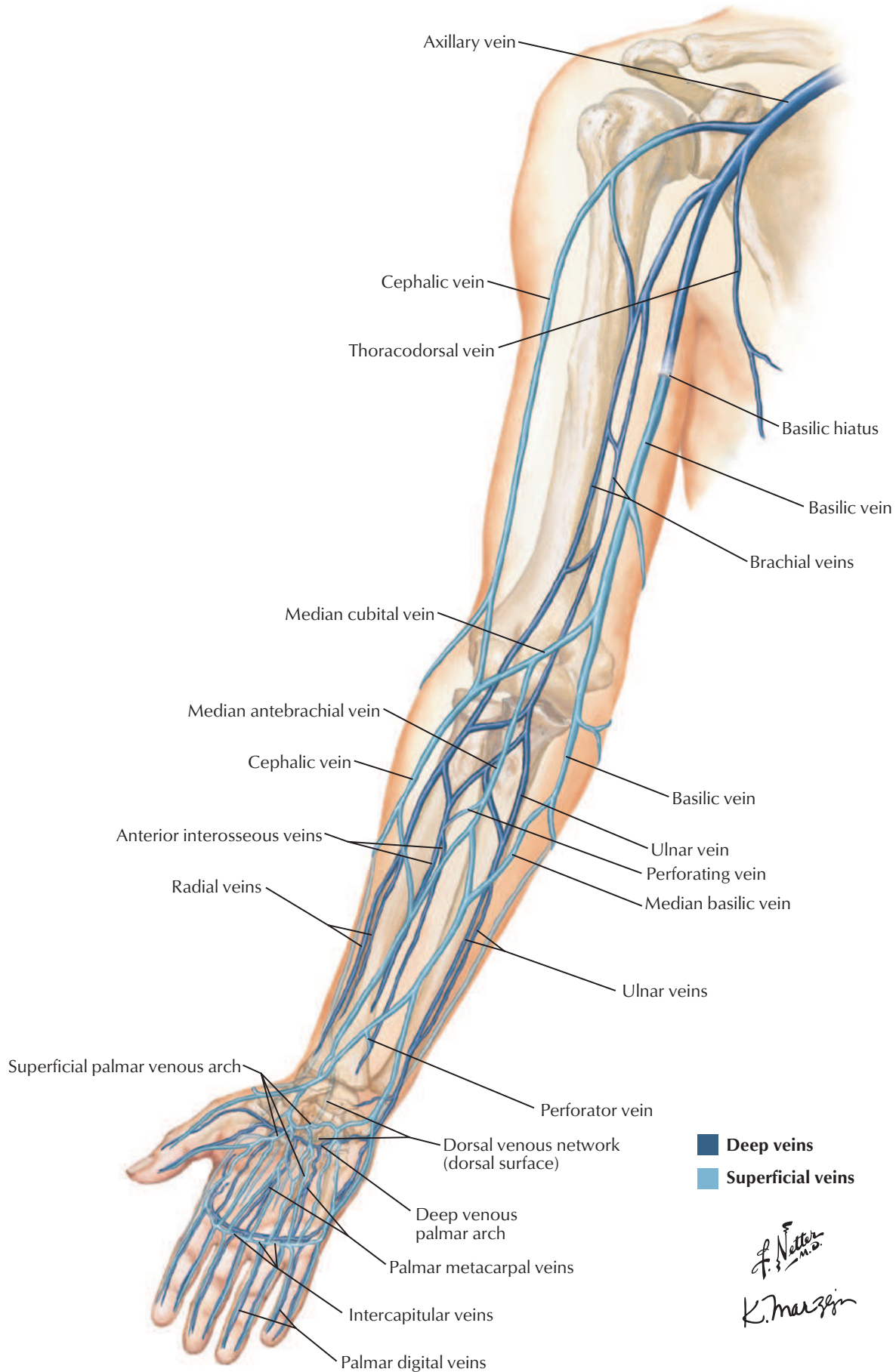
MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Abductor digiti minimi	Hand	Pisiform bone and tendon of flexor carpi ulnaris	Medial side of base of proximal phalanx of little finger (5th digit)	Ulnar nerve (deep branch)	Deep palmar branch of ulnar artery	Abducts little finger
Abductor pollicis brevis	Hand	Flexor retinaculum, tubercles of scaphoid and trapezium bones	Base of proximal phalanx of thumb	Median nerve (recurrent branch)	Superficial palmar branch of radial artery	Abducts thumb
Abductor pollicis longus	Posterior forearm	Posterior surface of ulna, radius, and interosseous membrane	Base of 1st metacarpal	Radial nerve (posterior interosseous)	Posterior interosseous artery	Abducts and extends thumb at carpometacarpal joint
Adductor pollicis	Hand	<i>Oblique head:</i> bases of 2nd and 3rd metacarpals and capitate bone and adjacent bones <i>Transverse head:</i> anterior surface of 3rd metacarpal	Base of proximal phalanx of thumb	Ulnar nerve (deep branch)	Deep palmar arch	Adducts thumb
Anconeus	Arm	Posterior surface of lateral epicondyle of humerus	Lateral surface of olecranon and posterior proximal ulna	Radial nerve	Deep brachial artery	Assists triceps brachii in extending elbow, abducts ulna in pronation
Biceps brachii	Arm	<i>Long head:</i> supraglenoid tubercle of scapula <i>Short head:</i> coracoid process of scapula	Radial tuberosity, fascia of forearm via bicipital aponeurosis	Musculocutaneous nerve	Muscular branches of brachial artery	Flexes and supinates forearm at elbow
Brachialis	Arm	Distal half of anterior surface of humerus	Coronoid process and tuberosity of ulna	Musculocutaneous nerve and radial nerve	Radial recurrent artery, muscular branches of brachial artery	Flexes forearm at elbow
Brachioradialis	Posterior forearm	Proximal 2/3 of lateral supracondylar ridge of humerus	Lateral side of distal end of radius	Radial nerve	Radial recurrent artery	Weak flexion of forearm when forearm is midpronated
Coracobrachialis	Arm	Coracoid process of scapula	Middle third of medial surface of humerus	Musculocutaneous nerve	Muscular branches of brachial artery	Flexes and adducts arm at shoulder
Deltoid	Shoulder	Lateral third of clavicle, acromion, spine of scapula	Deltoid tuberosity of humerus	Axillary nerve	Posterior circumflex humeral artery, deltoid branch of thoracoacromial artery	<i>Clavicular part:</i> flexes and medially rotates arm <i>Acromial part:</i> abducts arm beyond initial 15 degrees done by supraspinatus <i>Spinous part:</i> extends and laterally rotates arm
Dorsal interosseous muscles	Hand	Sides of two adjacent metacarpal bones	Base of proximal phalangeal bones, extensor expansion of digits 2–4	Ulnar nerve (deep branch)	Deep palmar arch	Abduct digits; flex digits at metacarpophalangeal joint and extend interphalangeal joints
Extensor carpi radialis brevis	Posterior forearm	Lateral epicondyle of humerus	Base of 3rd metacarpal and slip to 2nd metacarpal	Radial nerve (deep branch)	Radial artery, radial recurrent artery	Extends and abducts hand at wrist
Extensor carpi radialis longus	Posterior forearm	Distal third of lateral supracondylar ridge of humerus	Base of 2nd metacarpal and slip to 3rd metacarpal	Radial nerve	Radial artery, radial recurrent artery	Extends and abducts hand at wrist
Extensor carpi ulnaris	Posterior forearm	Lateral epicondyle of humerus and posterior border of ulna	Base of 5th metacarpal	Radial nerve (posterior interosseous nerve)	Posterior interosseous artery	Extends and adducts hand at wrist

Variations in spinal nerve contributions to the innervation of muscles, their arterial supply, their attachments, and their actions are common themes in human anatomy. Therefore, expect differences between texts and realize that anatomical variation is normal.

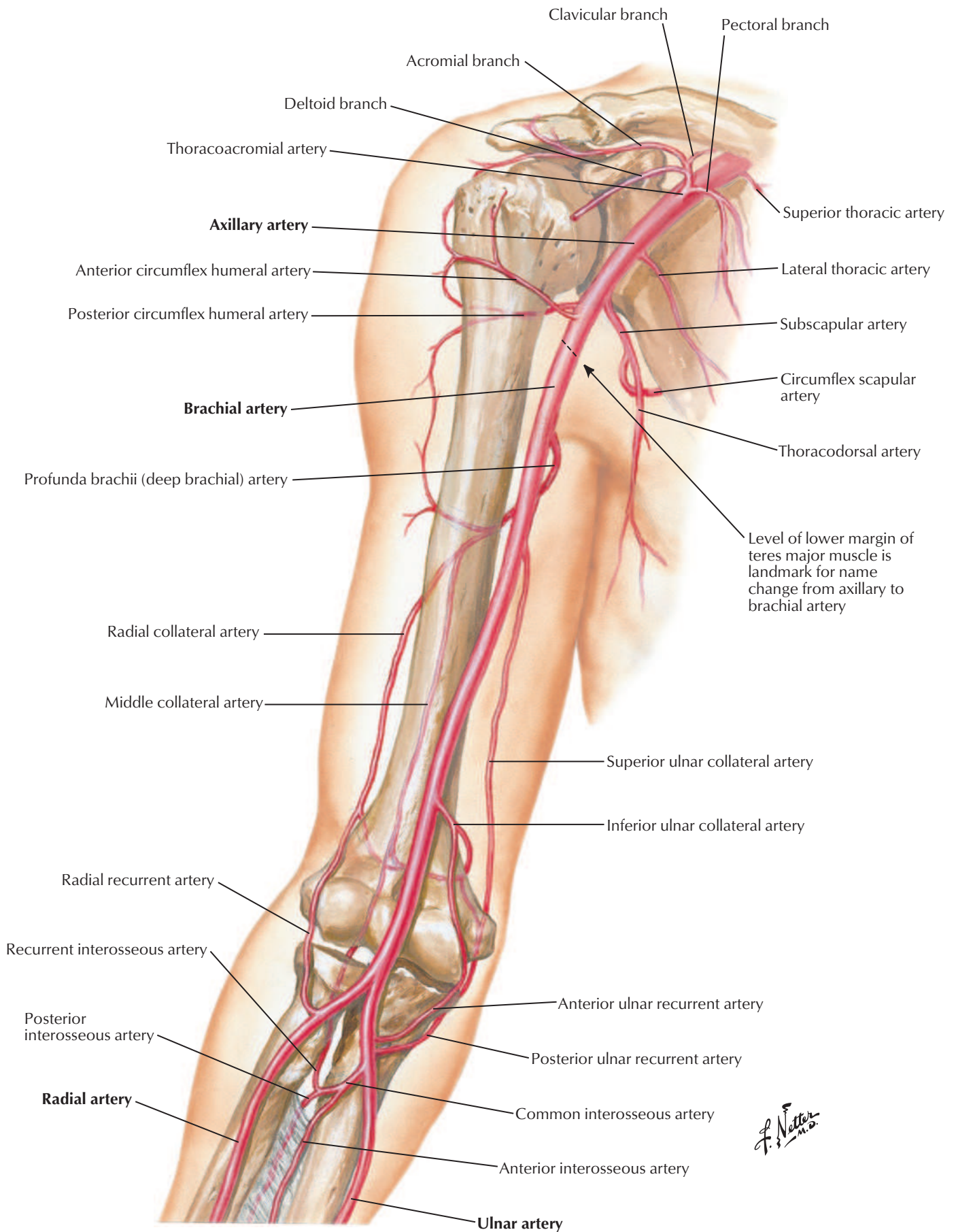
MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Extensor digiti minimi	Posterior forearm	Lateral epicondyle of humerus	Extensor expansion of 5th digit	Radial nerve (posterior interosseous nerve)	Posterior interosseous artery	Extends 5th digit
Extensor digitorum	Posterior forearm	Lateral epicondyle of humerus	Extensor expansions of medial four digits	Radial nerve (posterior interosseous nerve)	Posterior interosseous artery	Extends medial four digits, assists in wrist extension
Extensor indicis	Posterior forearm	Posterior surface of ulna and interosseous membrane	Extensor expansion of 2nd digit	Radial nerve (posterior interosseous nerve)	Posterior interosseous artery	Extends 2nd digit and helps extend hand at wrist
Extensor pollicis brevis	Posterior forearm	Posterior surface of radius and interosseous membrane	Dorsal base of proximal phalanx of thumb	Radial nerve (posterior interosseous nerve)	Posterior interosseous artery	Extends proximal phalanx of thumb at carpometacarpal joint
Extensor pollicis longus	Posterior forearm	Posterior surface of middle third of ulna, interosseous membrane	Dorsal base of distal phalanx of thumb	Radial nerve (posterior interosseous nerve)	Posterior interosseous artery	Extends distal phalanx of thumb at interphalangeal and metacarpophalangeal joints
Flexor carpi radialis	Anterior forearm	Medial epicondyle of humerus	Base of 2nd metacarpal	Median nerve	Radial artery	Flexes and abducts hand at wrist
Flexor carpi ulnaris	Anterior forearm	<i>Superficial head:</i> medial epicondyle of humerus <i>Deep head:</i> olecranon and posterior border of ulna	Pisiform bone, hook of hamate bone, base of 5th metacarpal	Ulnar nerve	Posterior ulnar recurrent artery	Flexes and adducts hand at wrist
Flexor digiti minimi brevis	Hand	Flexor retinaculum and hook of hamate bone	Medial side of base of proximal phalanx of little finger	Ulnar nerve (deep branch)	Deep palmar branch of ulnar artery	Flexes proximal phalanx of little finger
Flexor digitorum profundus	Anterior forearm	Medial and anterior surface of proximal 3/4 of ulna and interosseous membrane	Palmar base of distal phalangeal bones of medial four digits	<i>Medial part:</i> ulnar nerve <i>Lateral part:</i> median nerve	Anterior interosseous artery, muscular branches of ulnar artery	Flexes distal phalangeal bones of medial four digits, assists with flexion of hand at wrist
Flexor digitorum superficialis	Anterior forearm	<i>Humero-ulnar head:</i> medial epicondyle of humerus, coronoid process of ulna, ulnar collateral ligament <i>Radial head:</i> superior half of anterior radius	Bodies of middle phalangeal bones of medial four digits	Median nerve	Ulnar and radial arteries	Flexes middle and proximal phalangeal bones of medial four digits, flexes hand at wrist
Flexor pollicis brevis	Hand	Flexor retinaculum and tubercle of trapezium bone	Lateral side of base of proximal phalanx of thumb	Median nerve (recurrent branch)	Superficial palmar branch of radial artery	Flexes proximal phalanx of thumb
Flexor pollicis longus	Anterior forearm	Anterior surface of radius and interosseous membrane	Palmar base of distal phalanx of thumb	Median nerve (anterior interosseous nerve)	Anterior interosseous artery	Flexes phalangeal bones of thumb
Infraspinatus	Shoulder	Infraspinous fossa of scapula and deep fascia	Greater tubercle of humerus	Suprascapular nerve	Suprascapular artery	Lateral rotation of arm
Latissimus dorsi	Shoulder	Spinous processes of T7–L5, thoracolumbar fascia, iliac crest, and last three ribs	Intertubercular sulcus of humerus	Thoracodorsal nerve	Thoracodorsal artery, dorsal perforating branches of 9th, 10th, and 11th posterior intercostal, subcostal, and first three lumbar arteries	Extends, adducts, and medially rotates humerus
Levator scapulae	Superficial back	Posterior tubercles of transverse processes of C1–C4	Medial border of scapula from superior angle to spine	Anterior rami of C3–C4 and dorsal scapular nerve	Dorsal scapular artery, transverse cervical artery, ascending cervical artery	Elevates scapula medially, inferiorly rotates glenoid fossa
Lumbrical, first and second	Hand	Lateral two tendons of flexor digitorum profundus	Lateral sides of extensor expansion of digits 2 and 3	Median nerve (digital branches)	Superficial and deep palmar arches	Extend digits at interphalangeal joints, flex metacarpophalangeal joints

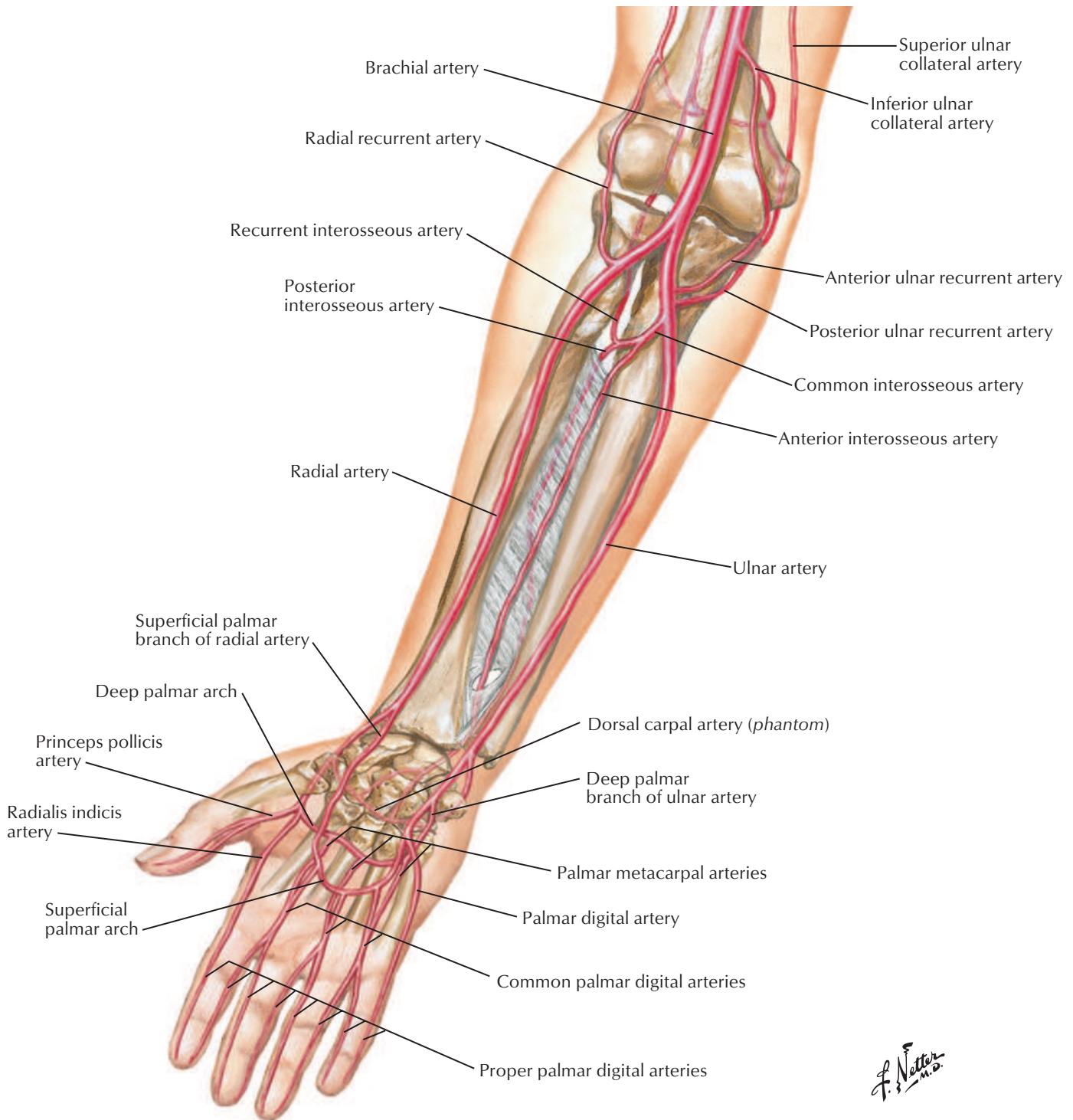
MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Lumbrical, third and fourth	Hand	Medial three tendons of flexor digitorum profundus	Lateral sides of extensor expansion of digits 4 and 5	Ulnar nerve (deep branch)	Superficial and deep palmar arches	Extend digits at interphalangeal joints, flex metacarpophalangeal joints
Opponens digiti minimi	Hand	Flexor retinaculum and hook of hamate bone	Palmar surface of 5th metacarpal	Ulnar nerve (deep branch)	Deep palmar branch of ulnar artery	Draws 5th metacarpal anteriorly and rotates it to face thumb
Opponens pollicis	Hand	Flexor retinaculum and tubercle of trapezium bone	Lateral side of 1st metacarpal	Median nerve (recurrent branch)	Superficial palmar branch of radial artery	Draws 1st metacarpal forward and rotates it medially
Palmar interosseous muscles	Hand	Sides of metacarpal bones 2, 4, and 5	Bases of proximal phalanx and extensor expansion of digits 2, 4, and 5	Ulnar nerve (deep branch)	Deep palmar arch	Adducts digits; flexes digits and extends interphalangeal joints
Palmaris brevis	Hand	Palmar aponeurosis and flexor retinaculum	Skin of medial border of palm	Superficial branch of ulnar nerve	Superficial palmar arch	Deepens hollow of hand, assists grip
Palmaris longus	Anterior forearm	Medial epicondyle of humerus	Distal half of flexor retinaculum and palmar aponeurosis	Median nerve	Posterior ulnar recurrent artery	Flexes hand at wrist and tenses palmar aponeurosis
Pectoralis major	Pectoral/axillary regions	Sternal half of clavicle, sternum to 7th rib, cartilages of true ribs, aponeurosis of external abdominal oblique muscle	Lateral lip of intertubercular sulcus of humerus	Medial and lateral pectoral nerves	Pectoral branch of thoracoacromial artery, perforating branches of internal thoracic artery	Flexes, adducts, and medially rotates arm
Pectoralis minor	Pectoral/axillary regions	Outer surface of upper margin of ribs 3–5	Coracoid process of scapula	Medial pectoral nerve	Pectoral branch of thoracoacromial artery, and superior and lateral thoracic arteries	Lowers lateral angle of scapula and protracts scapula
Pronator quadratus	Anterior forearm	Distal fourth of anterior ulna	Distal fourth of anterior radius	Median nerve (anterior interosseous nerve)	Anterior interosseous artery	Pronates forearm
Pronator teres	Anterior forearm	Two heads: medial epicondyle of humerus and coronoid process of ulna	Midway along lateral surface of radius	Median nerve	Anterior ulnar recurrent artery	Pronates forearm and weakly flexes elbow
Rhomboid major	Superficial back	Spinous processes of T2–T5 vertebrae	Medial border of scapula below base of spine of scapula	Dorsal scapular nerve	Dorsal scapular OR deep branch of transverse cervical artery, dorsal perforating branches of upper five or six posterior intercostal arteries	Fixes scapula to thoracic wall and retracts and rotates it to depress glenoid cavity
Rhomboid minor	Superficial back	Nuchal ligament, spines of C7 and T1 vertebrae	Medial border of scapula at spine of scapula	Dorsal scapular nerve	Dorsal scapular artery OR deep branch of transverse cervical artery, dorsal perforating branches of upper five or six posterior intercostal arteries	Fixes scapula to thoracic wall and retracts and rotates it to depress glenoid cavity
Serratus anterior	Shoulder	Lateral surfaces of upper 8–9 ribs	Costal surface of medial border of scapula	Long thoracic nerve	Lateral thoracic artery	Protracts and rotates scapula and holds it against thoracic wall
Subclavius	Shoulder	Upper border of 1st rib and its cartilage	Inferior surface of middle third of clavicle	Nerve to subclavius	Clavicular branch of thoracoacromial artery	Anchors and depresses clavicle

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Subscapularis	Shoulder	Subscapular fossa	Lesser tubercle of humerus	Upper and lower subscapular nerves	Subscapular artery, lateral thoracic artery	Medially rotates and adducts arm; helps hold humeral head in glenoid fossa
Supinator	Posterior forearm	Lateral epicondyle of humerus, radial collateral and annular ligaments, supinator fossa, and crest of ulna	Lateral, posterior, and anterior surfaces of proximal third of radius	Radial nerve (deep branch)	Radial recurrent artery, posterior interosseous arteries	Supinates forearm
Supraspinatus	Shoulder	Supraspinous fossa of scapula and deep fascia	Greater tubercle of humerus	Suprascapular nerve	Suprascapular artery	Initiates arm abduction
Teres major	Shoulder	Posterior surface of inferior angle of scapula	Medial lip of intertubercular sulcus of humerus	Lower subscapular nerve	Circumflex scapular artery	Adducts and medially rotates arm
Teres minor	Shoulder	Upper 2/3 of posterior surface of lateral border of scapula	Inferior facet of greater tubercle of humerus	Axillary nerve	Circumflex scapular artery	Laterally rotates arm
Trapezius	Superficial back	Superior nuchal line, external occipital protuberance, nuchal ligament, spinous processes of C7–T12	Lateral third of clavicle, acromion, and spine of scapula	Accessory nerve (cranial nerve XI)	Transverse cervical artery, dorsal perforating branches of posterior intercostal arteries	Elevates, retracts, and rotates scapula; lower fibers depress scapula
Triceps brachii	Arm	<i>Long head:</i> infraglenoid tubercle of scapula <i>Lateral head:</i> upper half of posterior humerus <i>Medial head:</i> distal 2/3 of medial and posterior humerus	Posterior surface of olecranon process of ulna	Radial nerve	Branch of profunda brachii artery	Extends forearm at elbow; long head stabilizes head of abducted humerus and extends and adducts arm

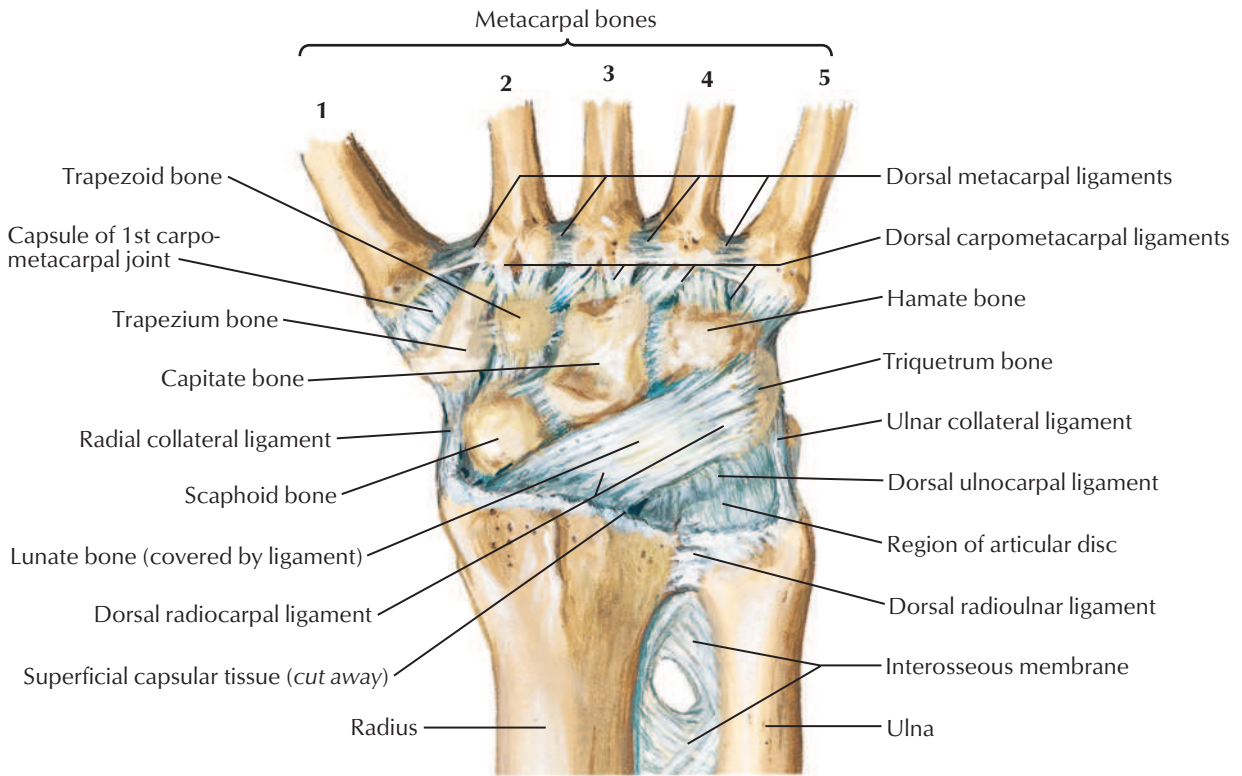


Arteries of Arm and Proximal Forearm

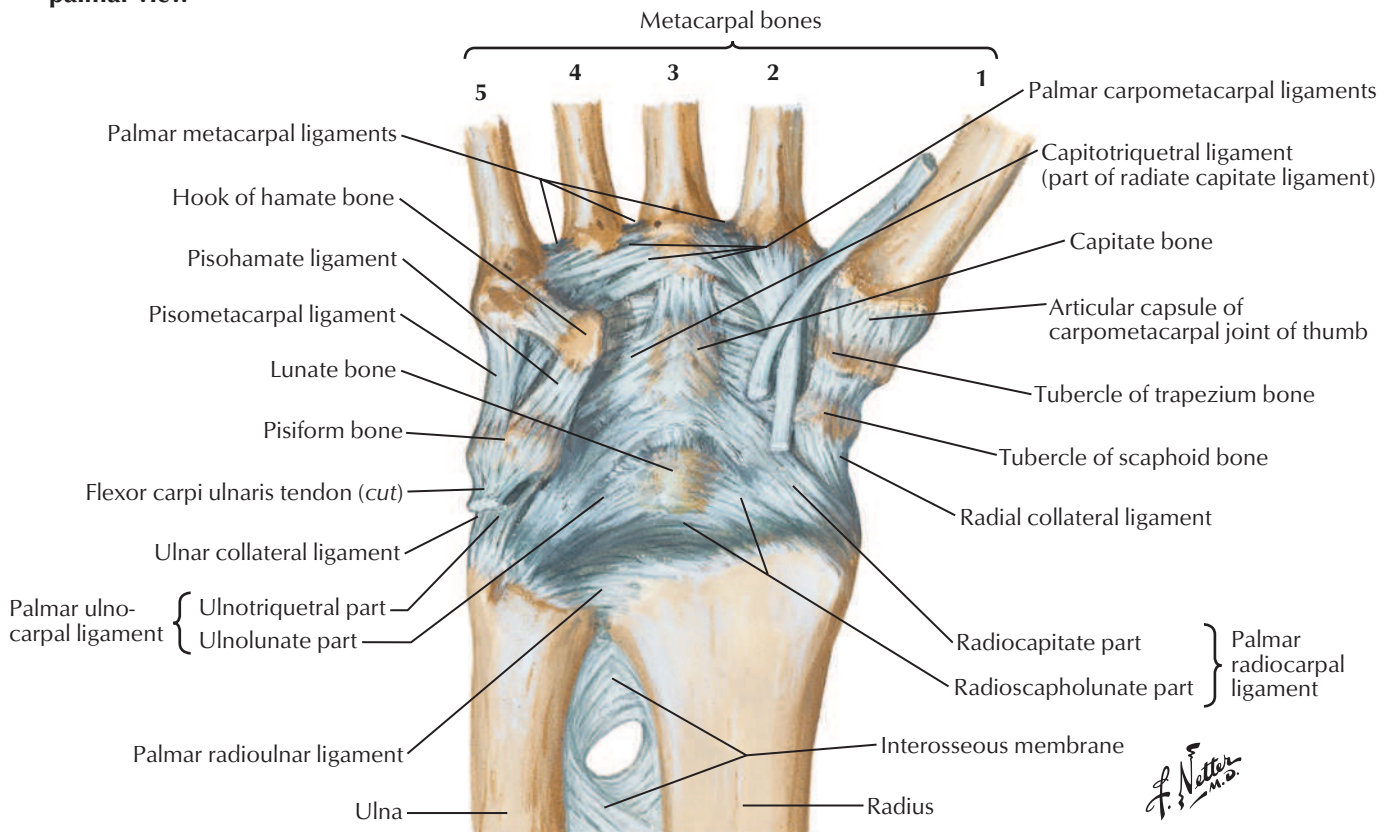




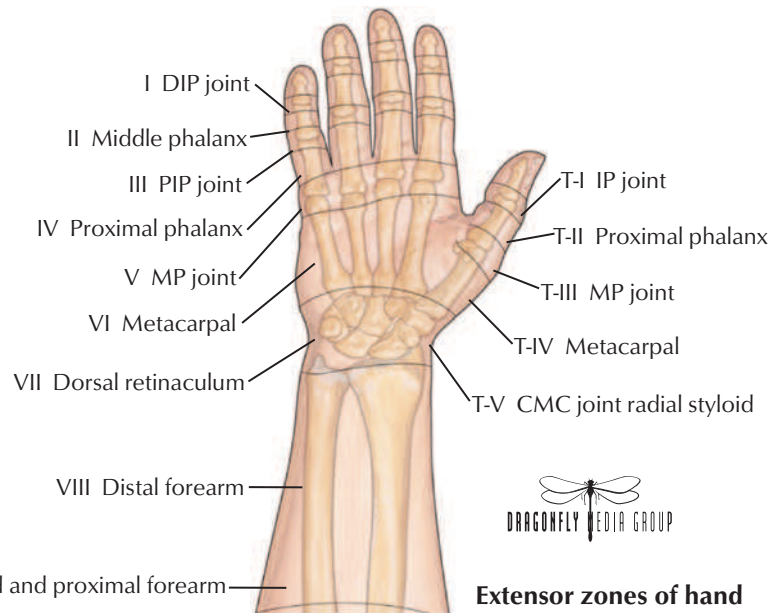
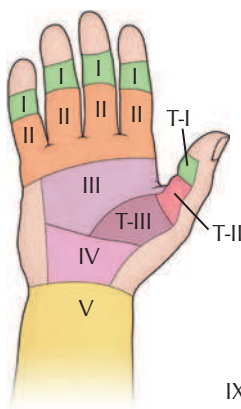
Posterior (dorsal) view



Flexor retinaculum removed: palmar view

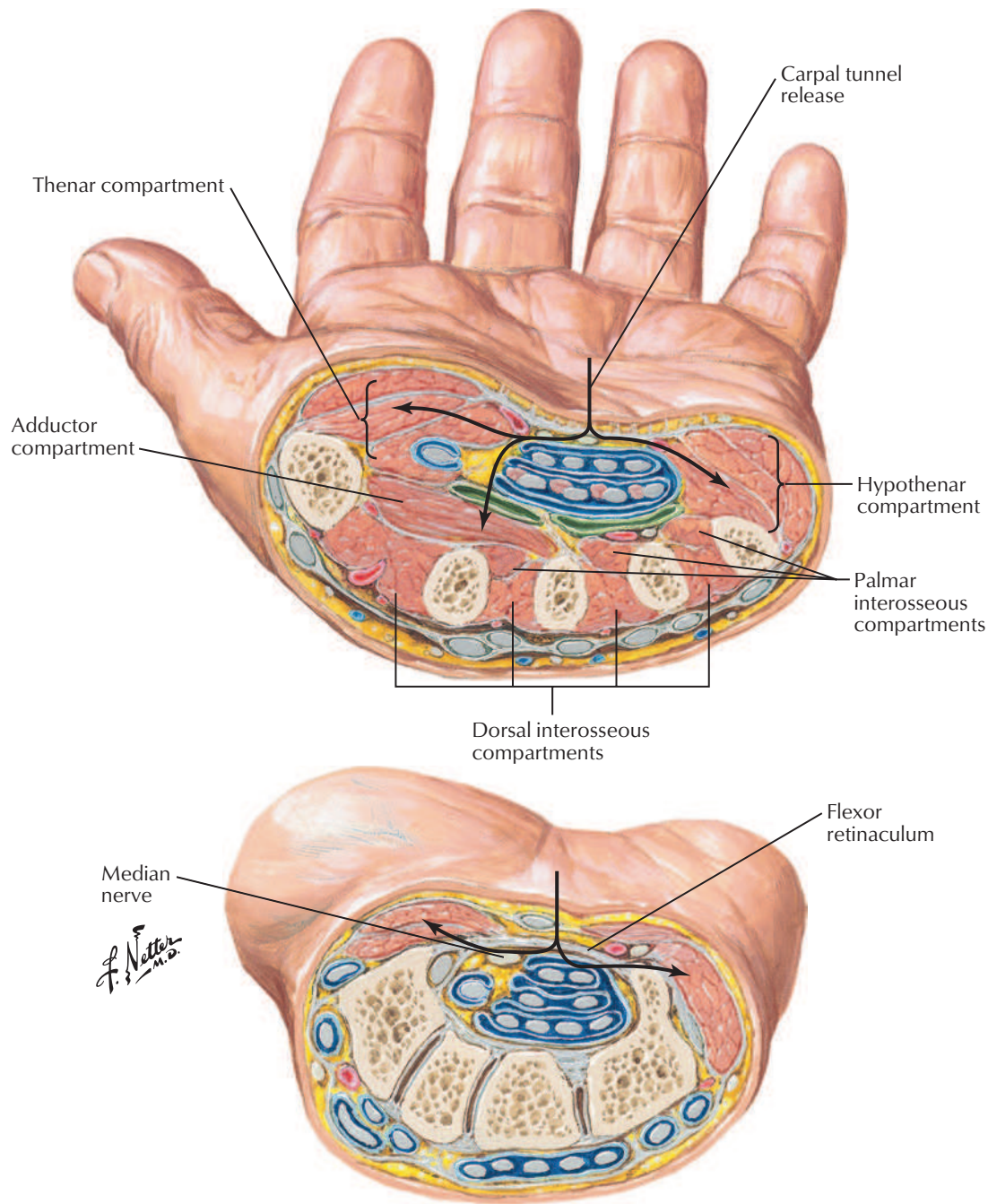


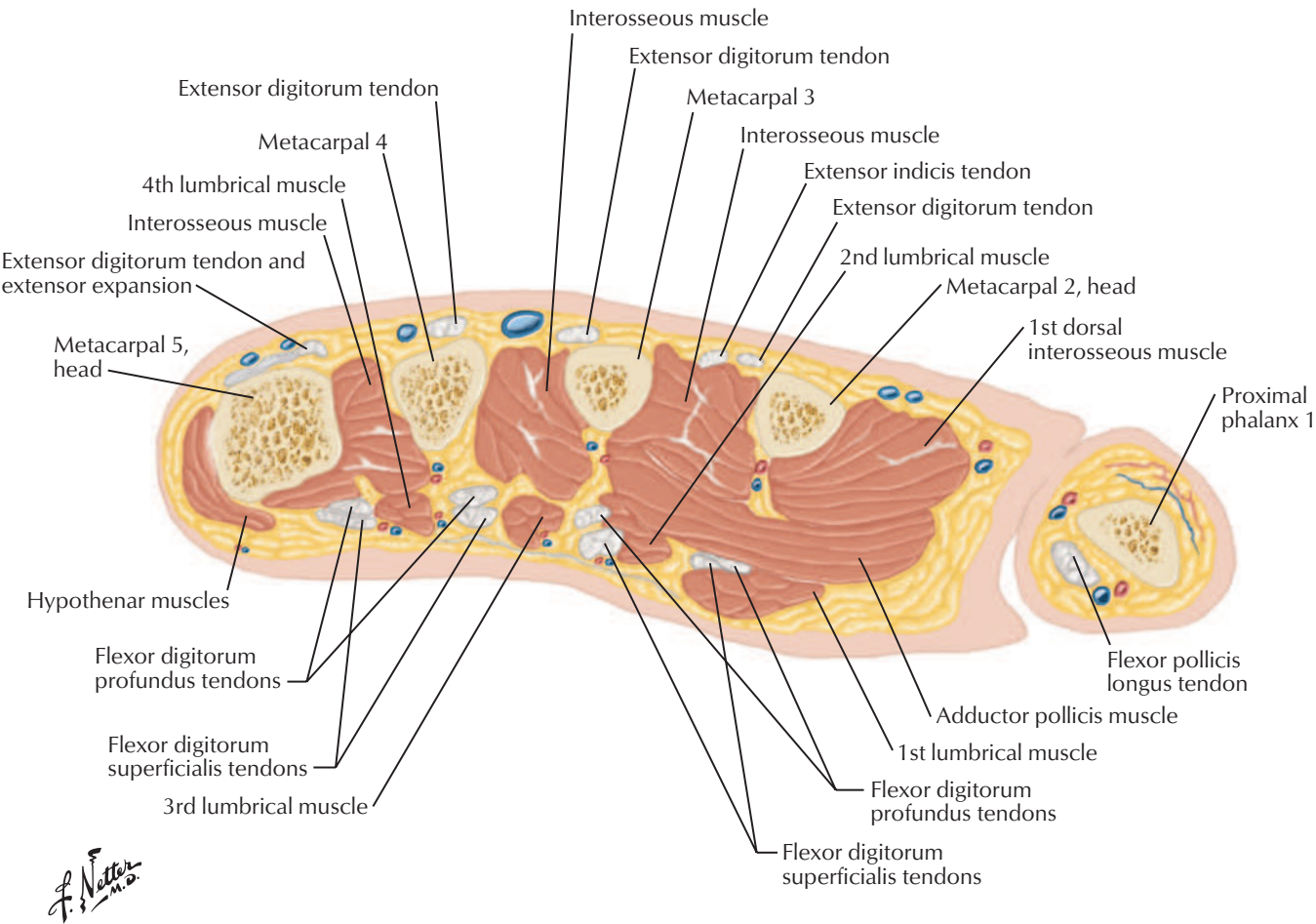
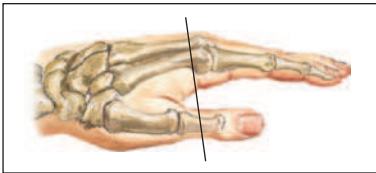
Flexor zones of hand



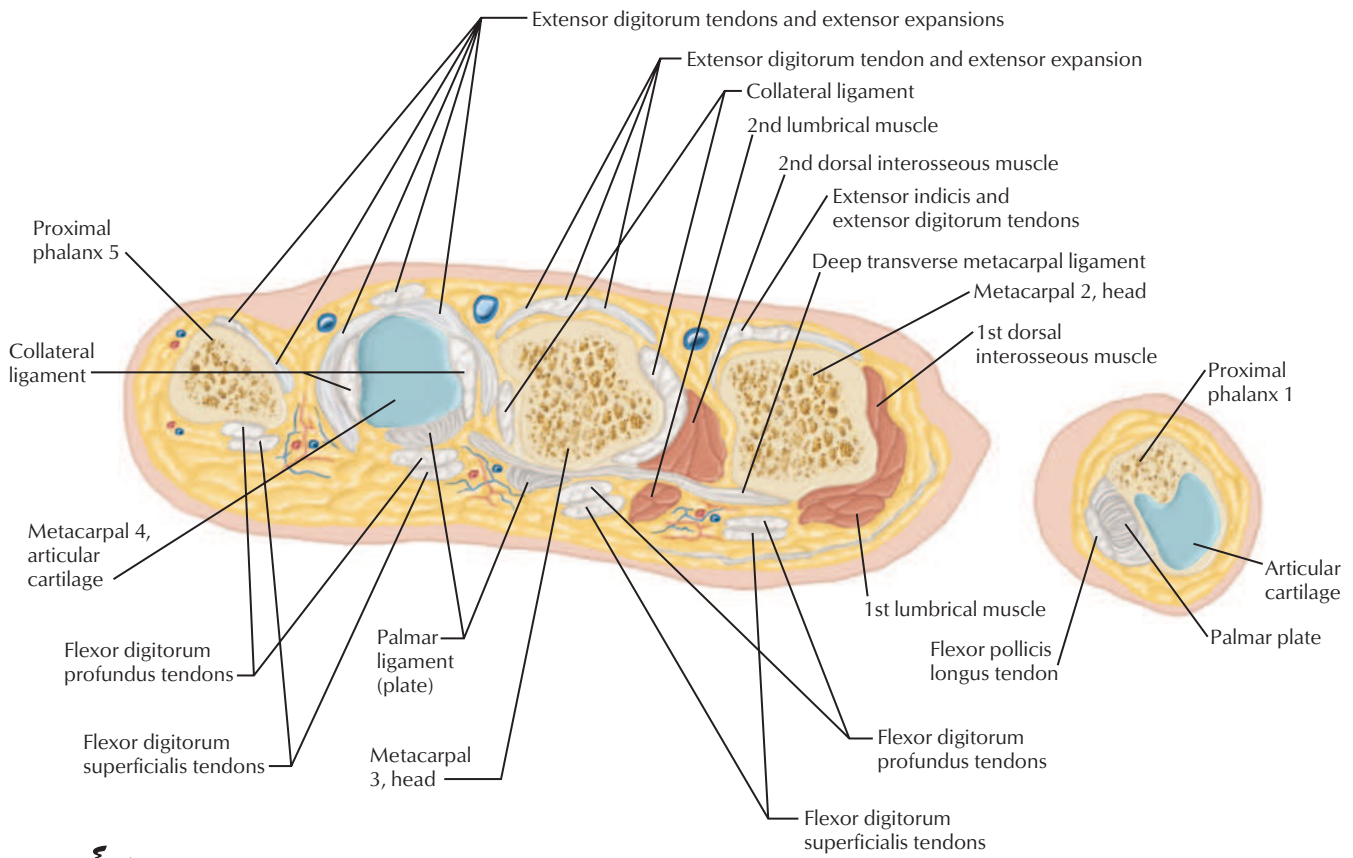
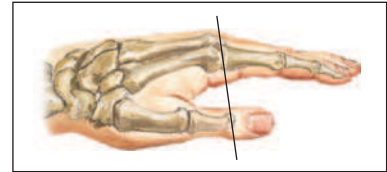
Extensor zones of hand

Section Through Metacarpal and Distal Carpal Bones





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Surface Anatomy	471	Neurovasculature	529-533
Cutaneous Anatomy	472-475	Regional Imaging	534-535
Hip and Thigh	476-496	Structures with High Clinical Significance	Tables 8.1-8.2
Knee	497-503	Muscle Tables	Tables 8.3-8.6
Leg	504-514	Electronic Bonus Plates	BP107-BP117
Ankle and Foot	515-528		

ELECTRONIC BONUS PLATES



BP107 Veins of Lower Limb



BP108 Arteries of Thigh and Knee



BP109 Cross-Sectional Anatomy of Hip: Axial View



BP110 Arteries of Knee and Foot



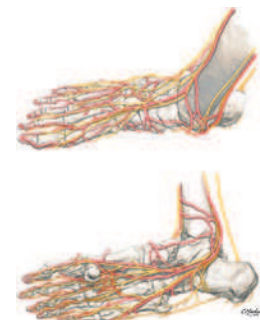
BP111 Leg: Serial Cross Sections



BP112 Osteology of Knee

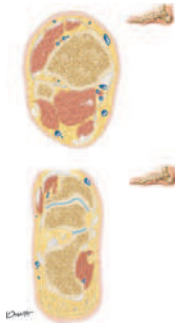


BP113 Knee Radiograph: Lateral View

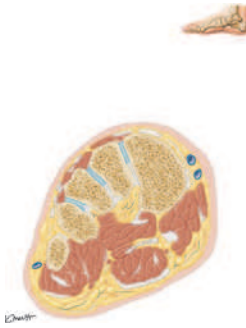


BP114 Anatomy of Foot: Nerves and Arteries

ELECTRONIC BONUS PLATES—*cont'd*



BP115 Cross-Sectional
Anatomy of Ankle and
Foot

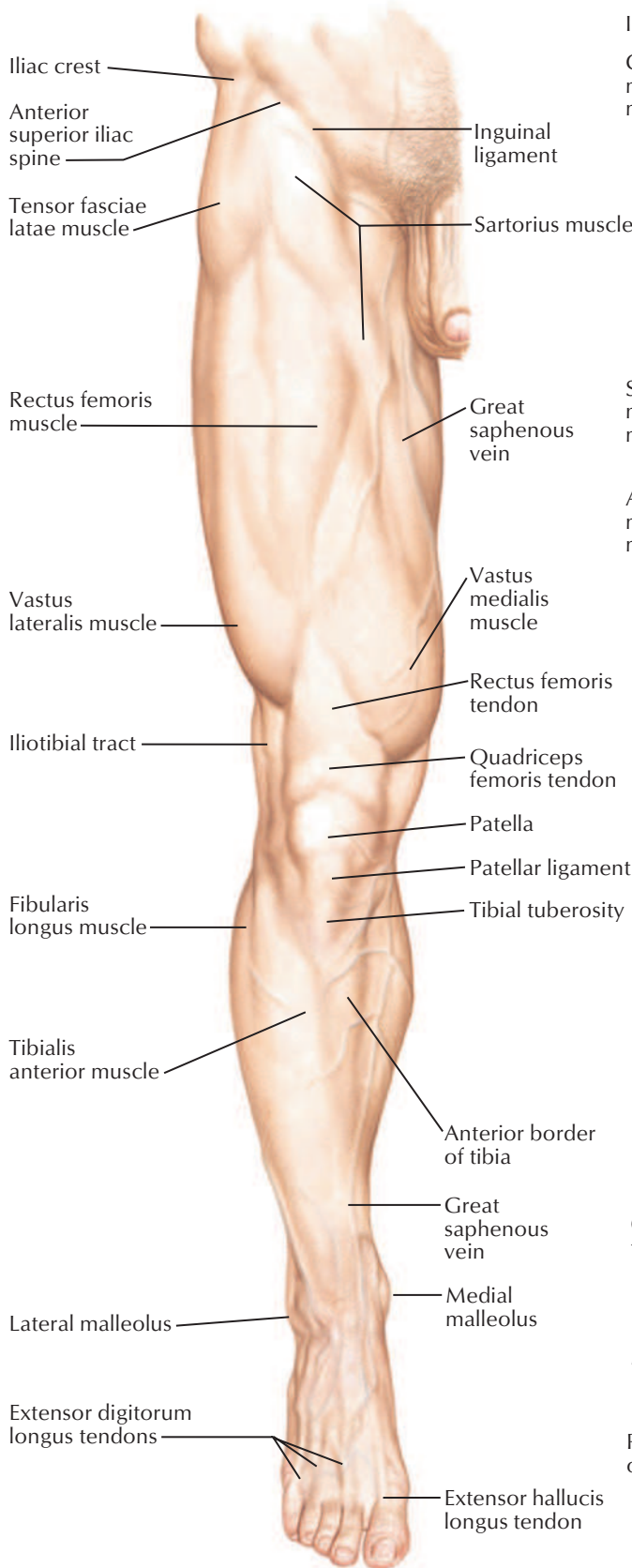


BP116 Cross-Sectional
Anatomy of Ankle and
Foot (continued)

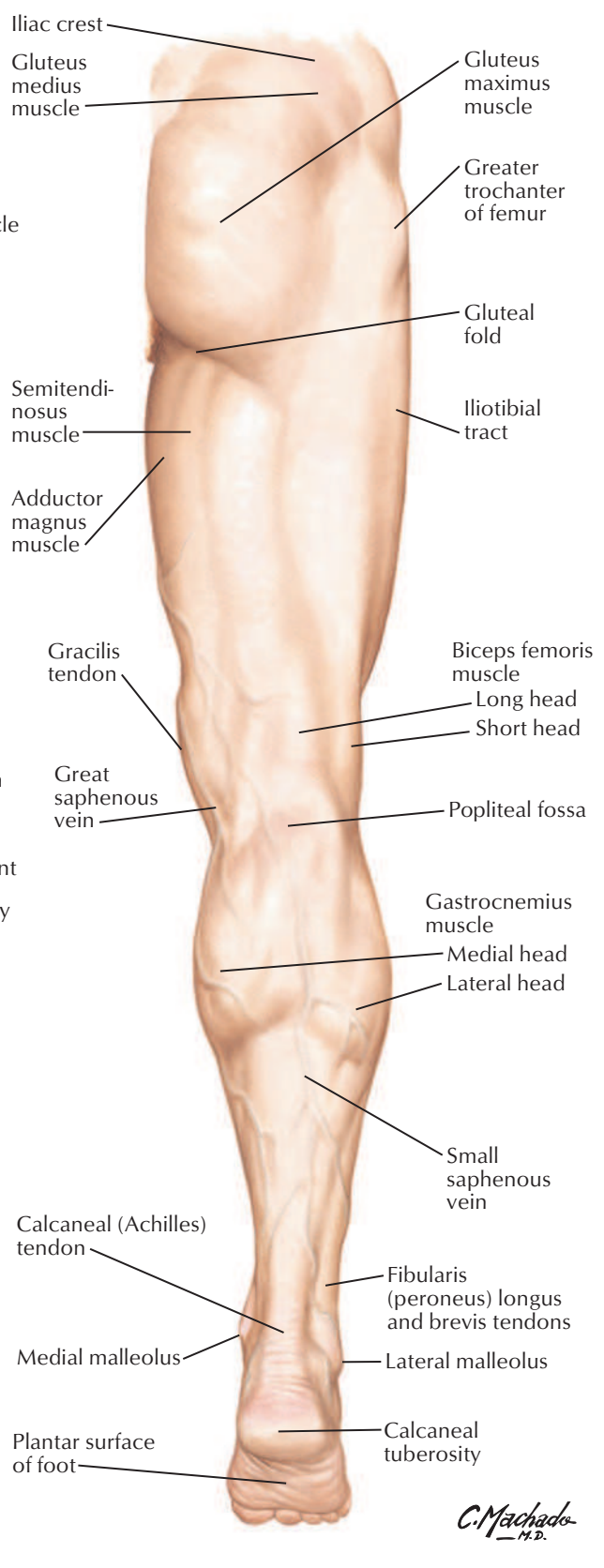


BP117 Anatomy of Toenail

Anterior view



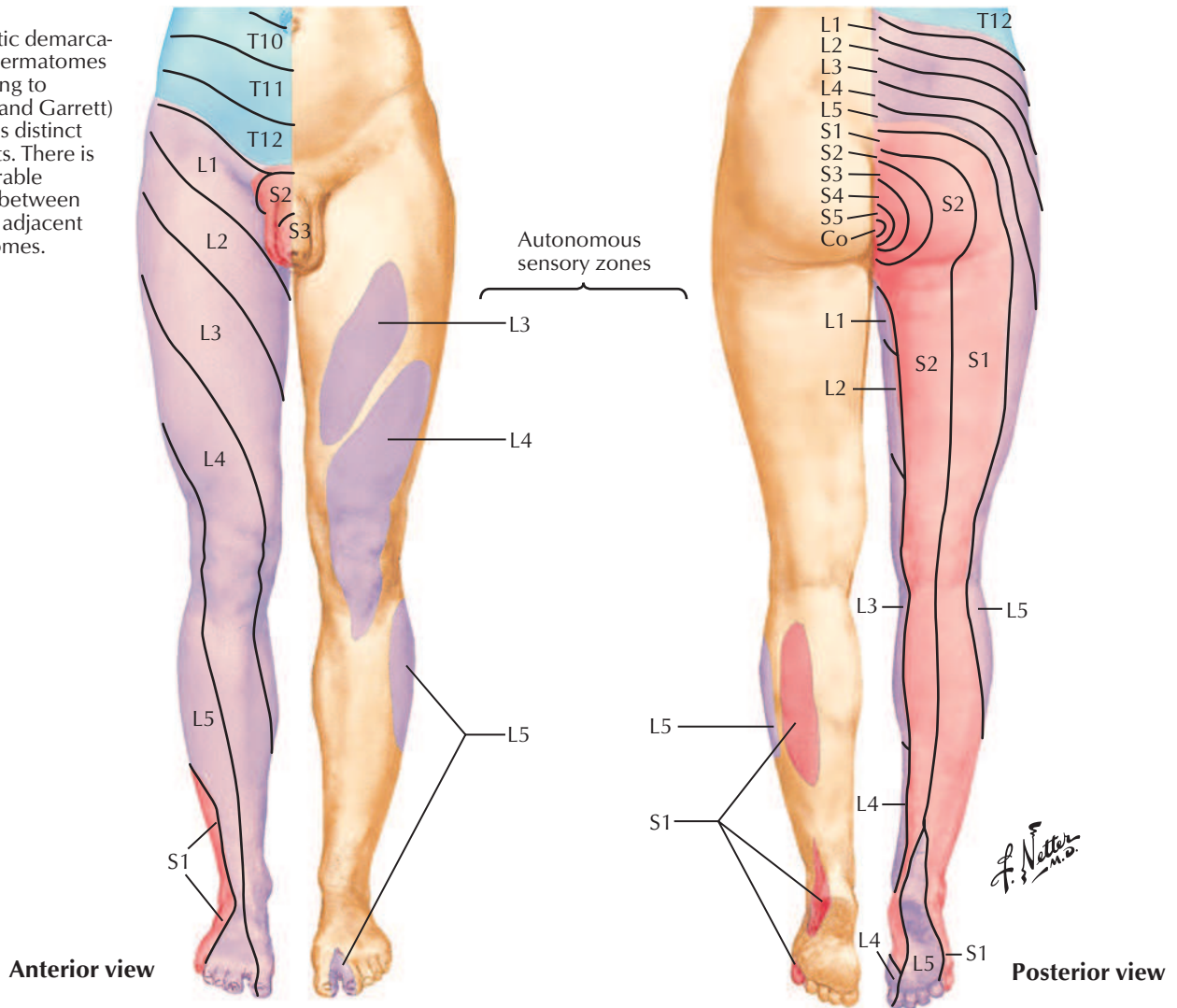
Posterior view



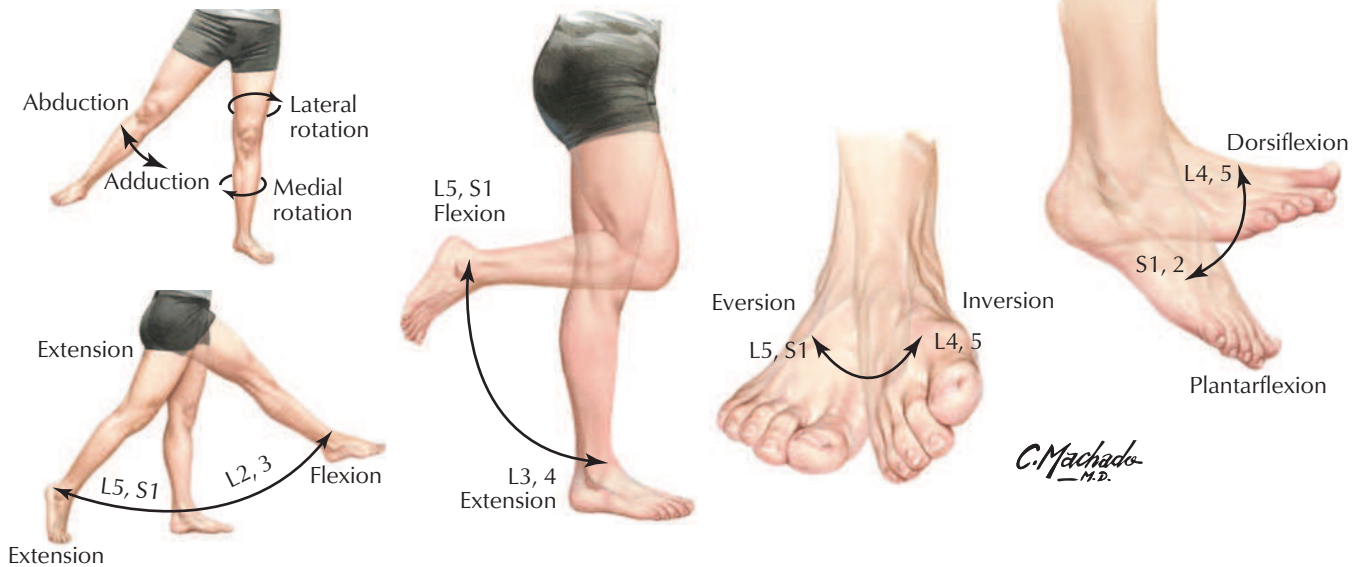
C. Machado M.D.

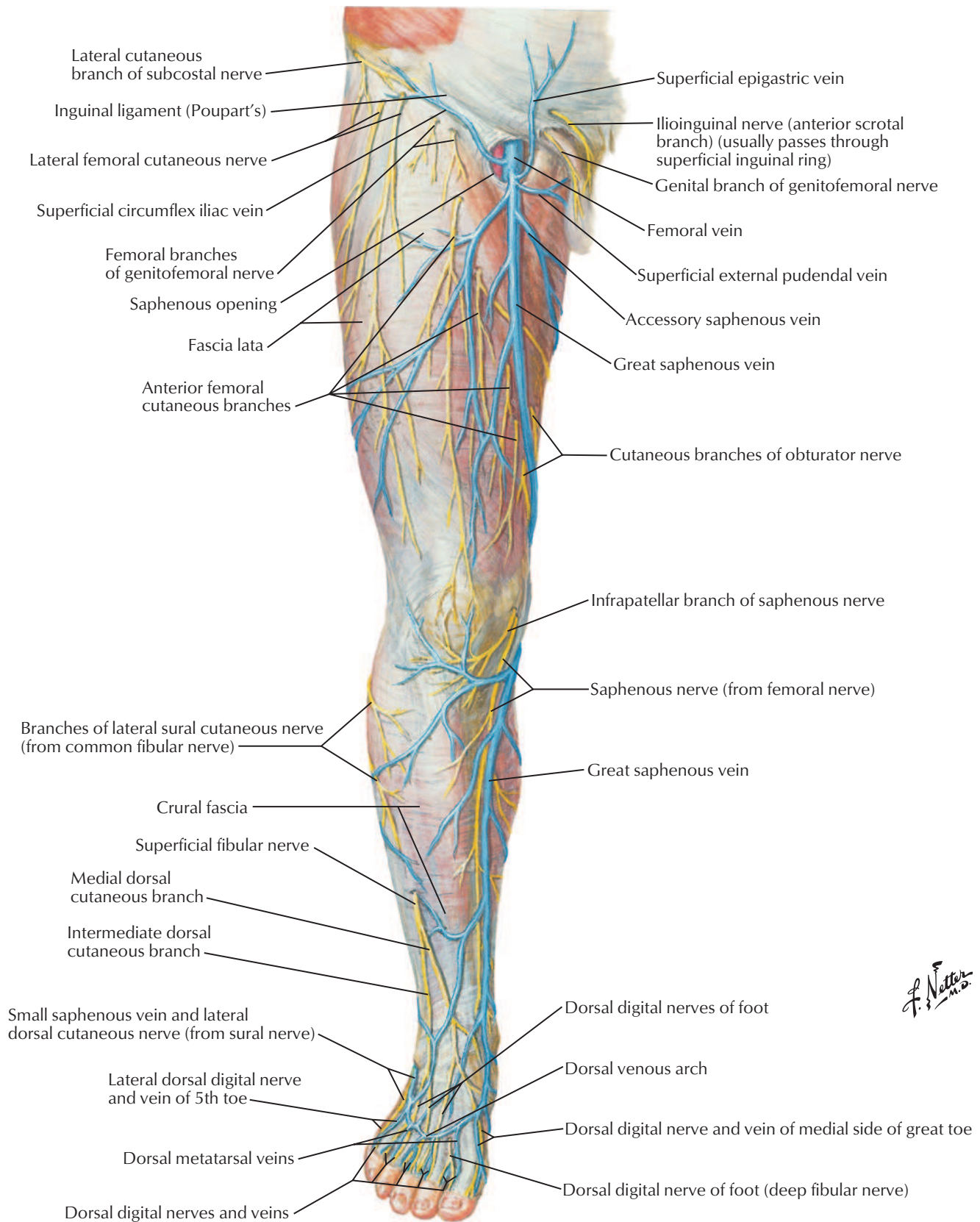
See also [Plate 171](#)

Schematic demarcation of dermatomes (according to Keegan and Garrett) shown as distinct segments. There is considerable overlap between any two adjacent dermatomes.



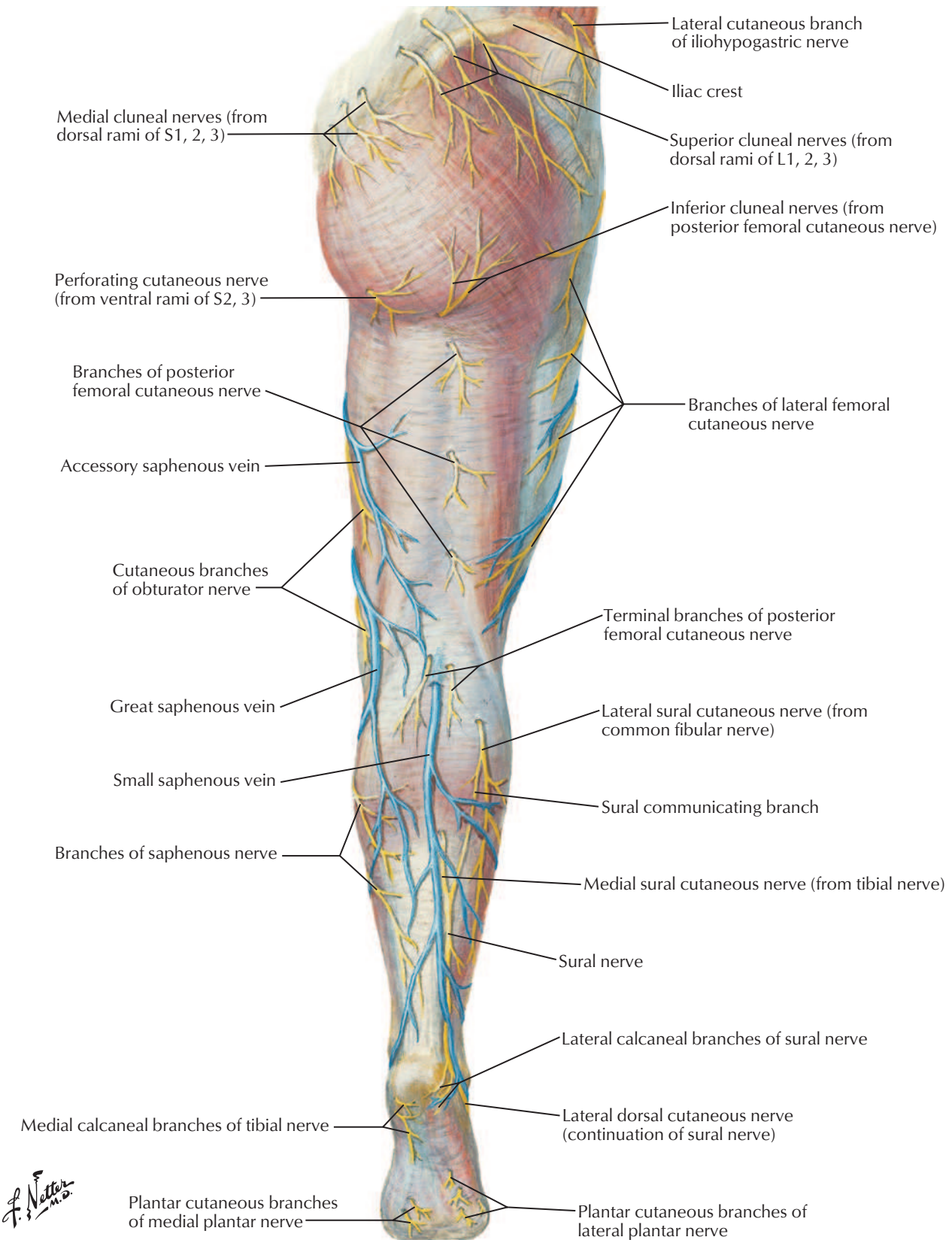
Segmental innervation of lower limb movements

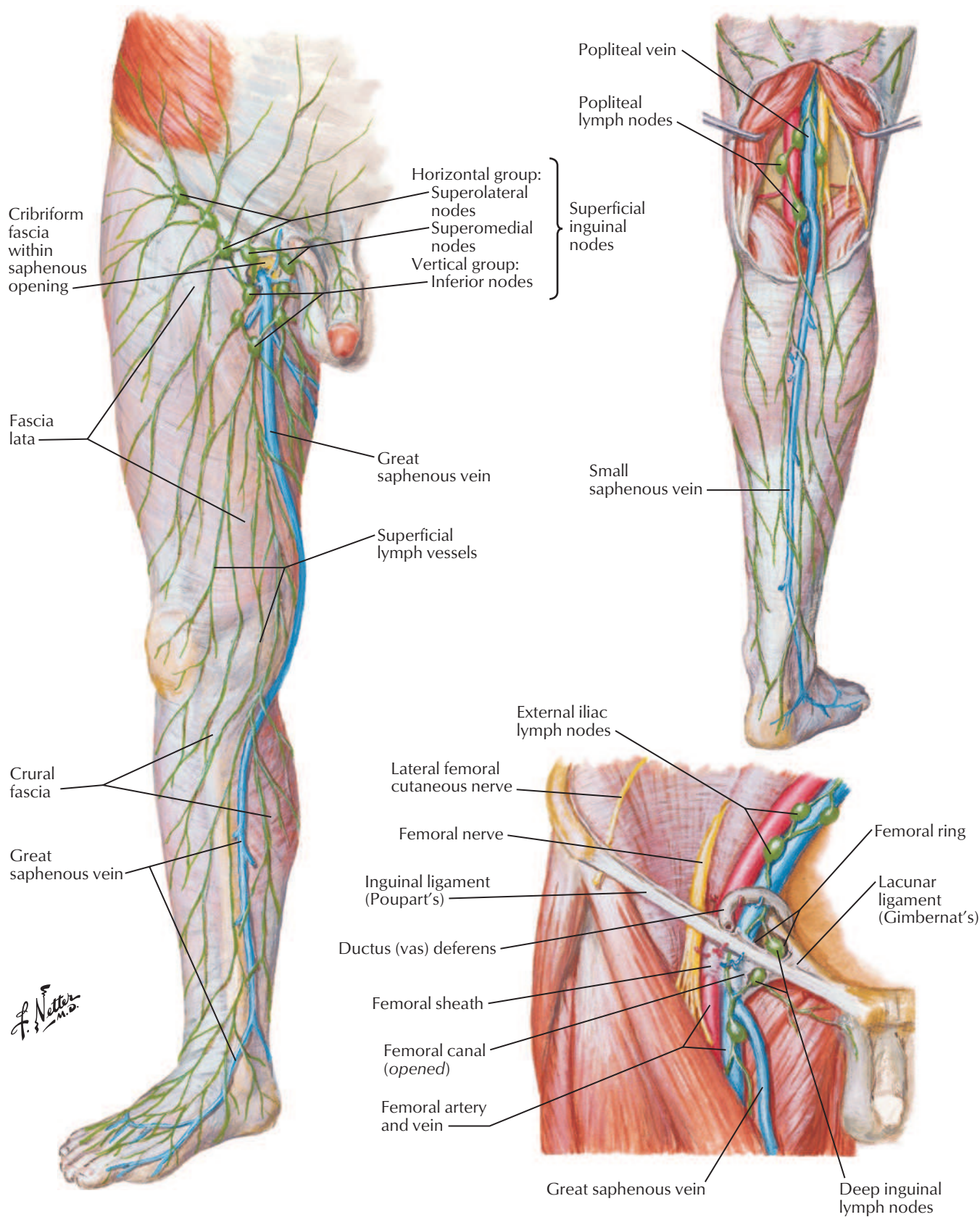




Superficial Nerves and Veins of Lower Limb: Posterior View

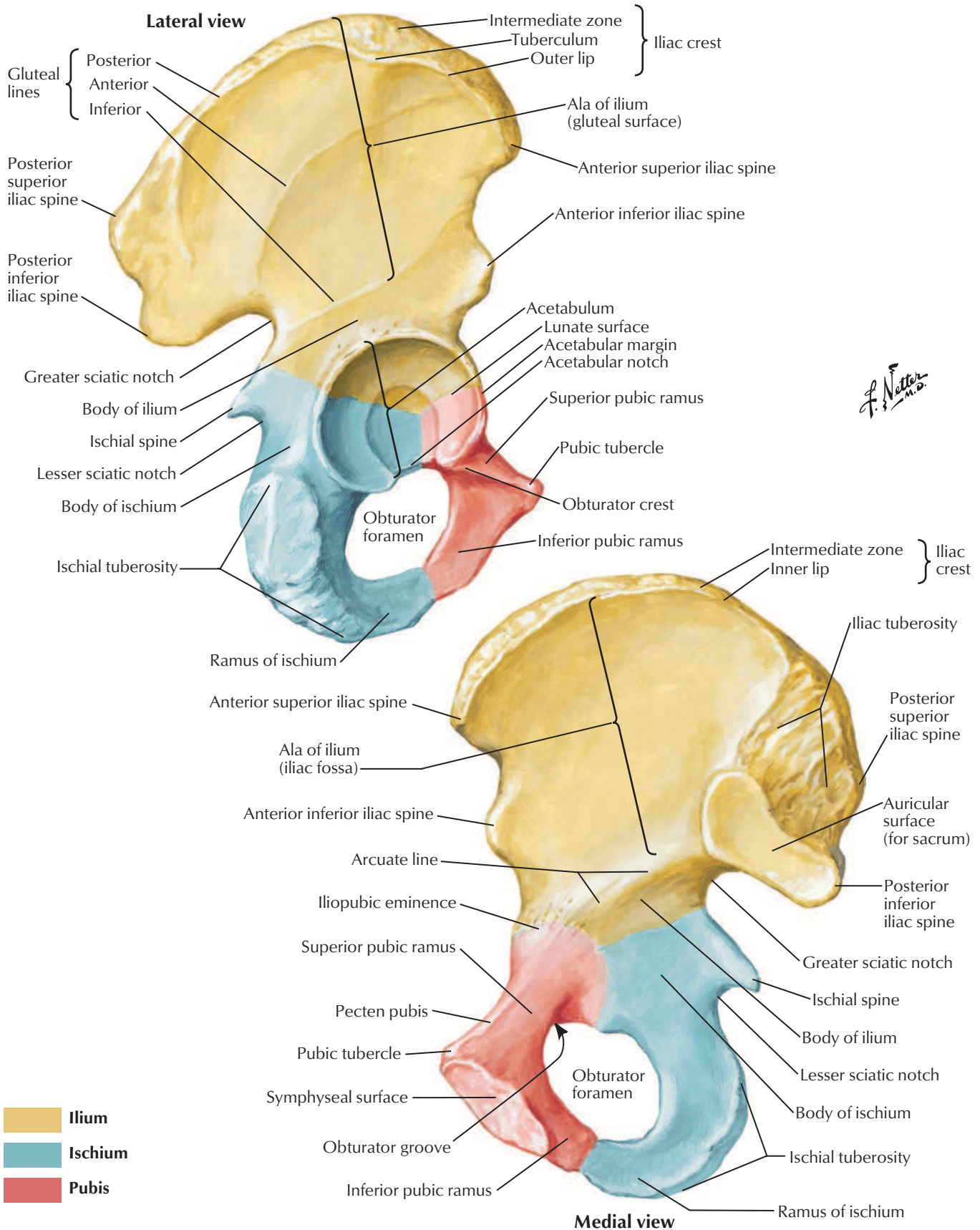
See also [Plates 531, 532](#)



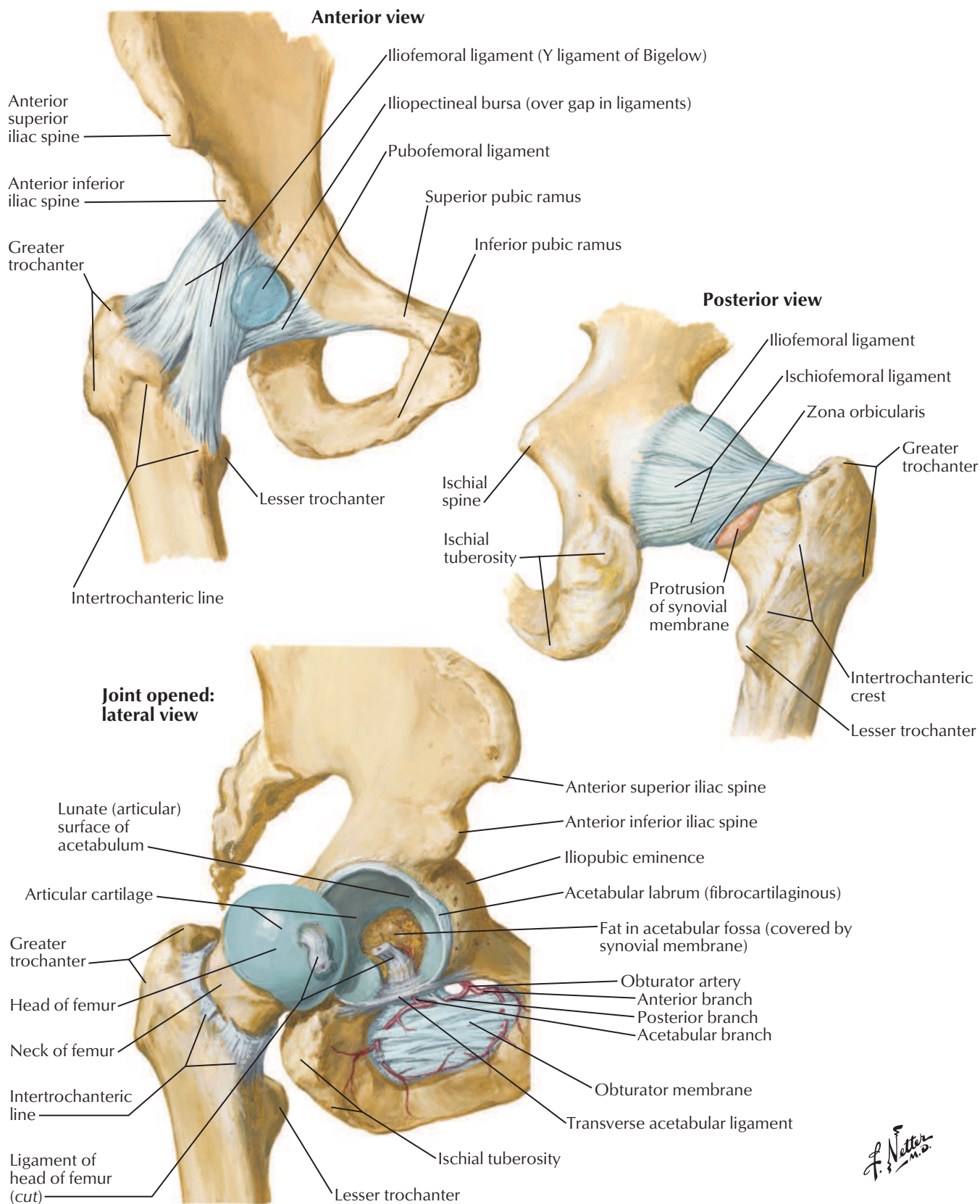


Coxal Bone

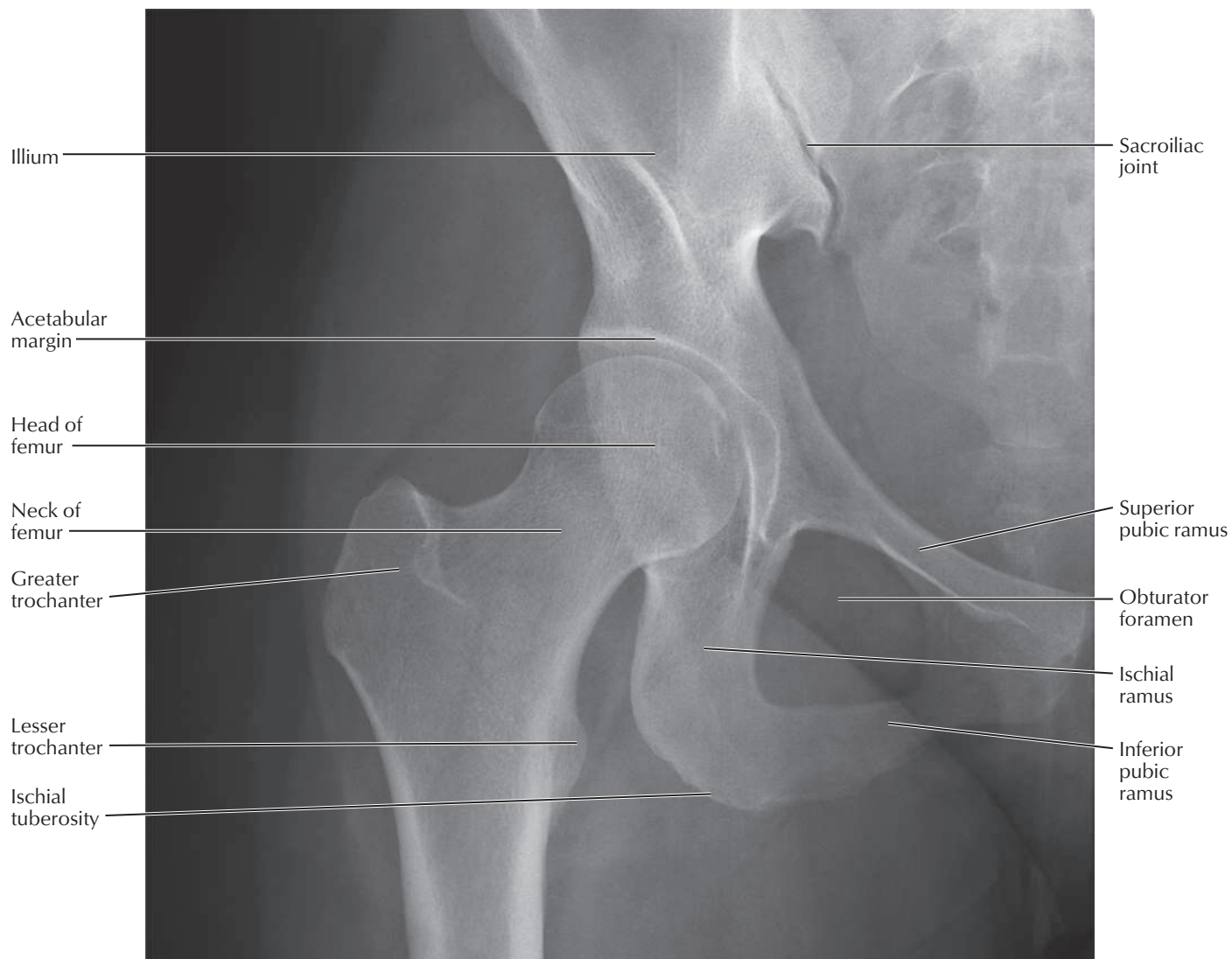
See also [Plates 250, 337, 338](#)

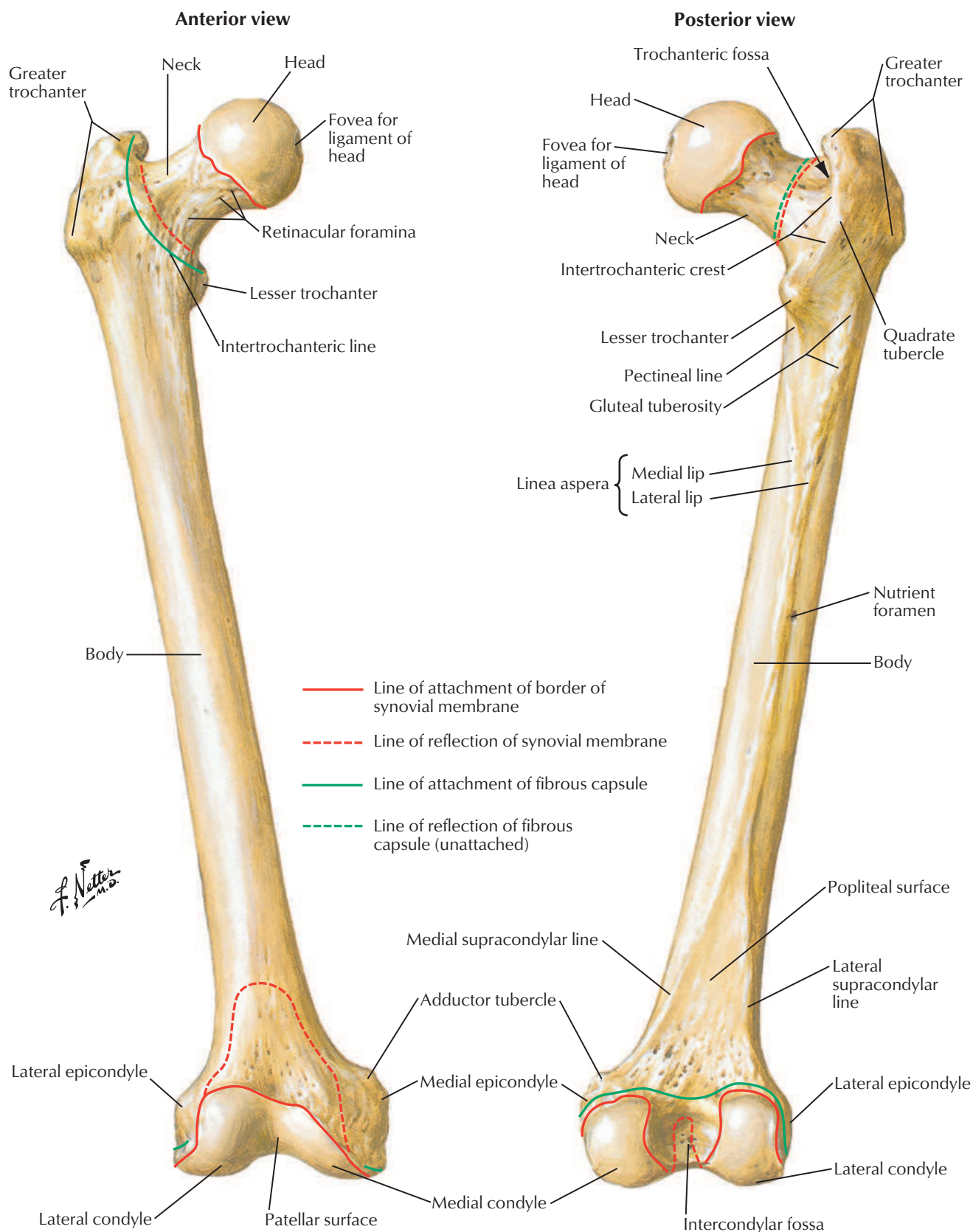


F. Netter M.D.



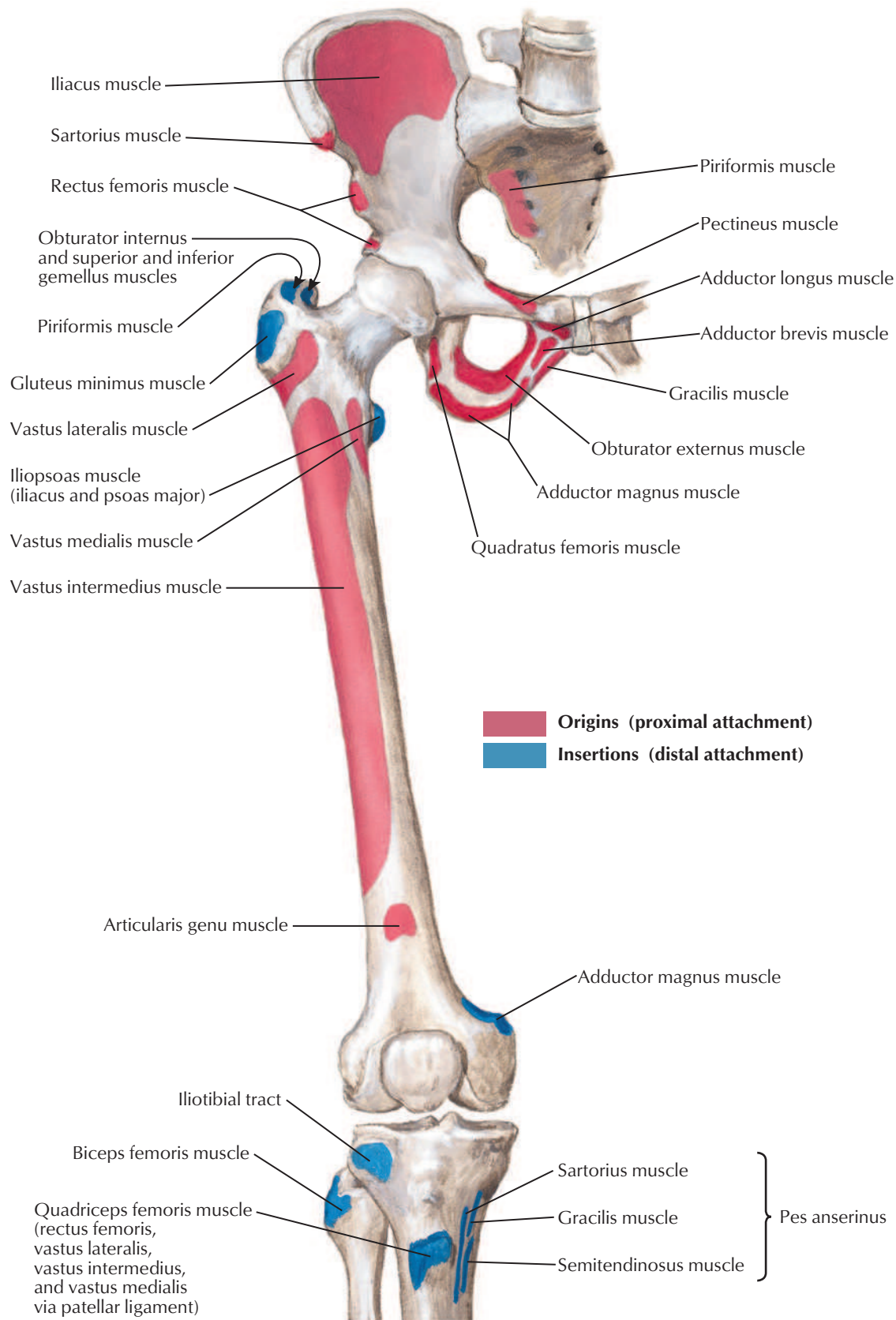
F. Netter M.D.

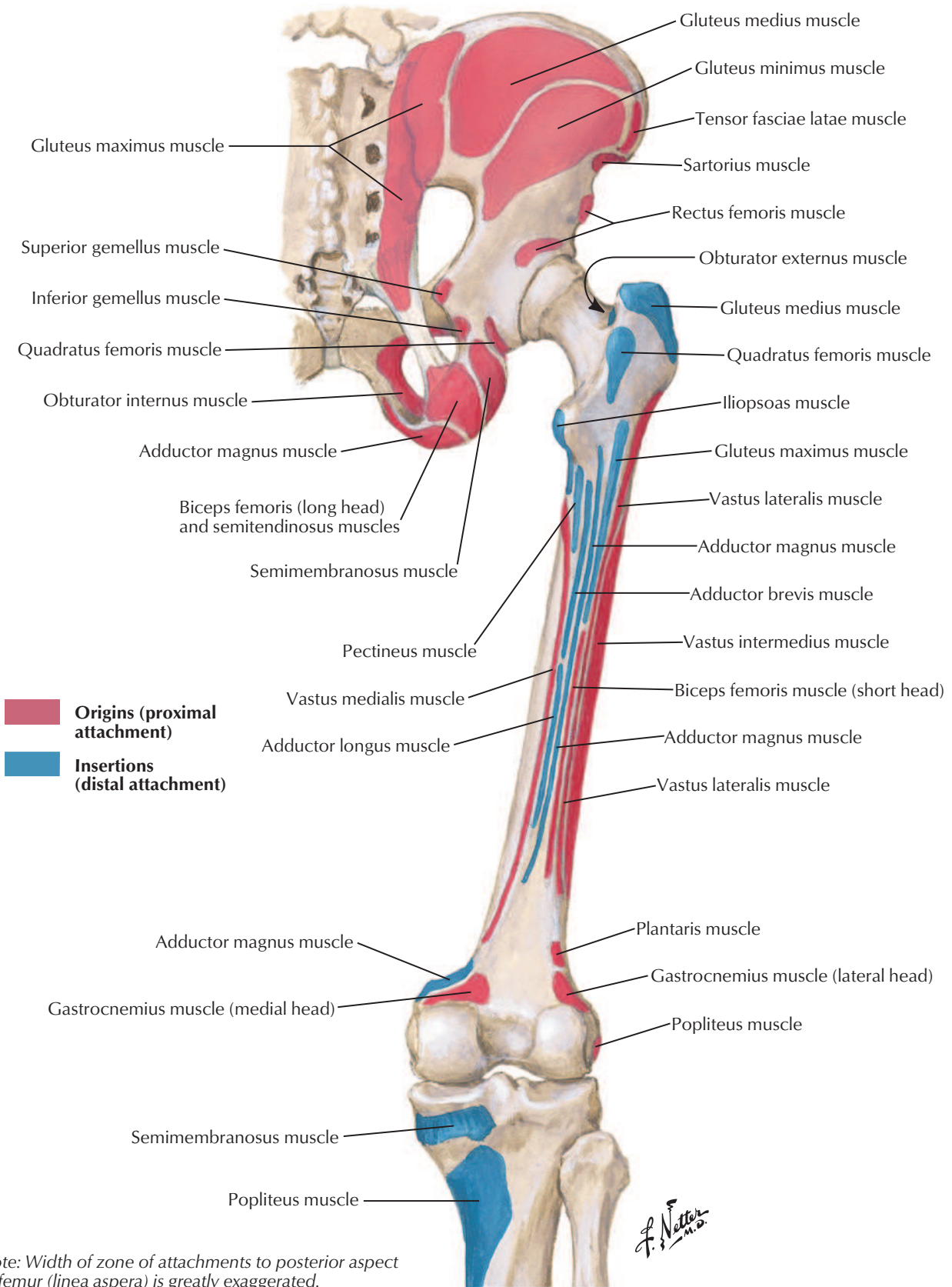




Bony Attachments of Muscles of Hip and Thigh: Anterior View

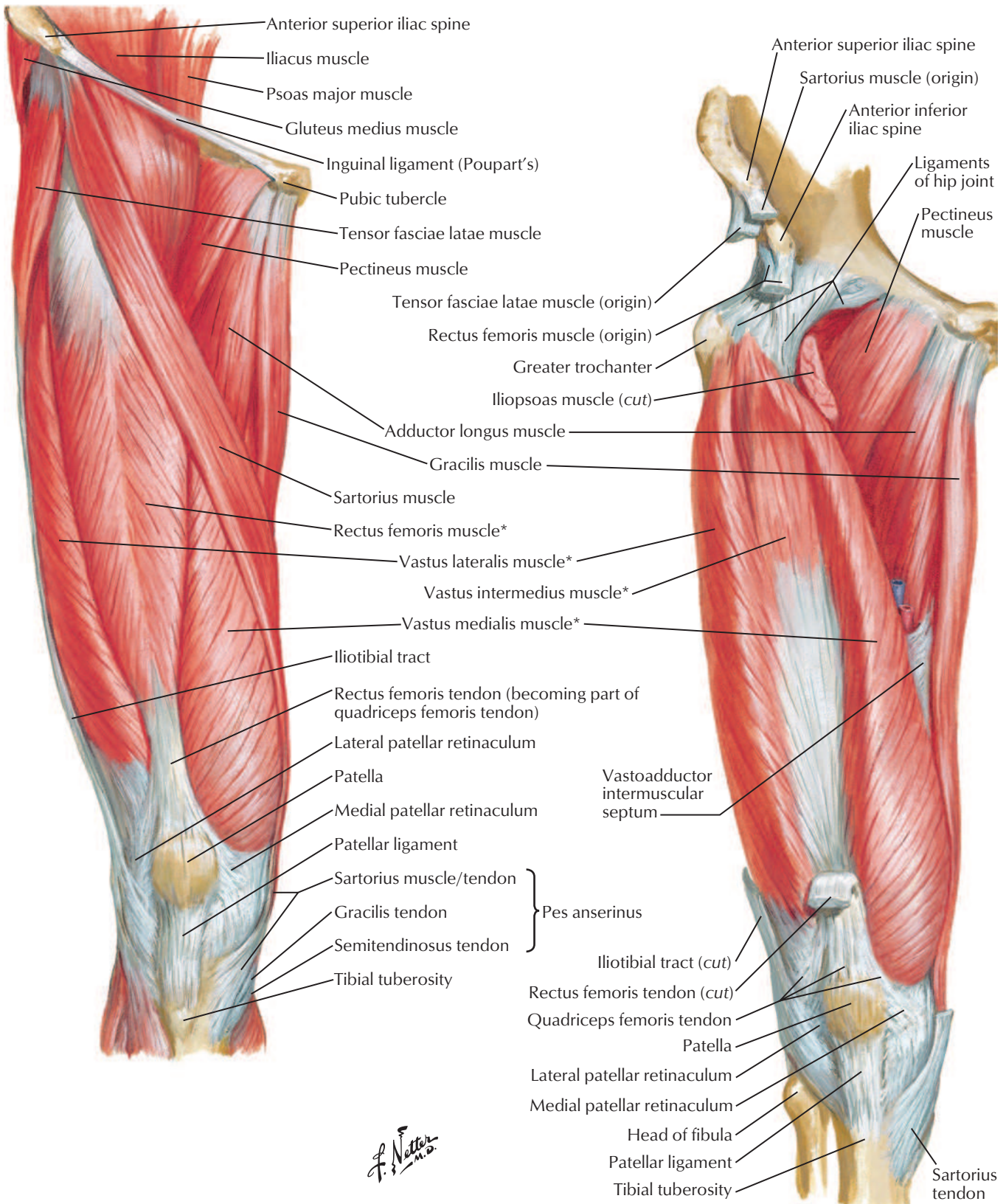
See also [Plates 478, 534](#)





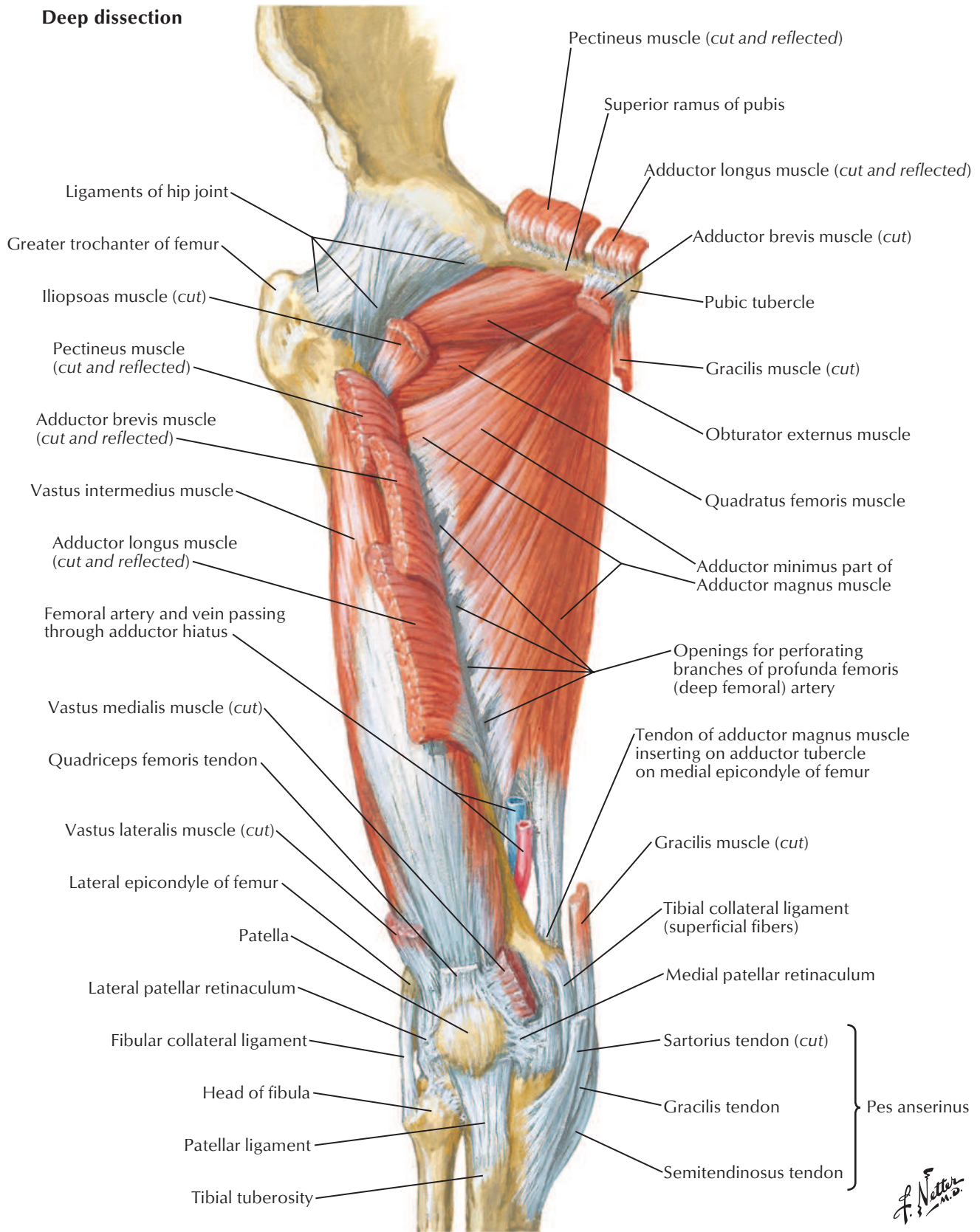
Muscles of Thigh: Anterior Views

See also [Plate 265](#)



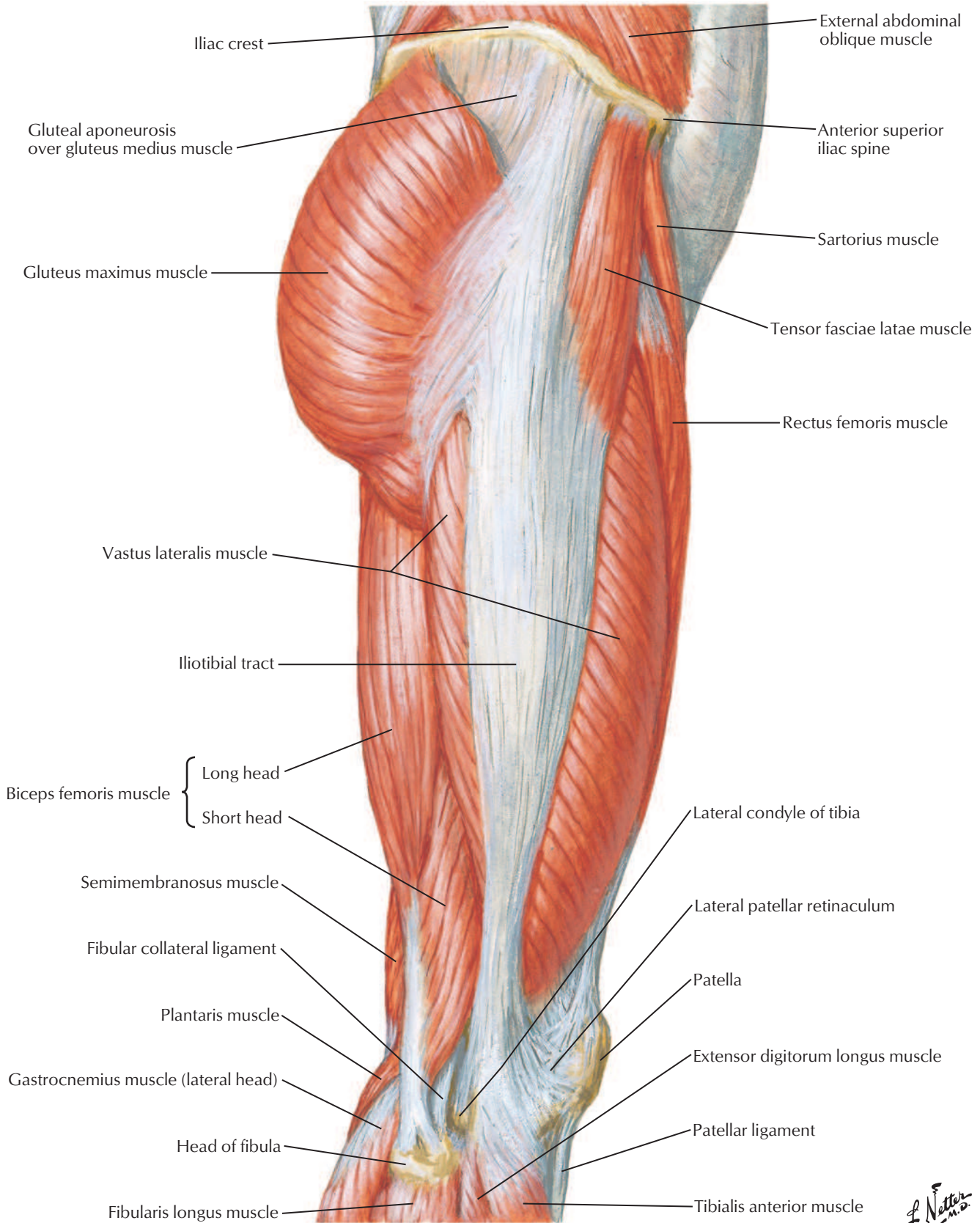
*Muscles of quadriceps femoris

Deep dissection



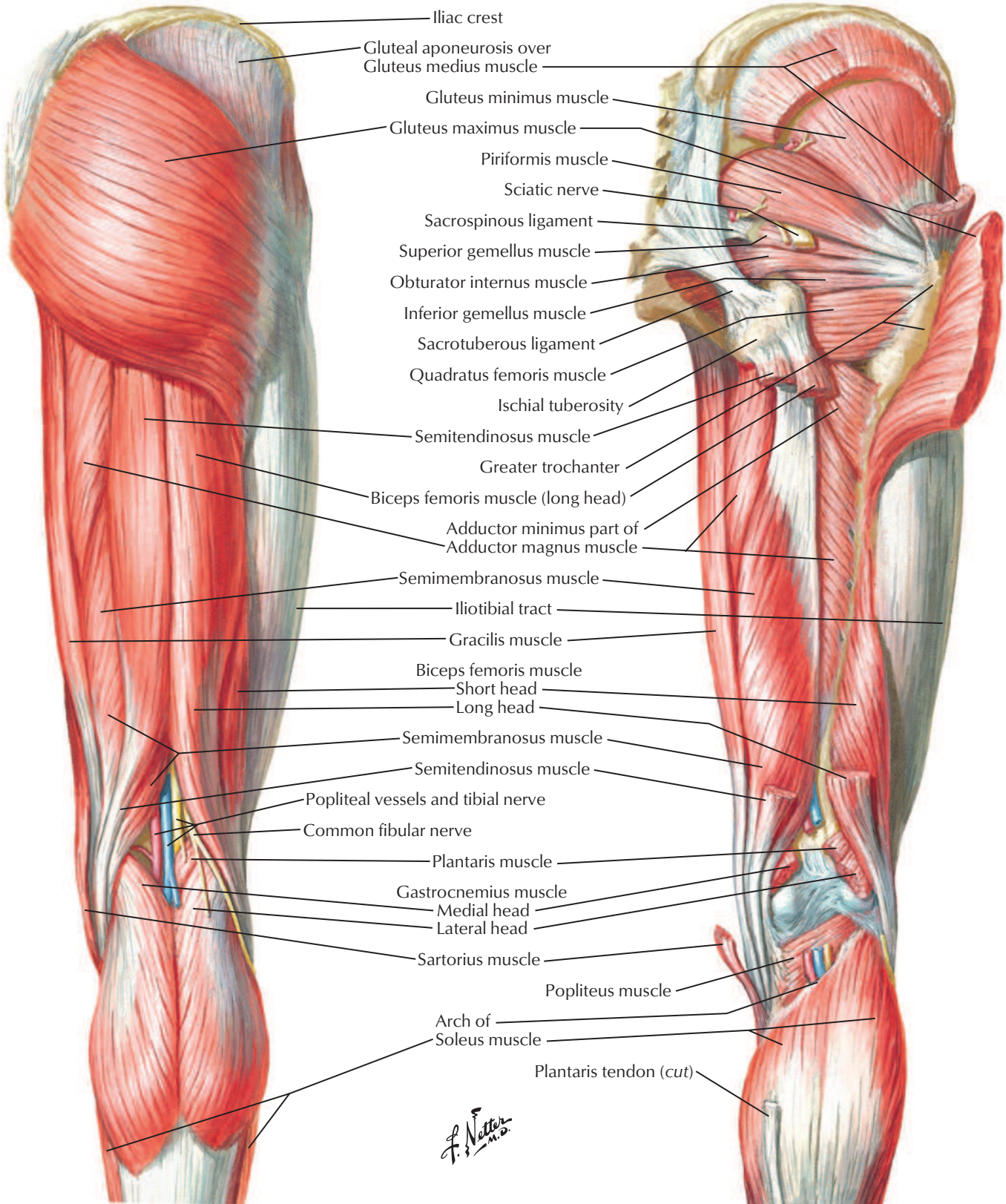
Muscles of Hip and Thigh: Lateral View

See also [Plate 496](#)



Superficial dissection

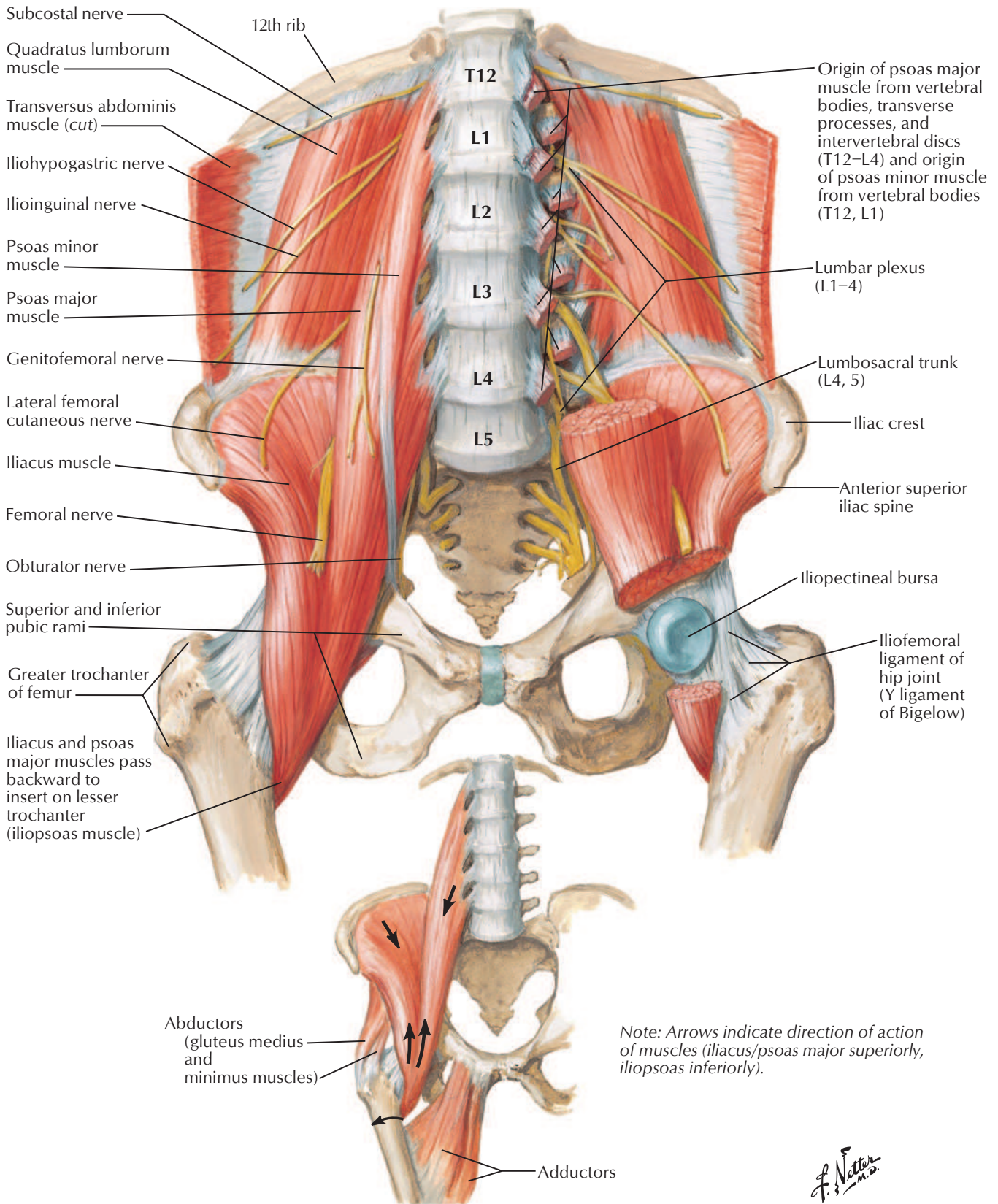
Deeper dissection



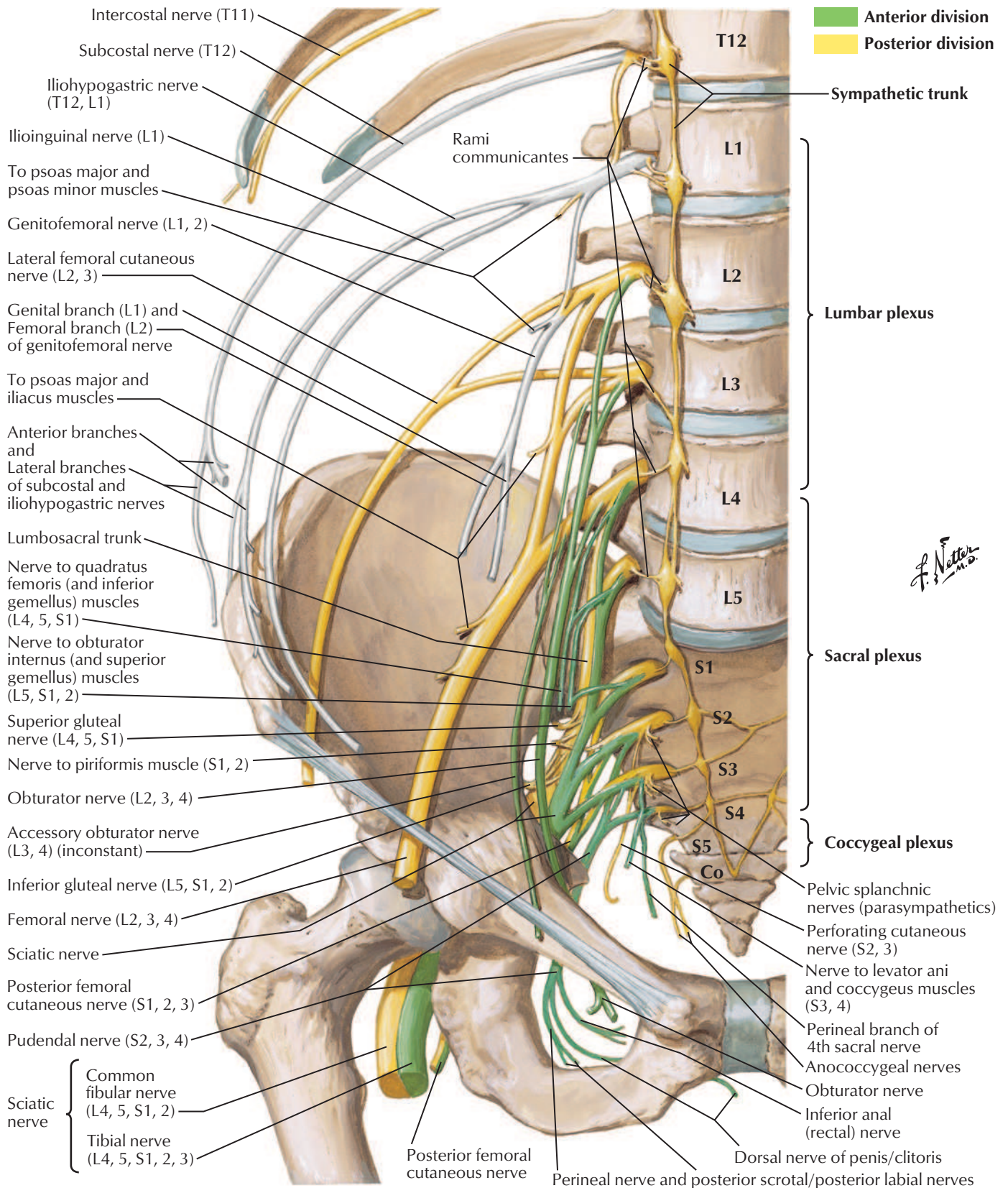
- Iliac crest
- Gluteal aponeurosis over Gluteus medius muscle
- Gluteus minimus muscle
- Gluteus maximus muscle
- Piriformis muscle
- Sciatic nerve
- Sacrospinous ligament
- Superior gemellus muscle
- Obturator internus muscle
- Inferior gemellus muscle
- Sacrospinous ligament
- Quadratus femoris muscle
- Ischial tuberosity
- Semitendinosus muscle
- Greater trochanter
- Biceps femoris muscle (long head)
- Adductor minimus part of Adductor magnus muscle
- Semimembranosus muscle
- Iliotibial tract
- Gracilis muscle
- Biceps femoris muscle Short head Long head
- Semimembranosus muscle
- Semitendinosus muscle
- Popliteal vessels and tibial nerve
- Common fibular nerve
- Plantaris muscle
- Gastrocnemius muscle Medial head Lateral head
- Sartorius muscle
- Popliteus muscle
- Arch of Soleus muscle
- Plantaris tendon (cut)

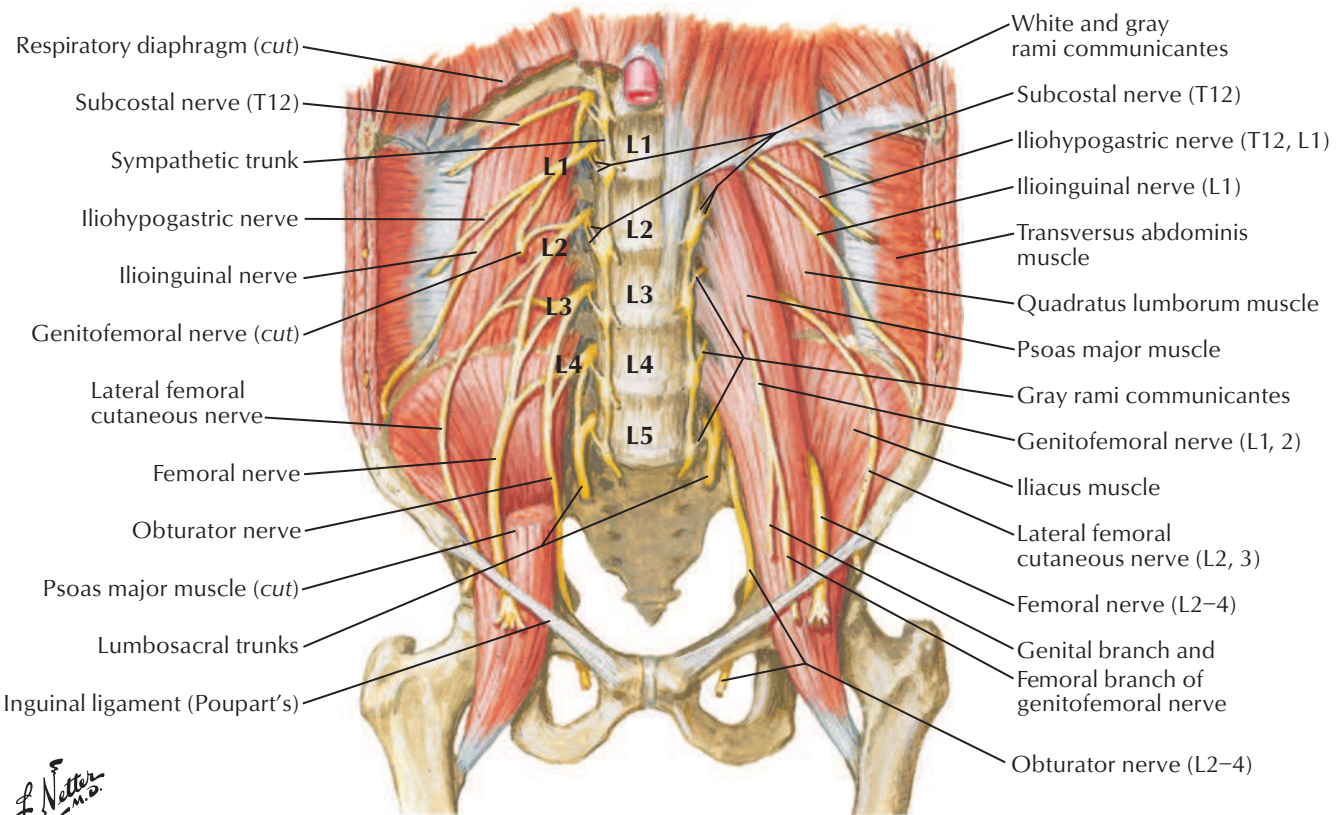
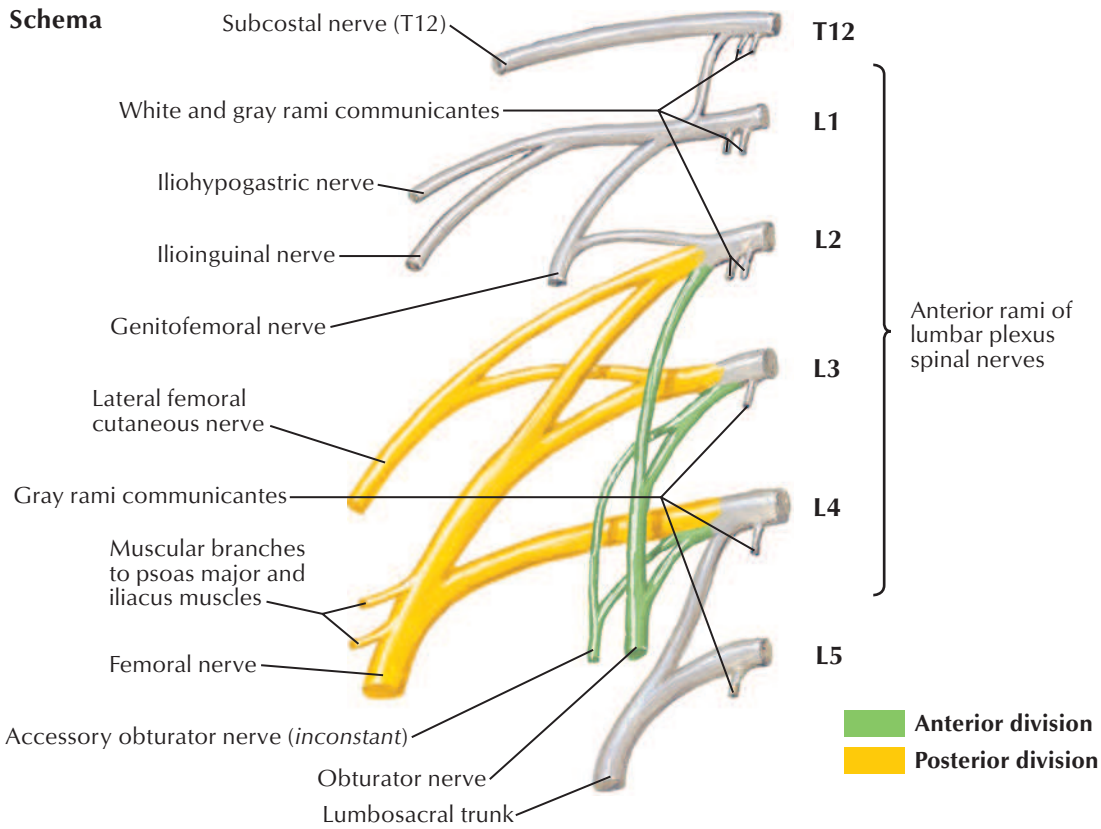
Psoas and Iliacus Muscles

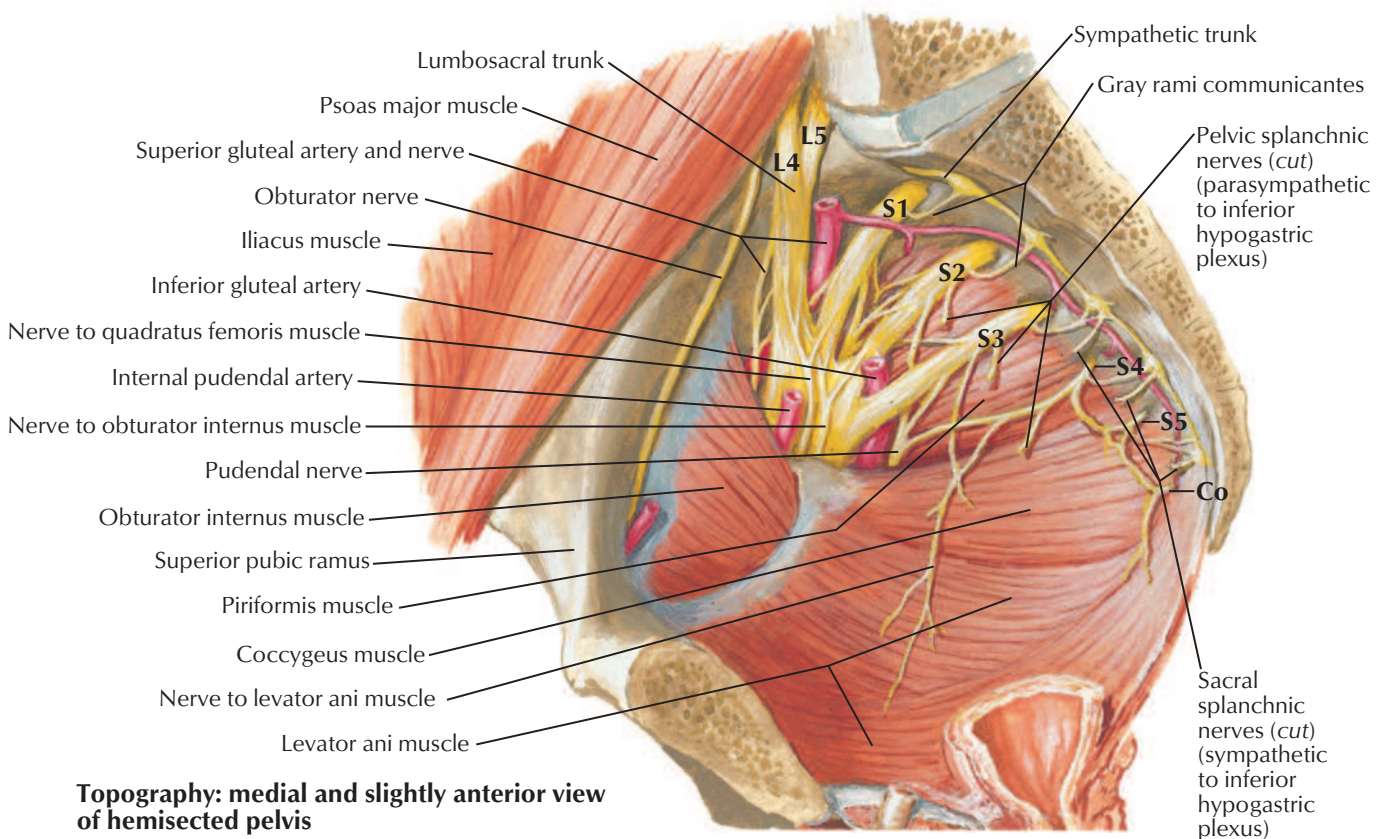
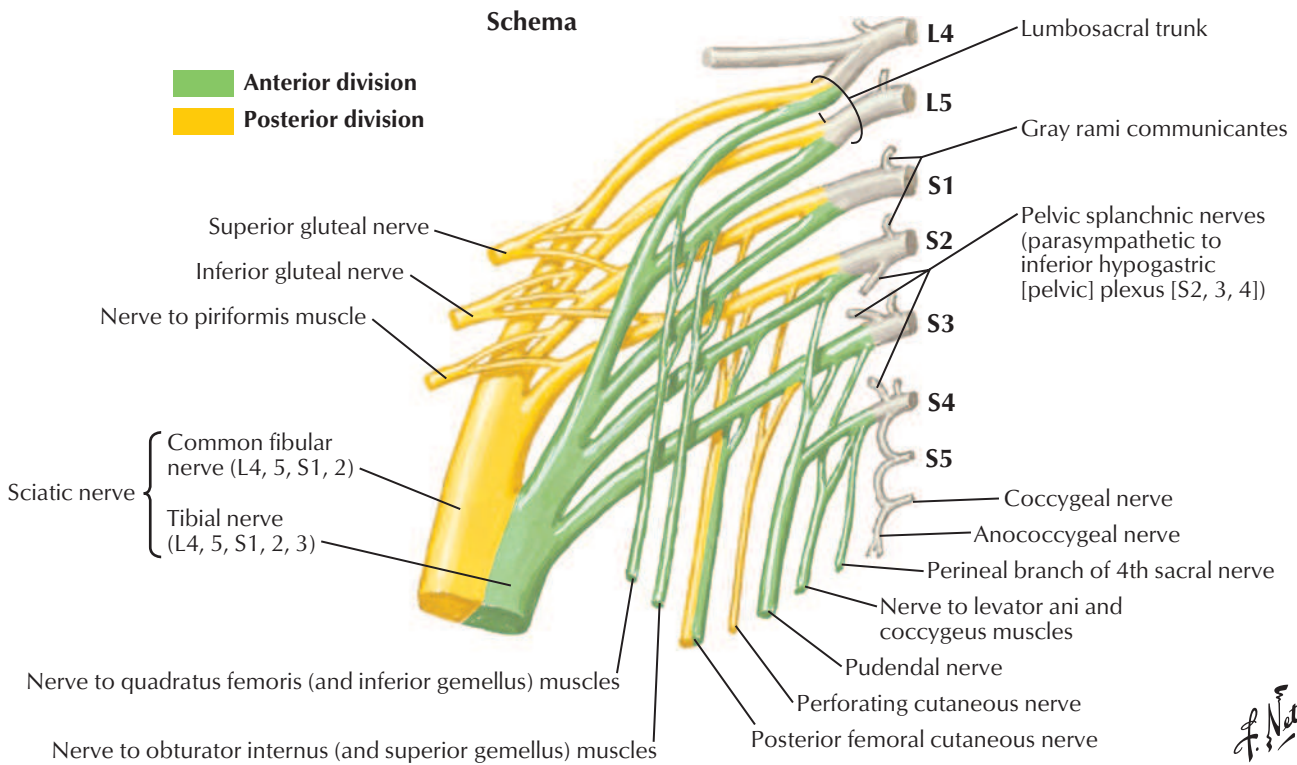
See also [Plates 265, 269](#)

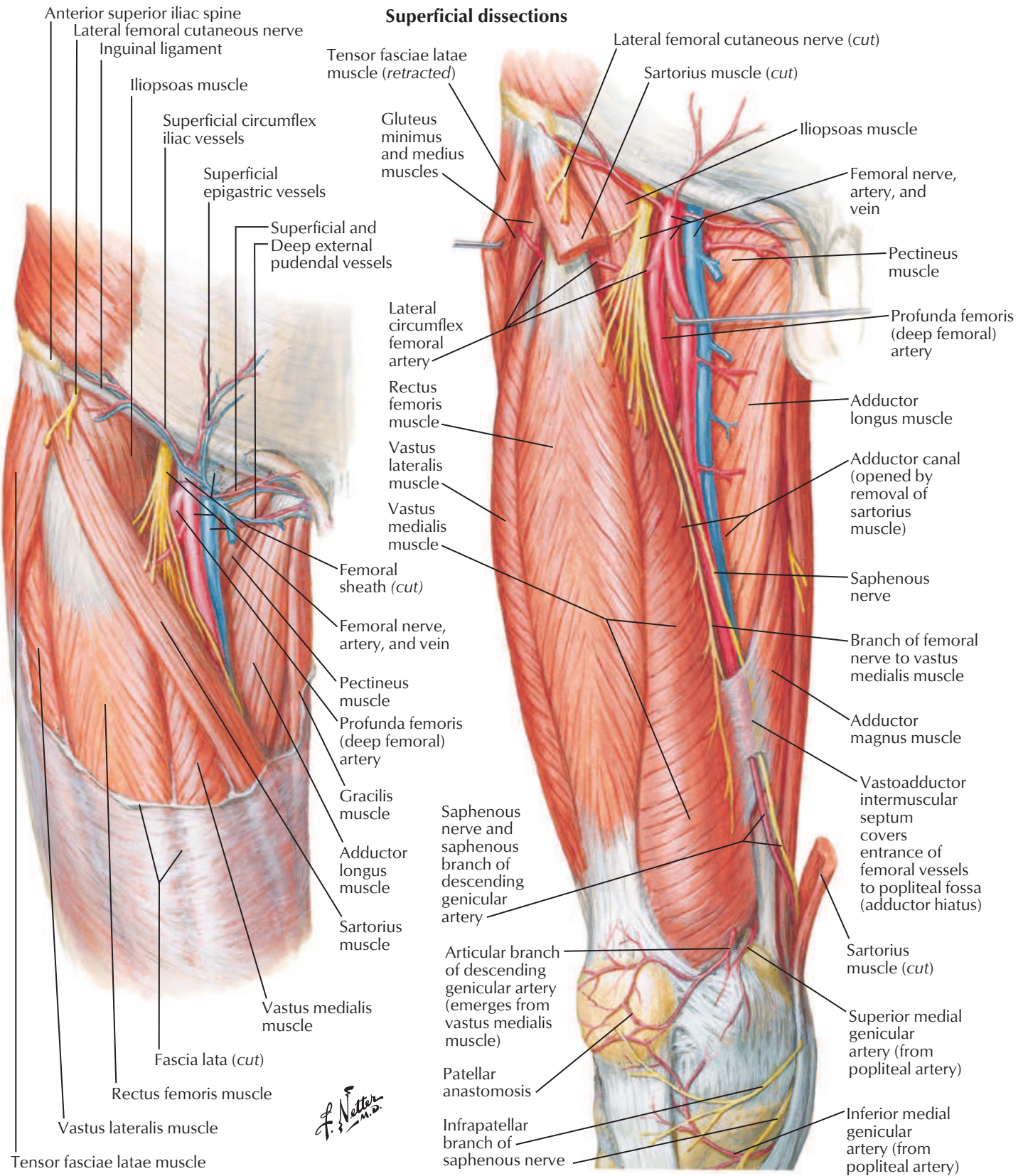


See also [Plate 269](#)

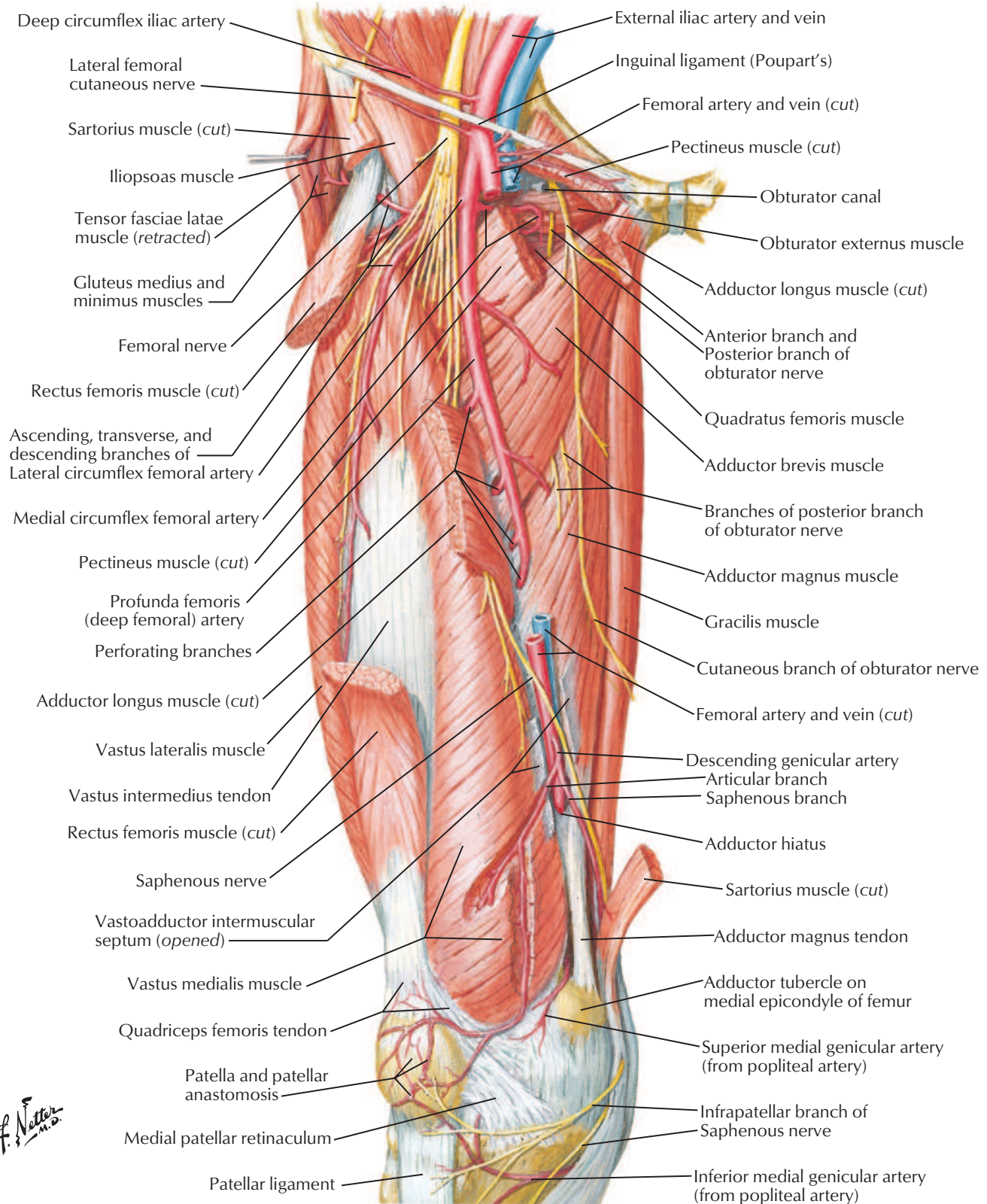






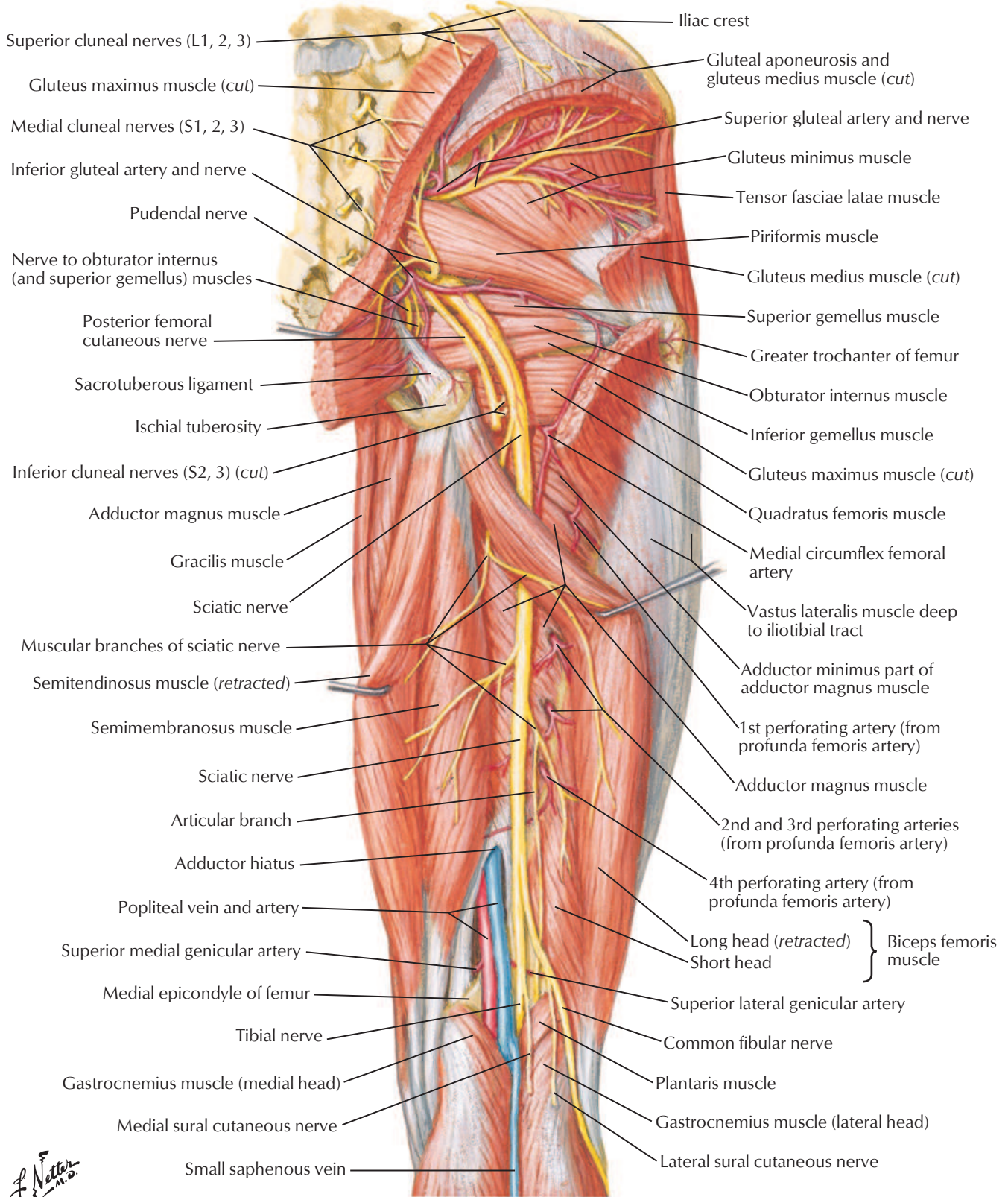


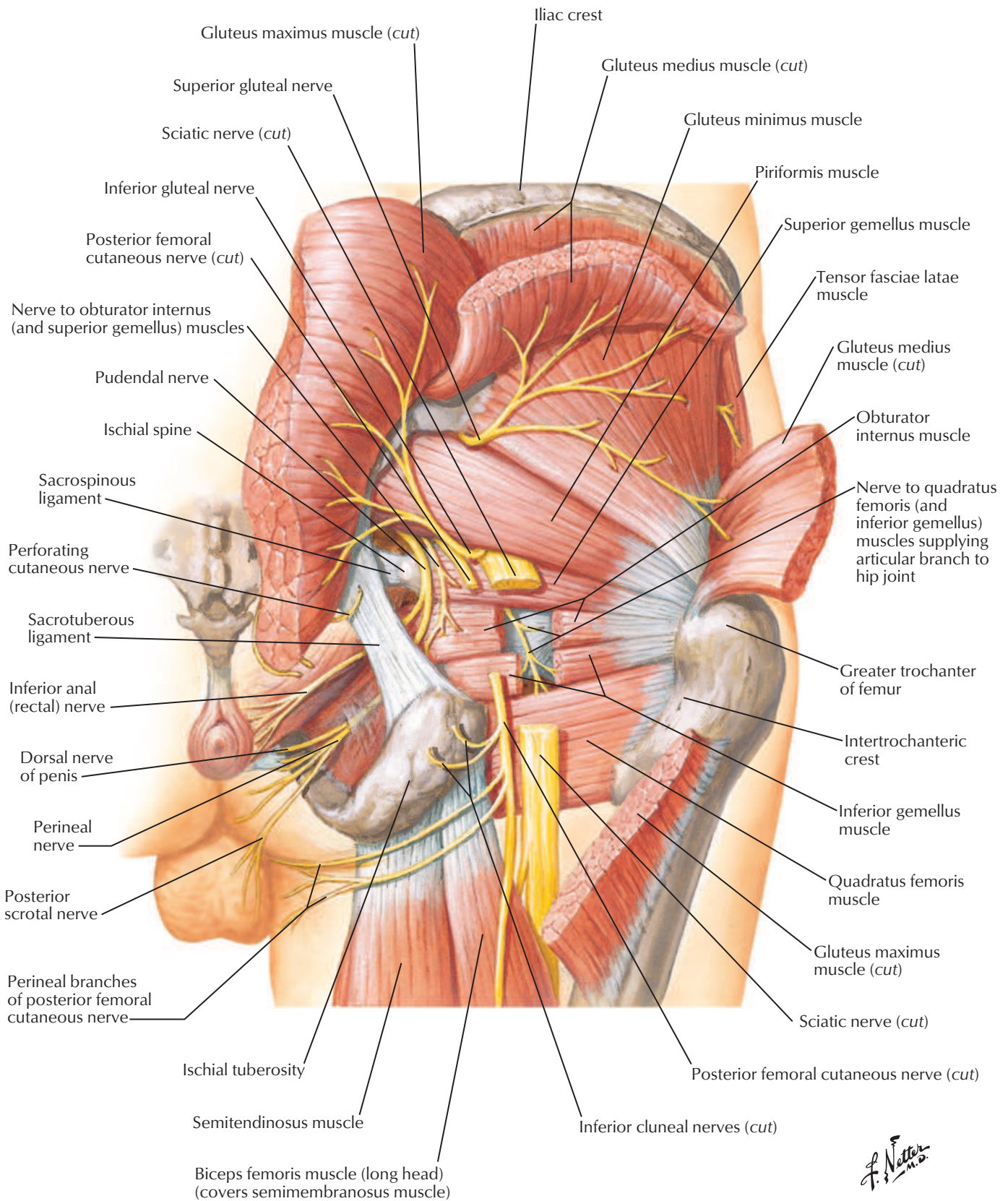
Deep dissection



F. Netter M.D.

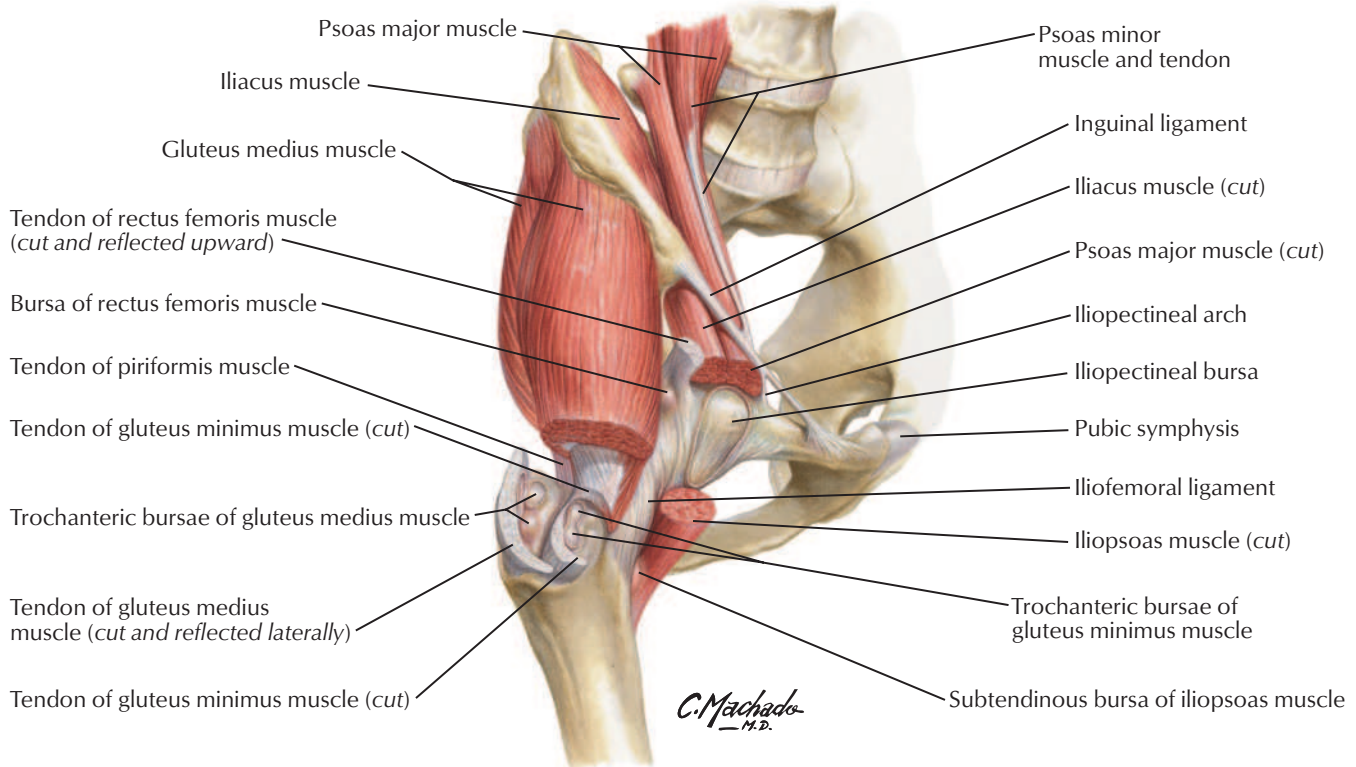
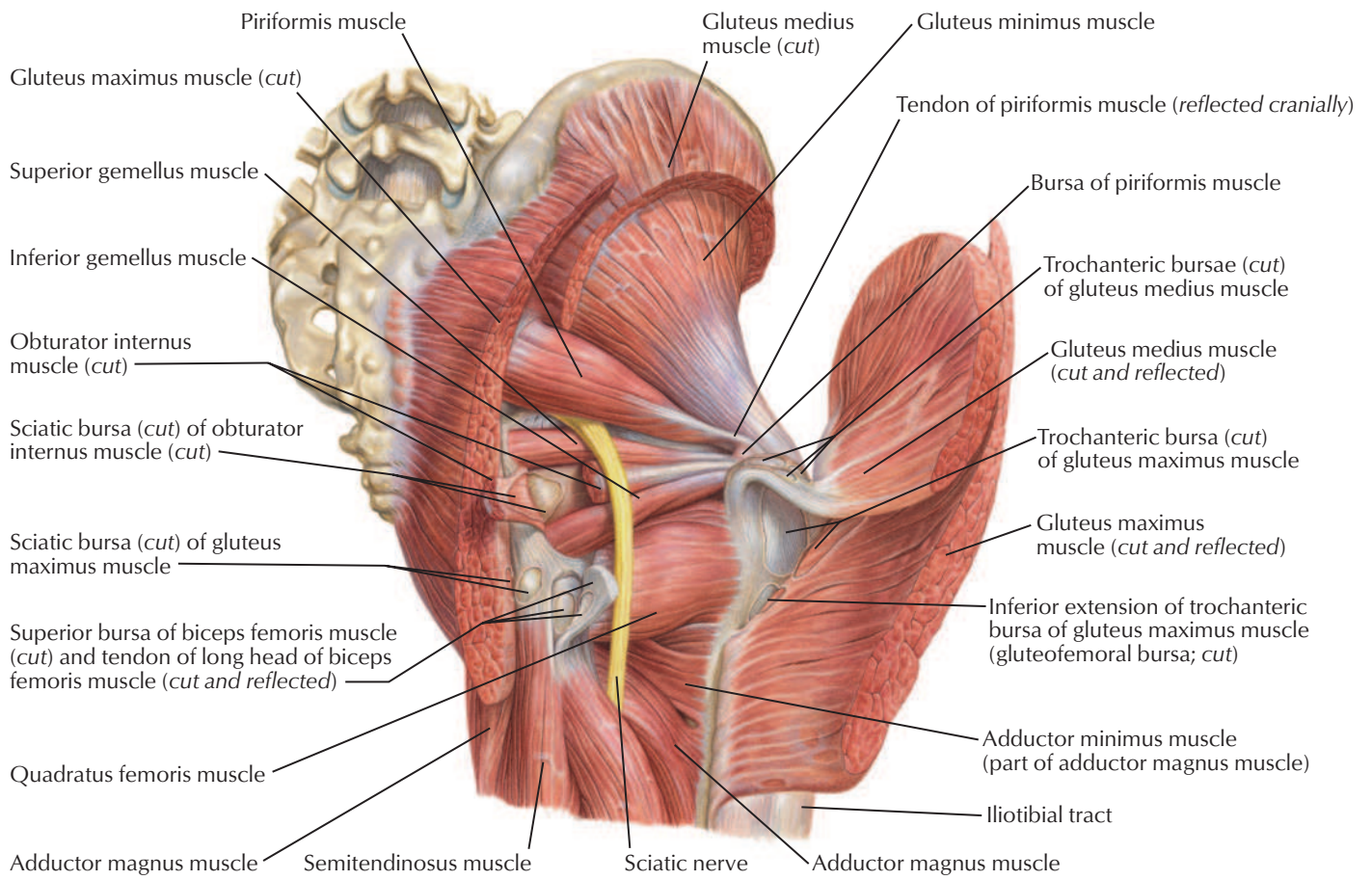
Deep dissection

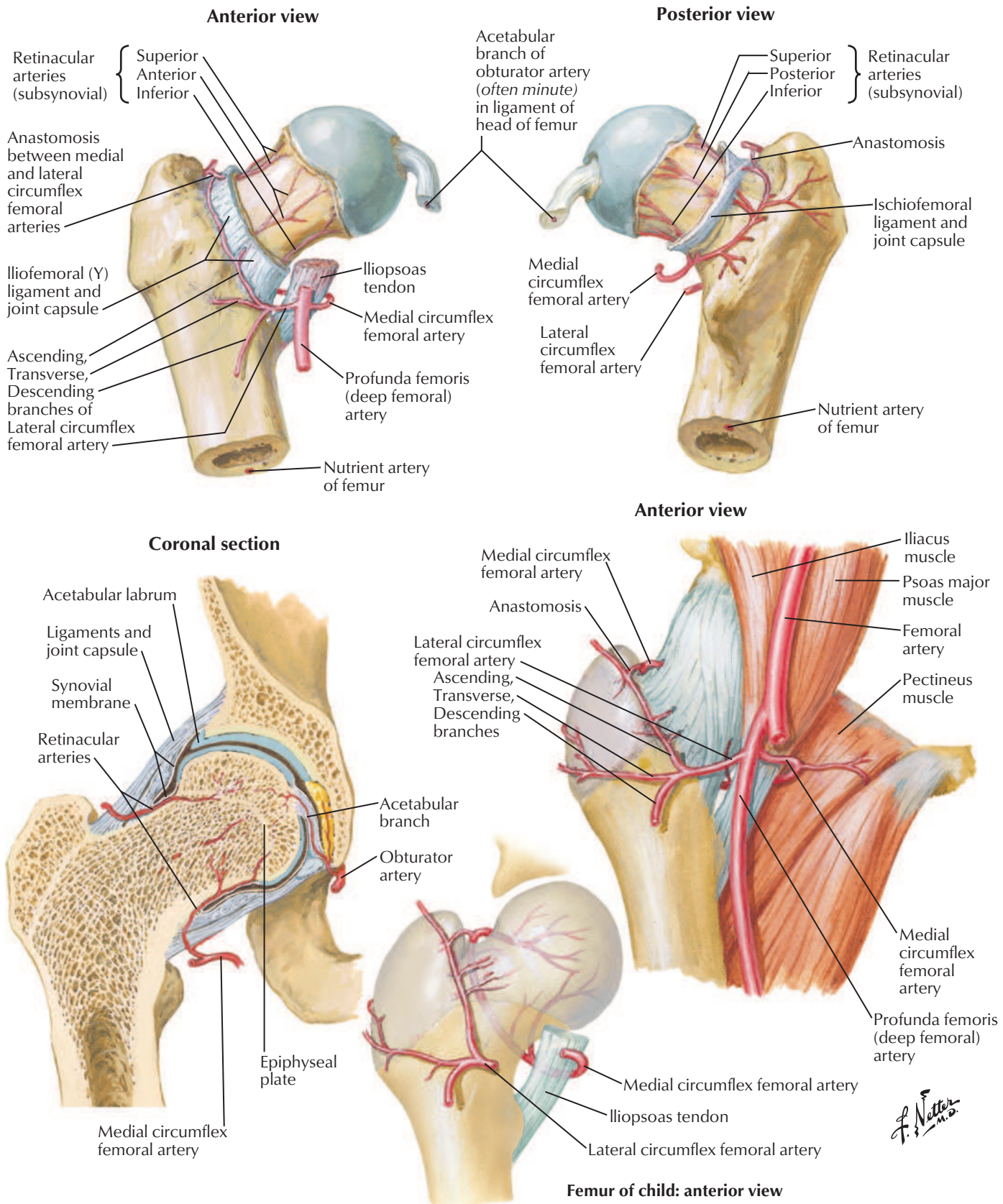




F. Netter M.D.

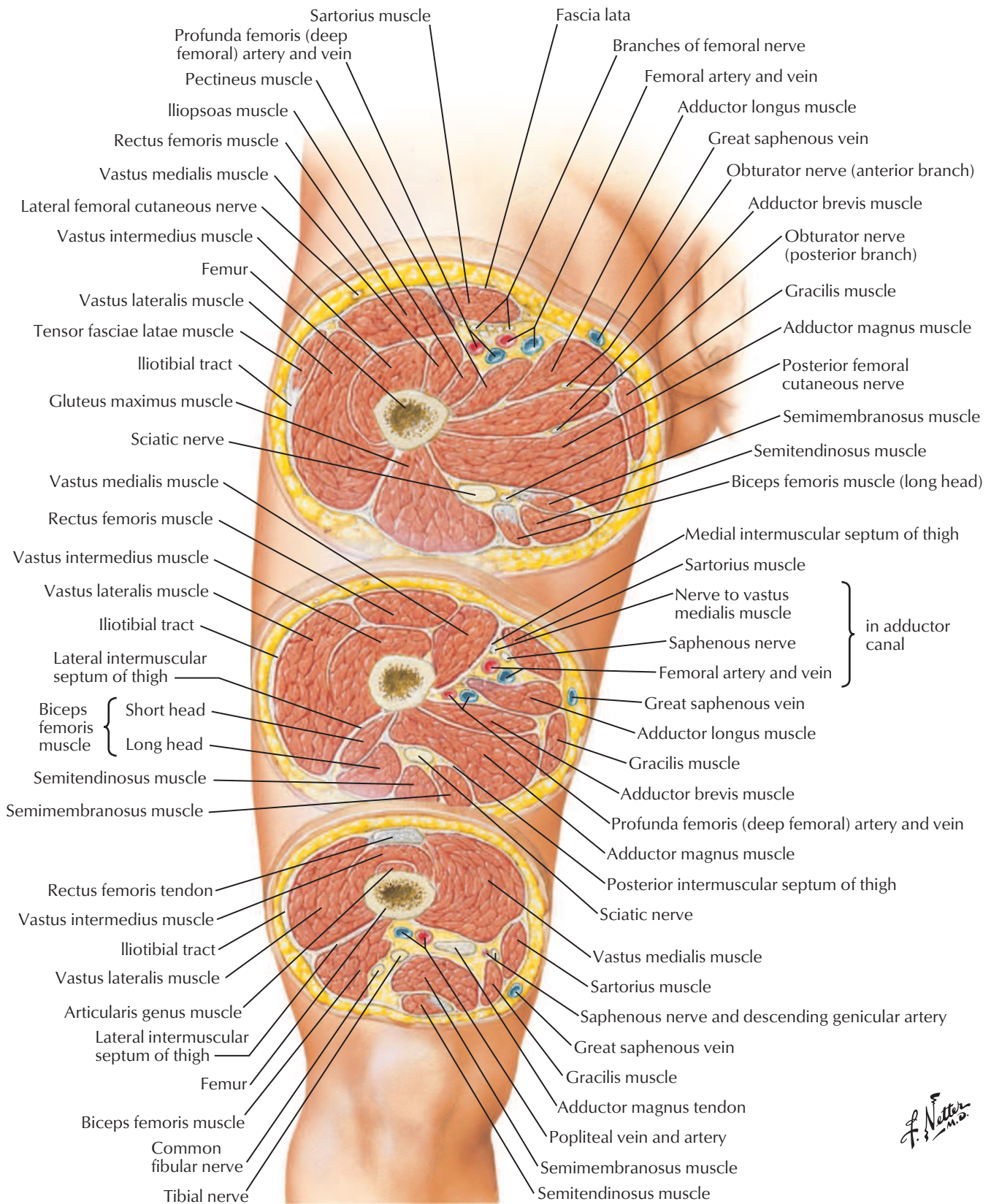
Hip Bursae: Posterior and Anterolateral Views



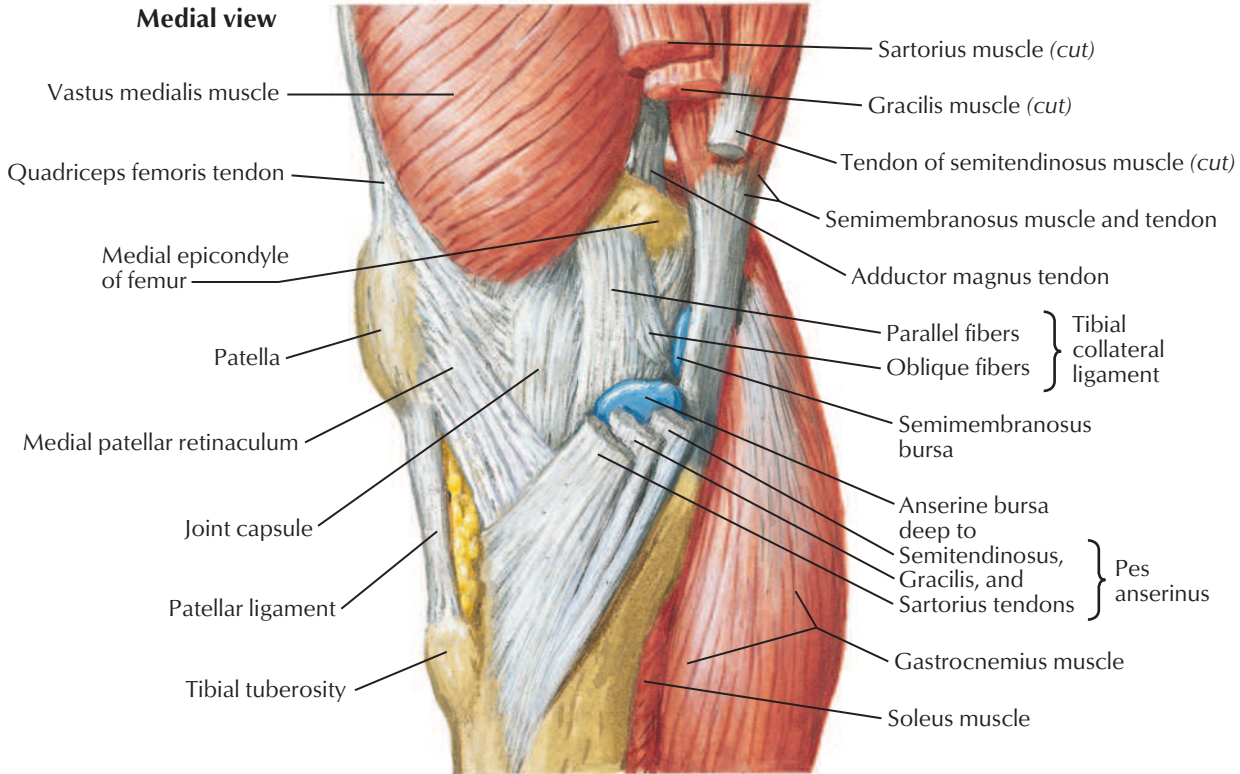


F. Netter M.D.

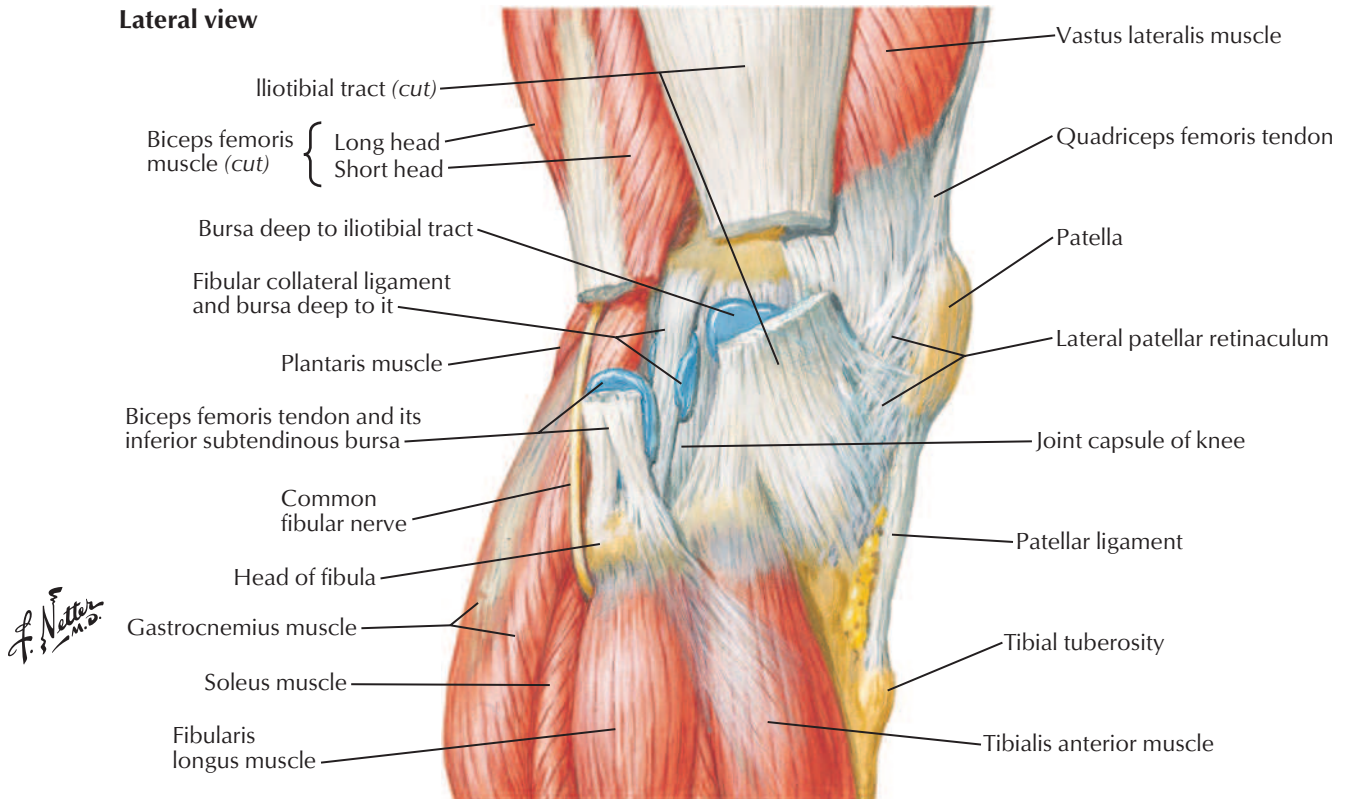
Thigh: Serial Cross Sections



Medial view

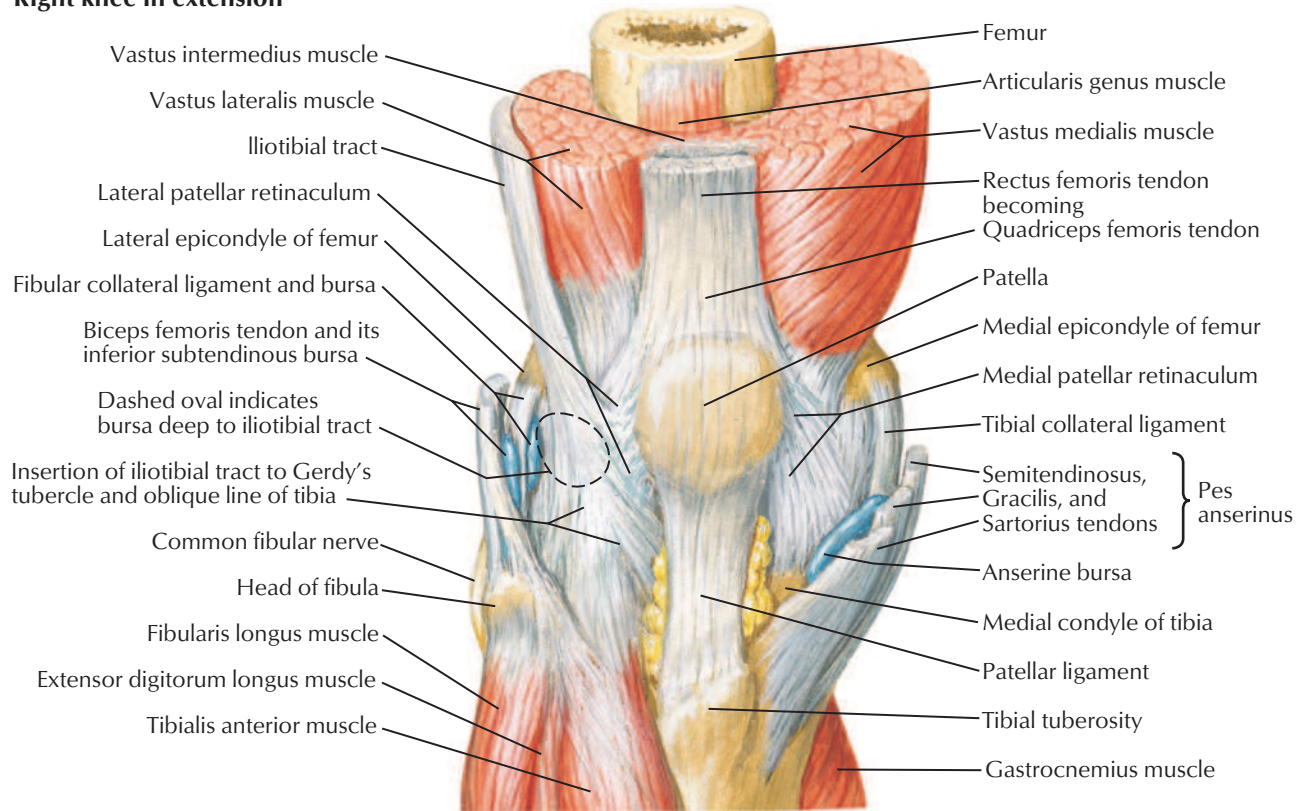


Lateral view

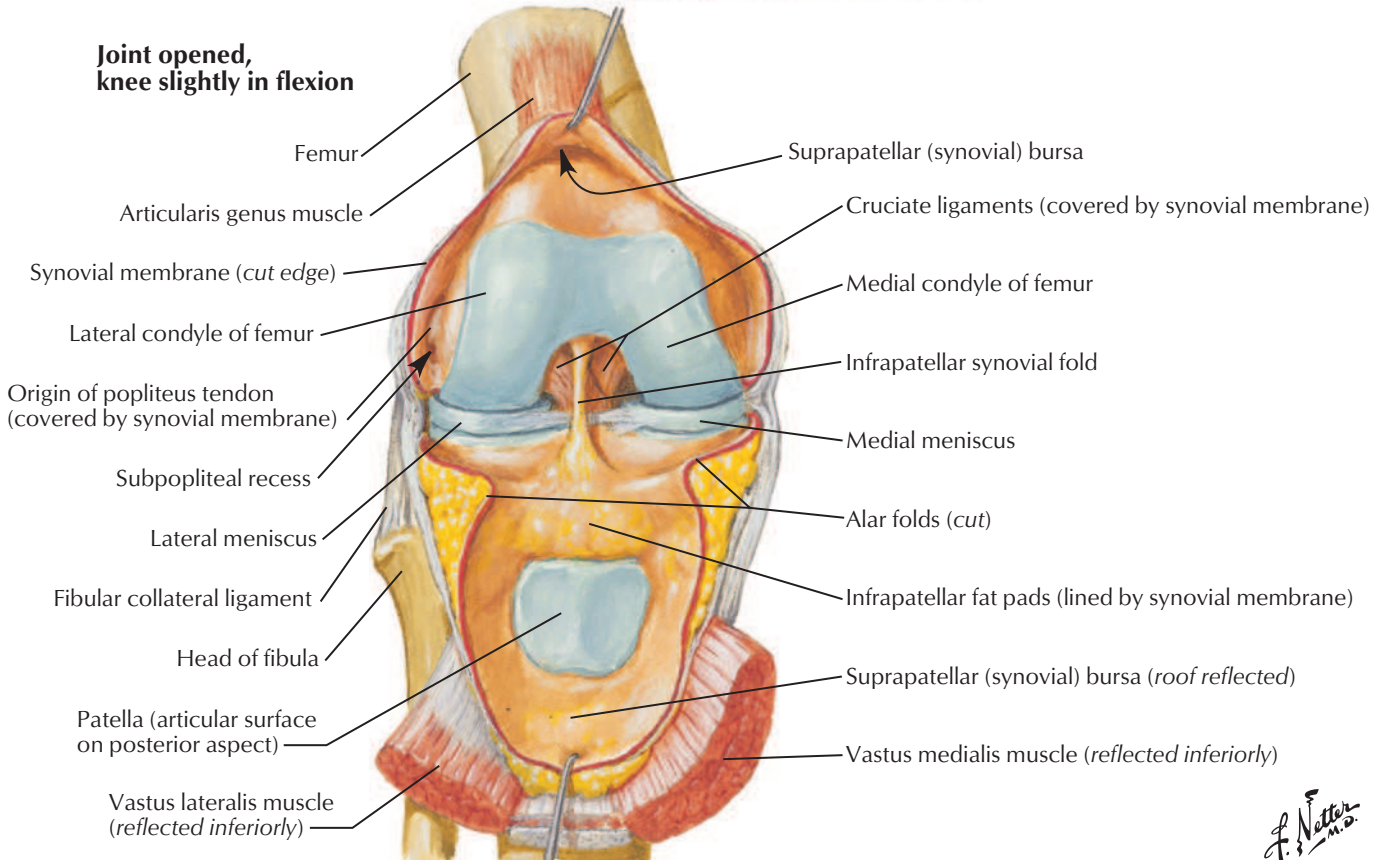


F. Netter M.D.

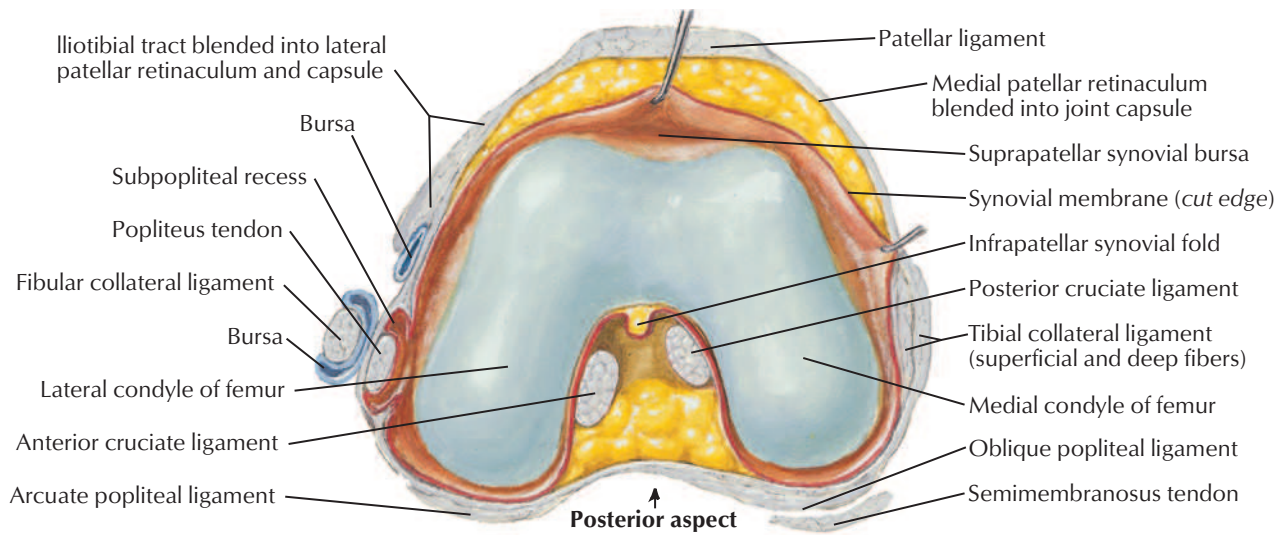
Right knee in extension



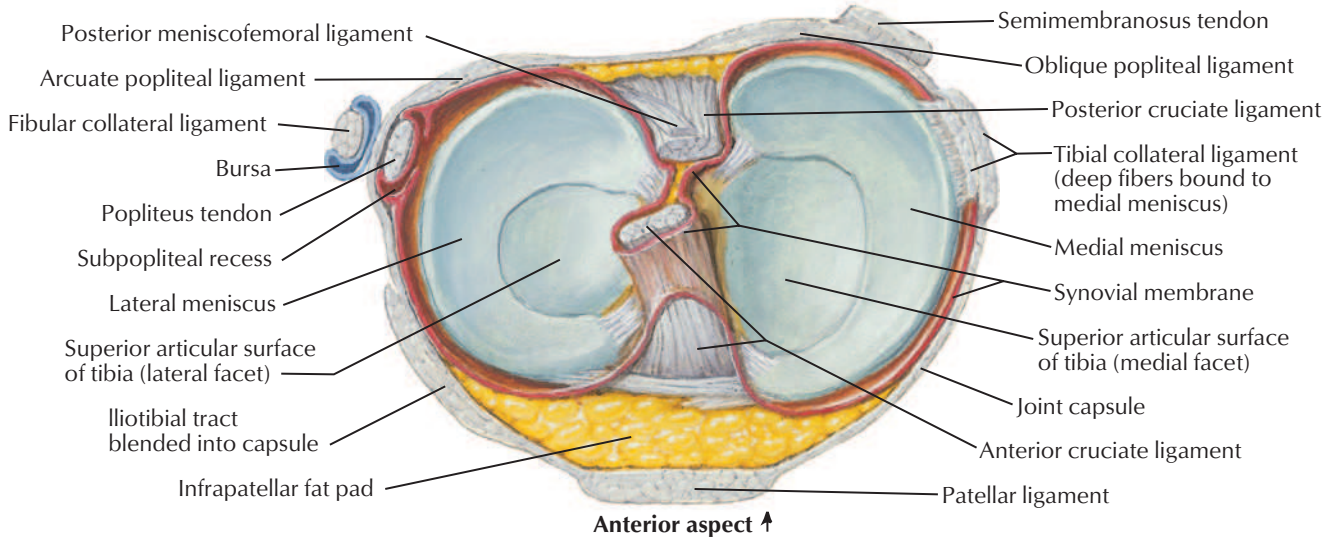
Joint opened, knee slightly in flexion



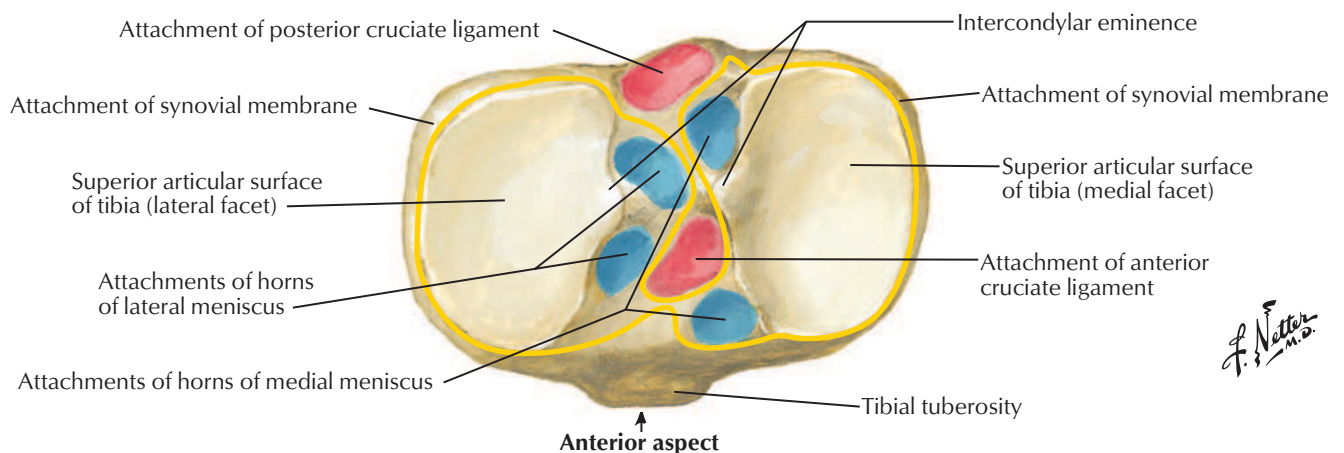
Inferior view



Superior view

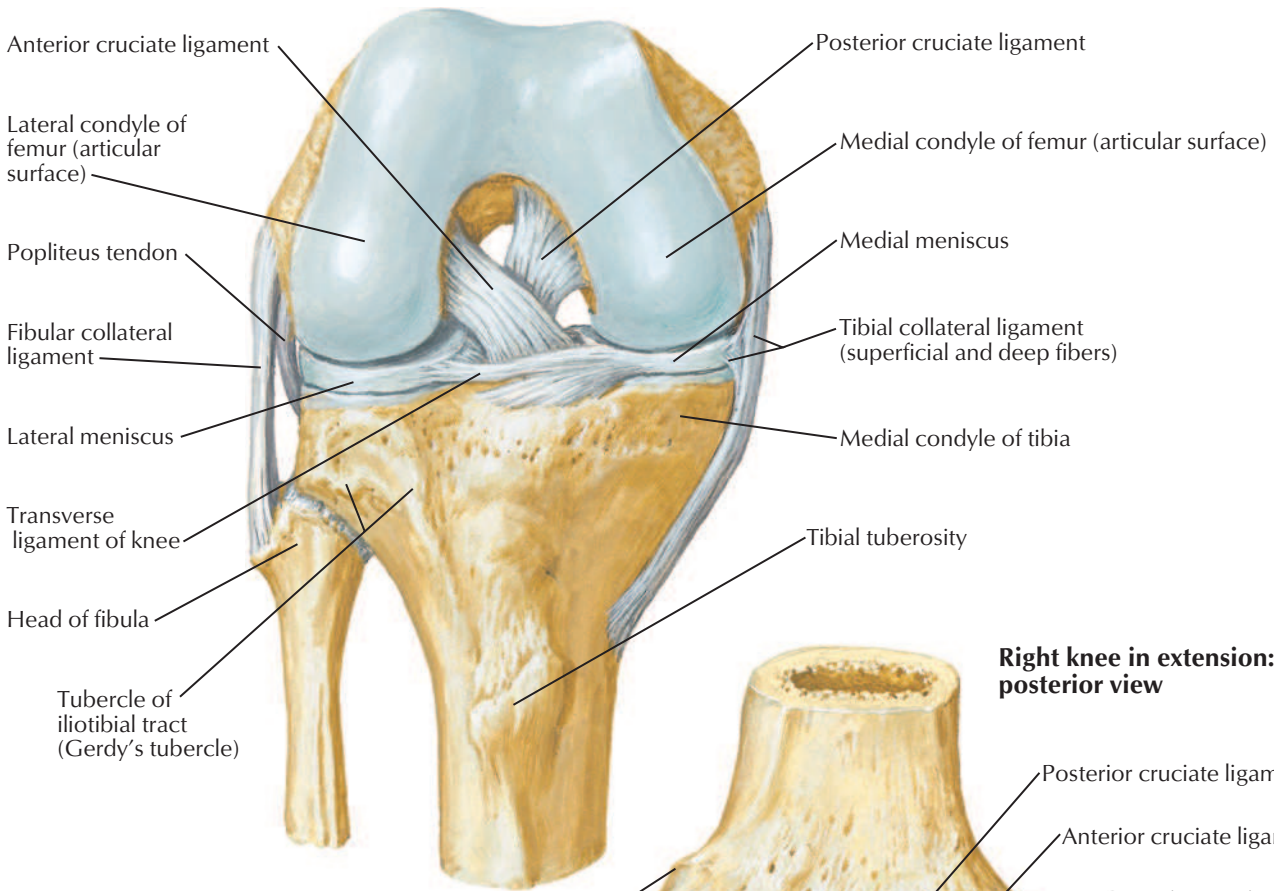


Superior view: ligaments and cartilage removed

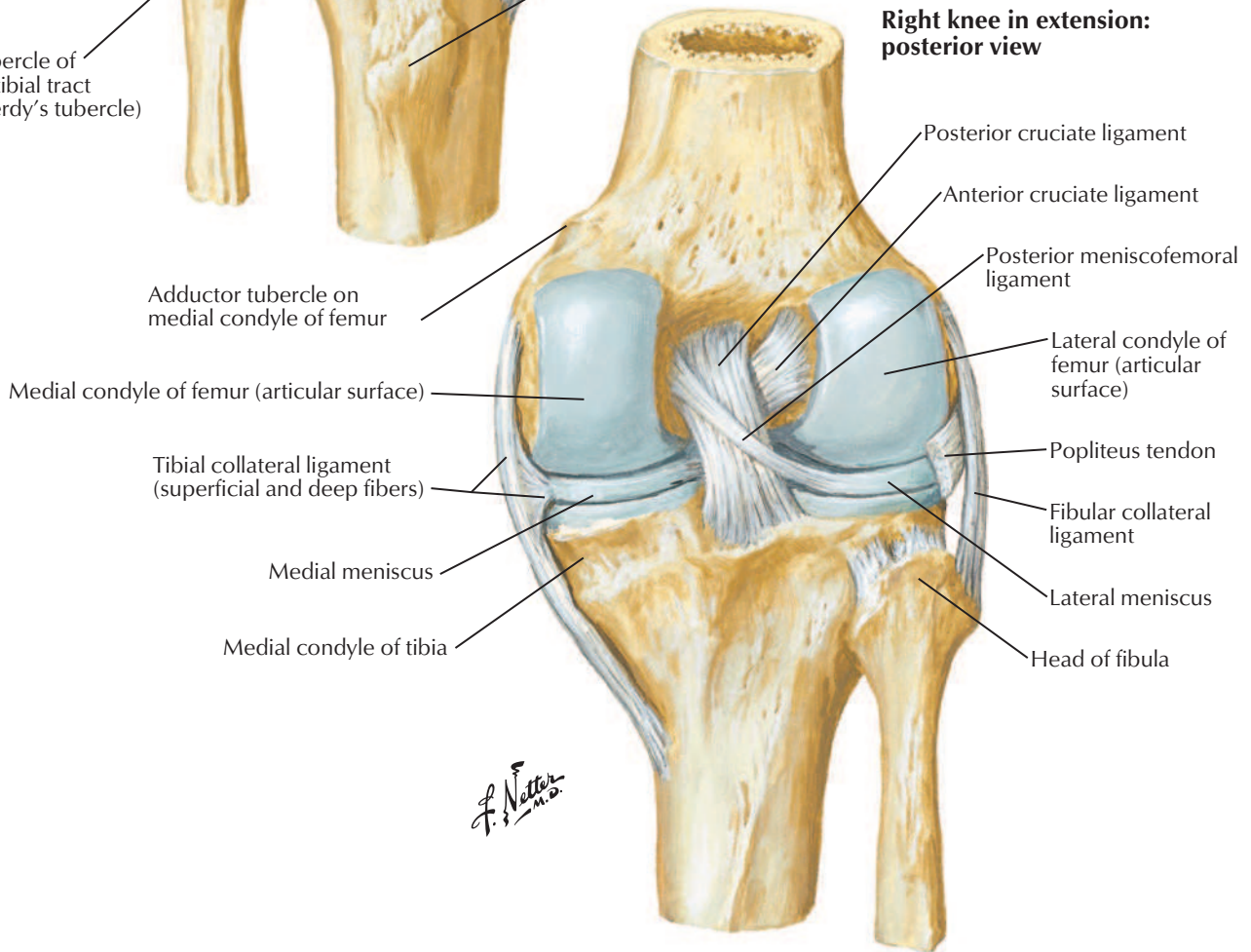


F. Netter M.D.

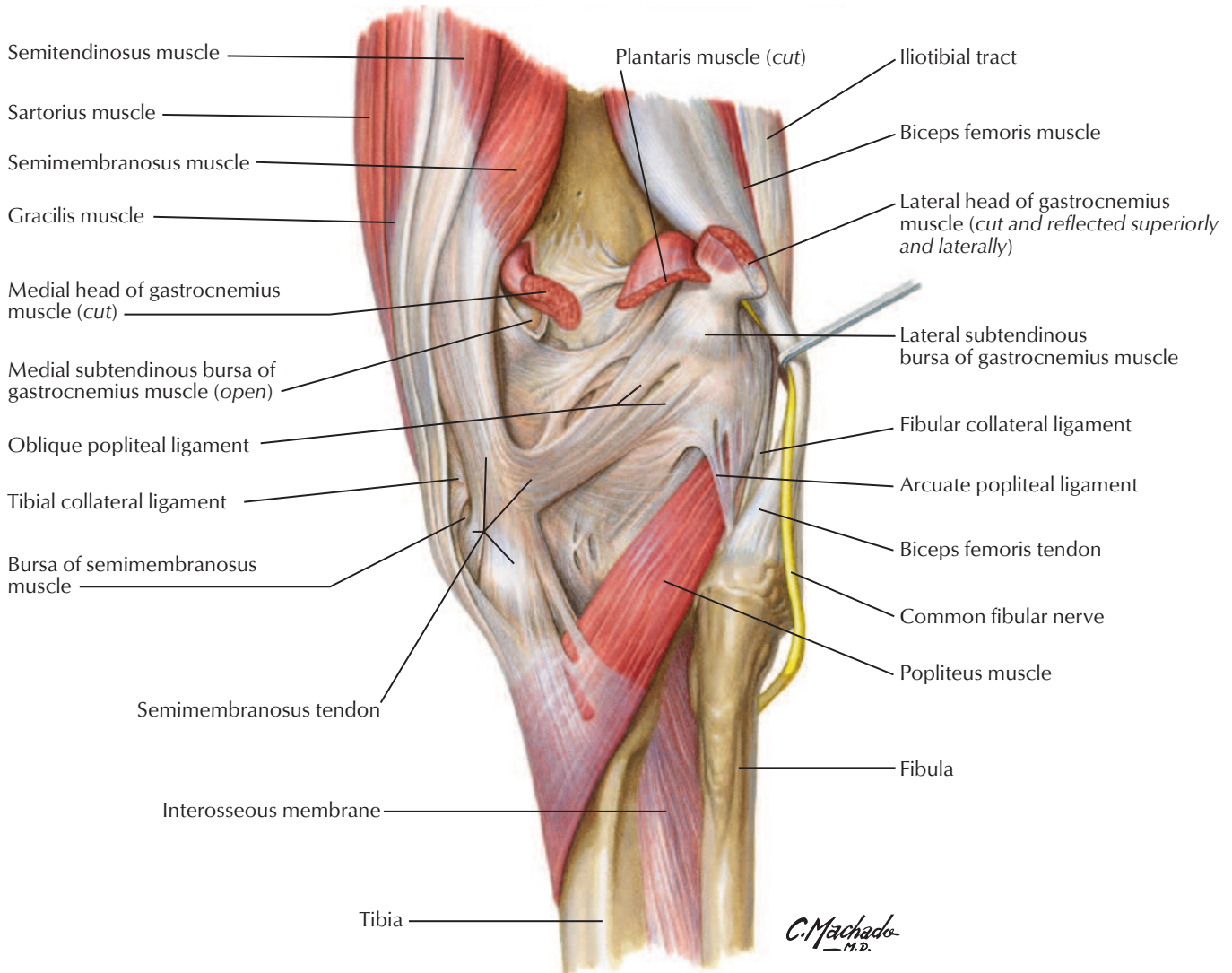
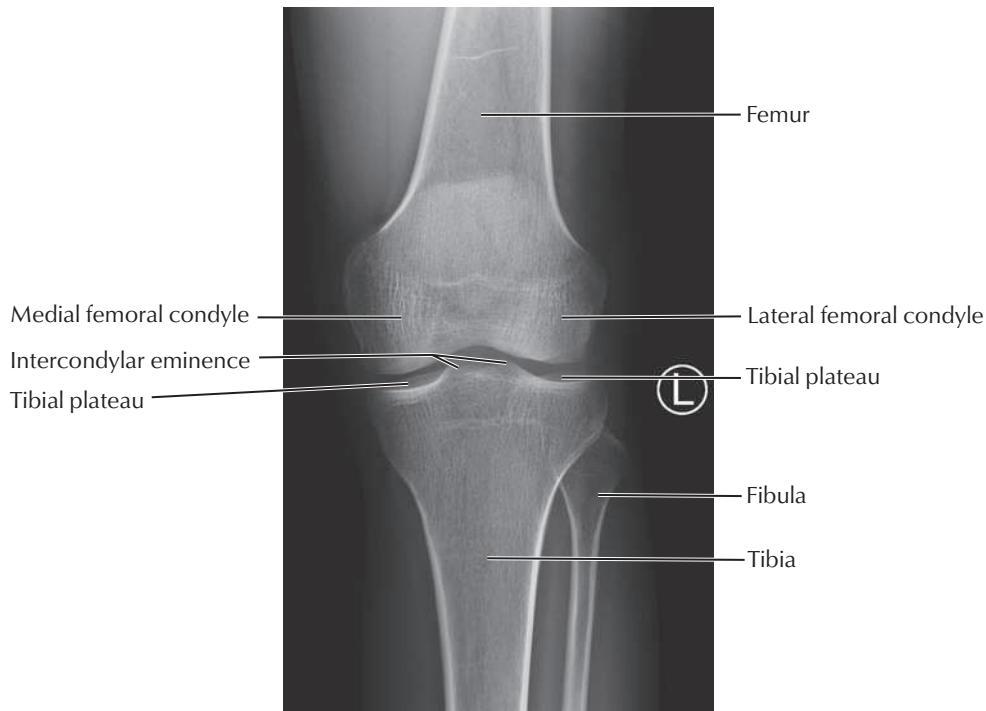
Right knee in flexion: anterior view



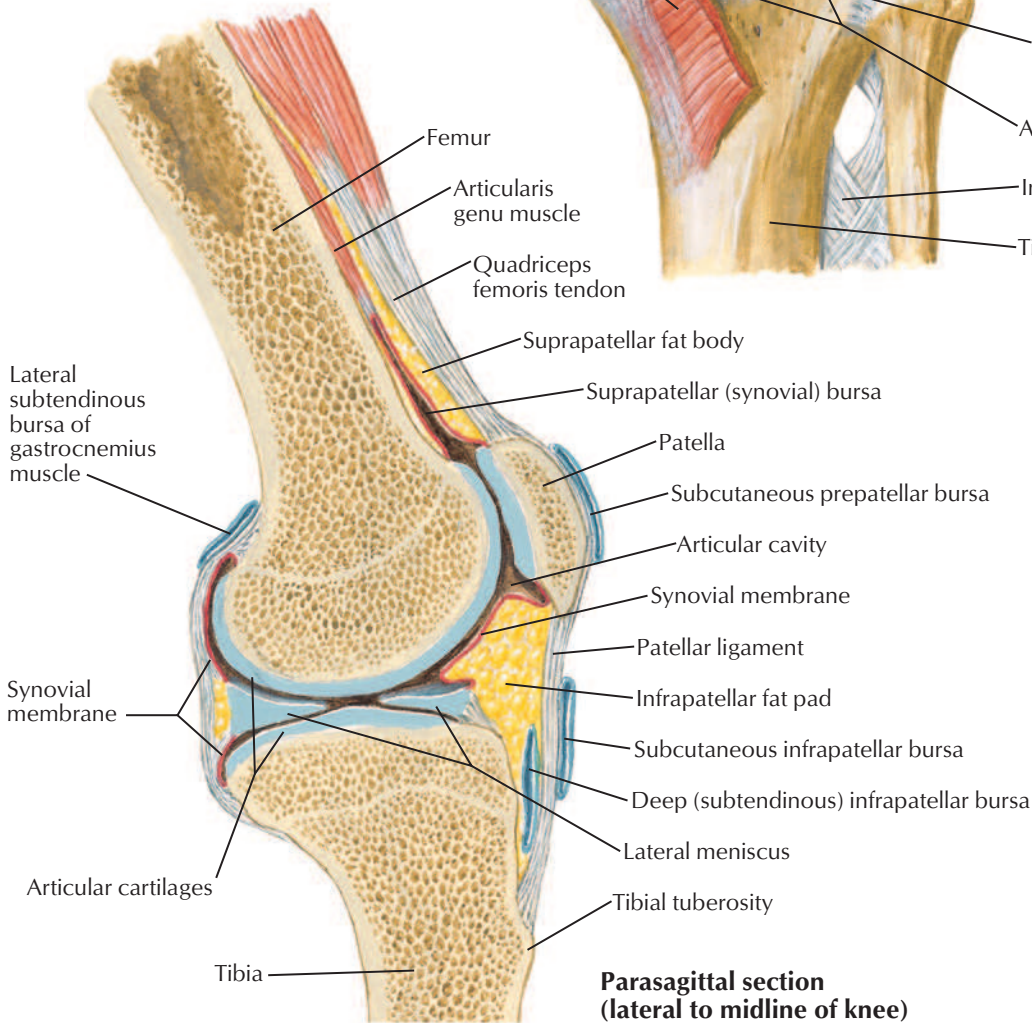
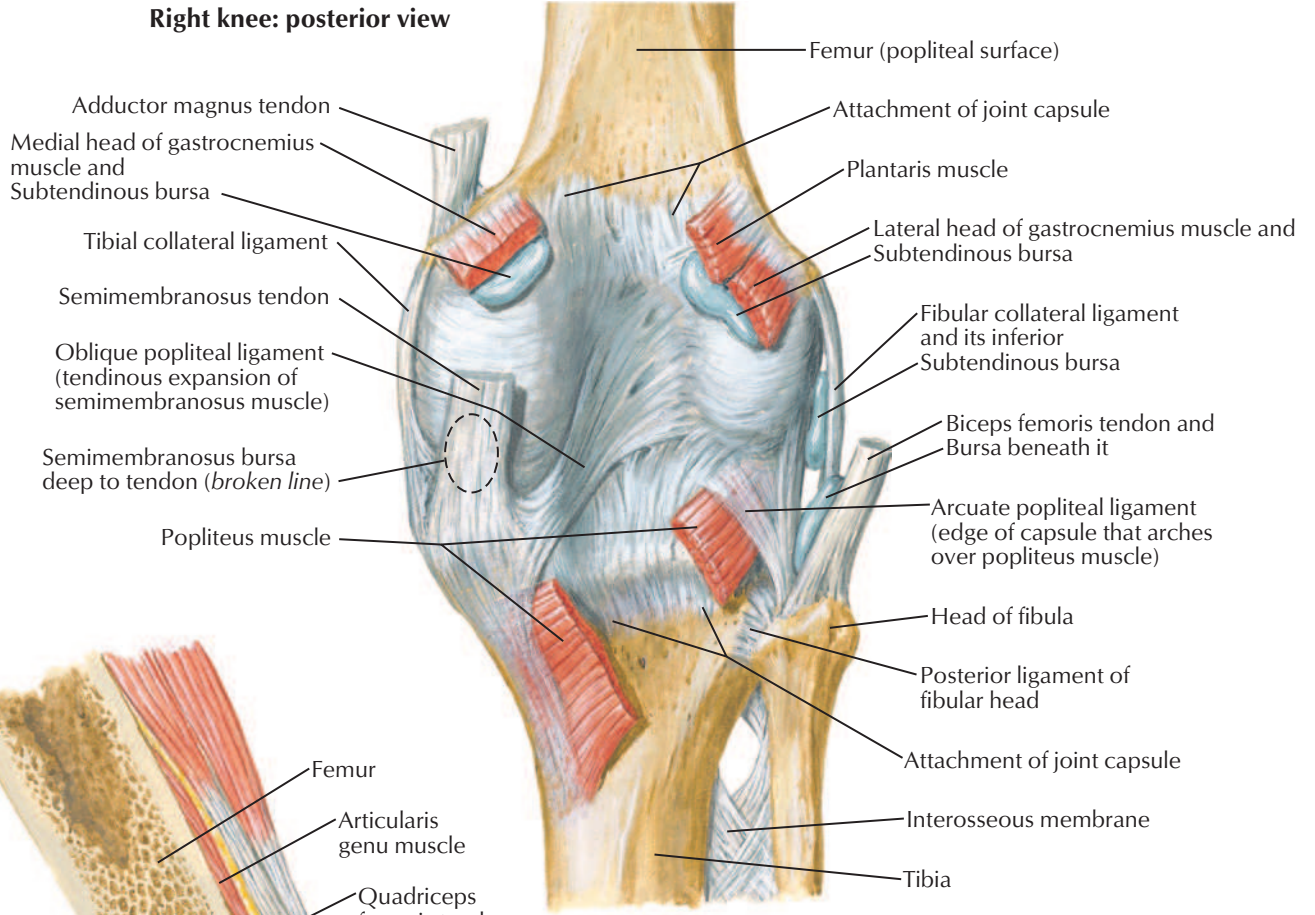
Right knee in extension: posterior view



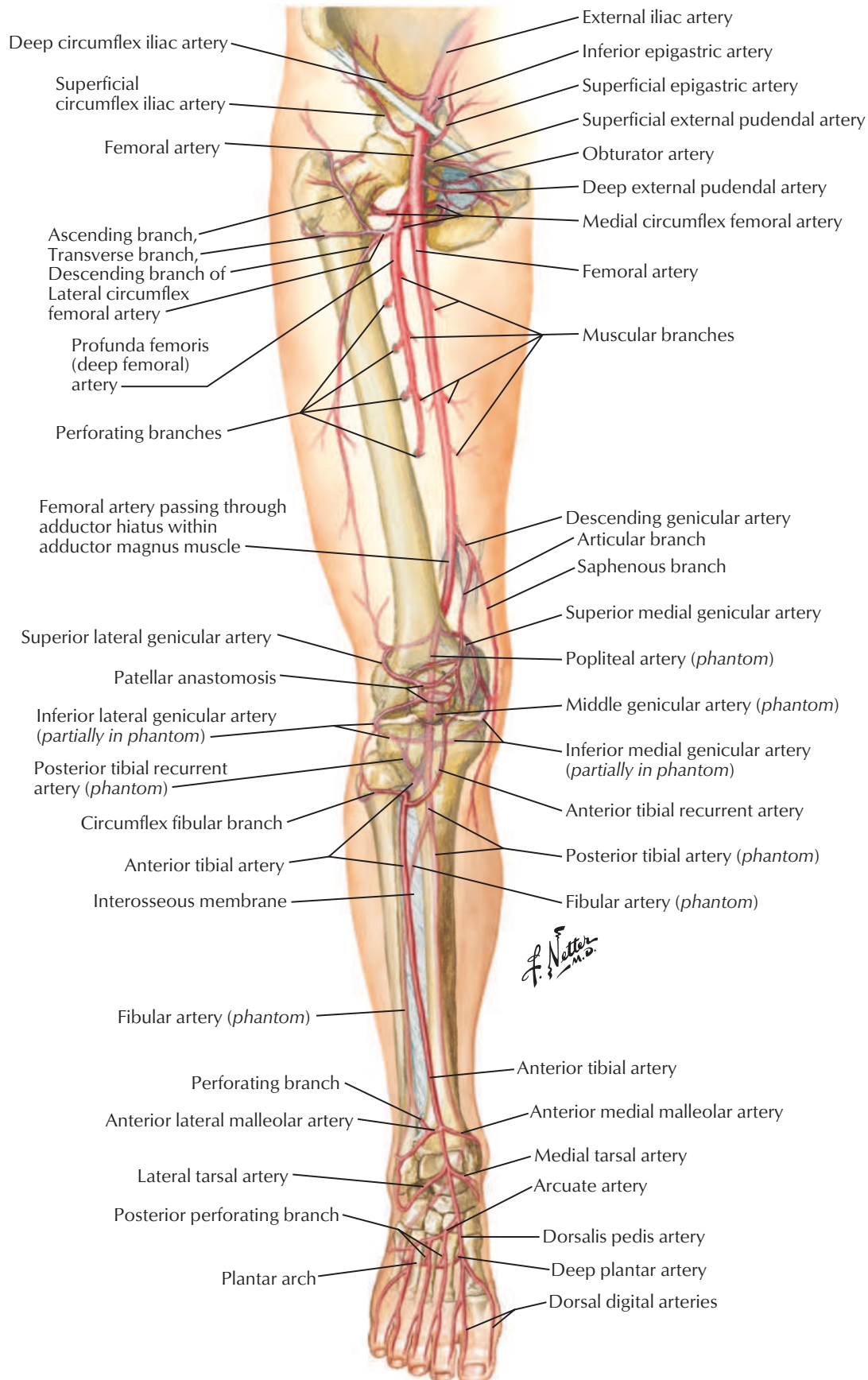
F. Netter M.D.



Right knee: posterior view

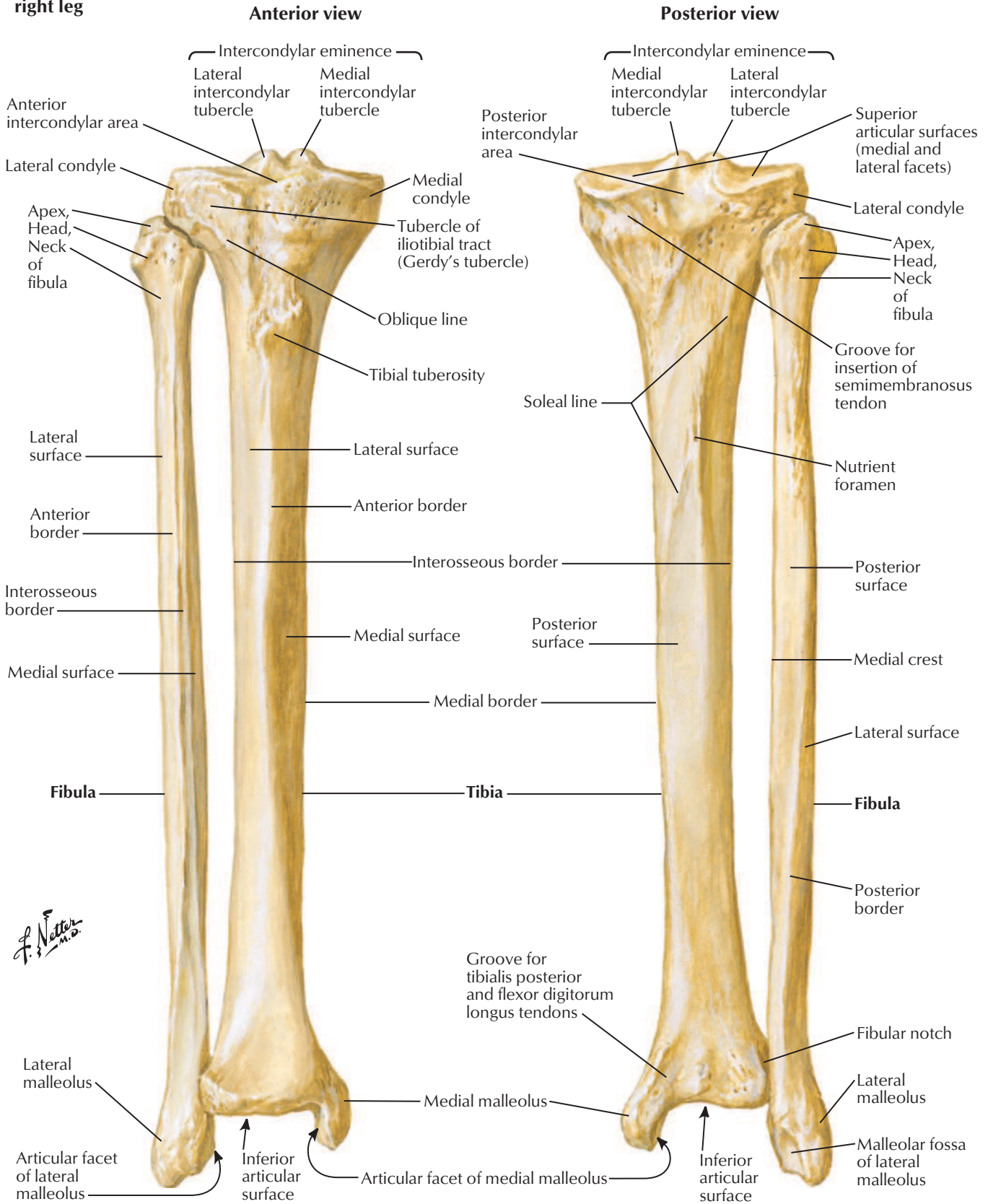


Parasagittal section (lateral to midline of knee)



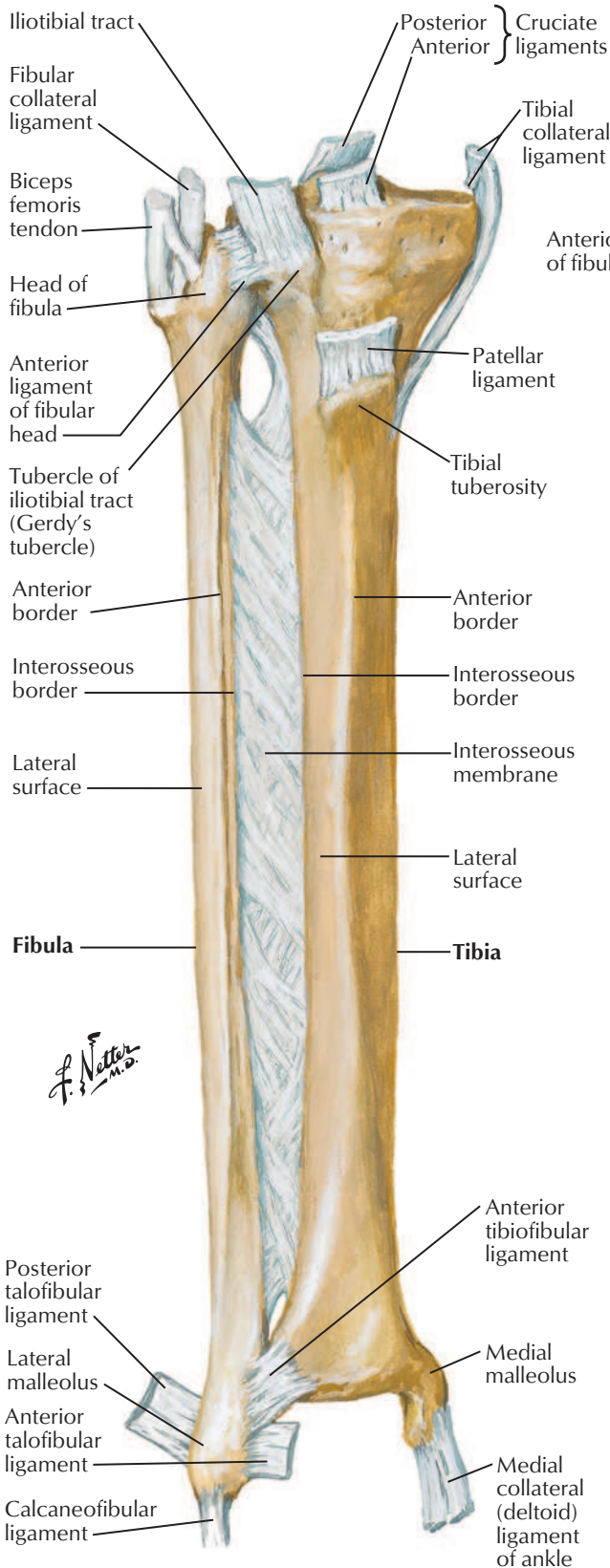
F. Netter M.D.

Bones of right leg

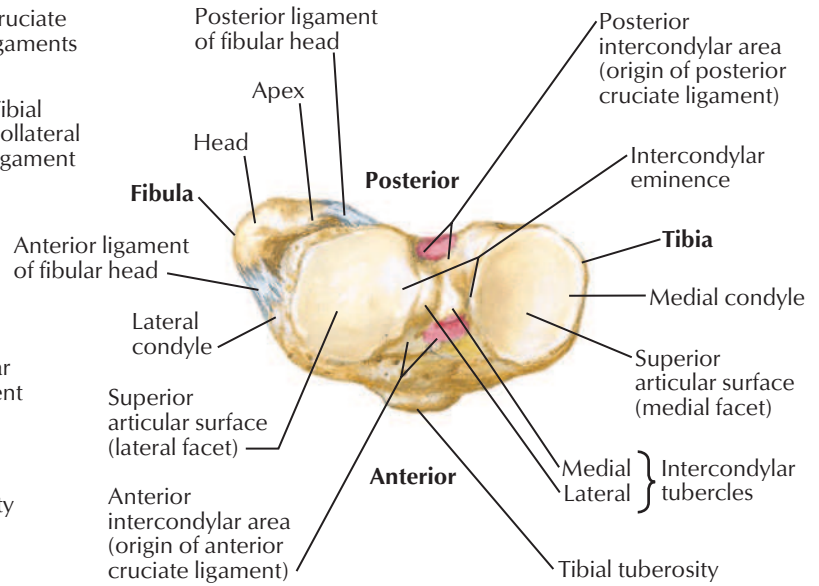


F. Netter M.D.

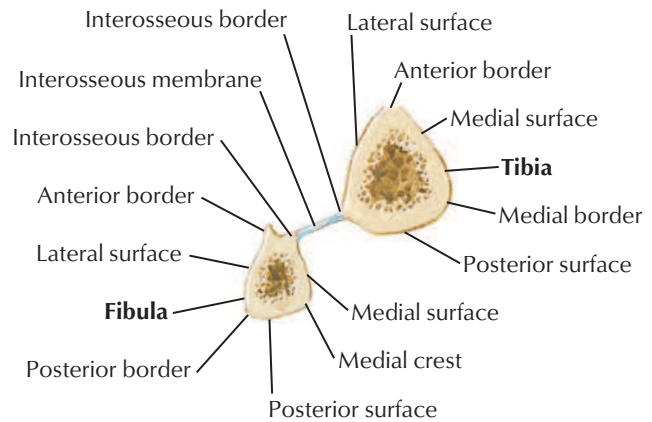
Anterior view with ligament attachments



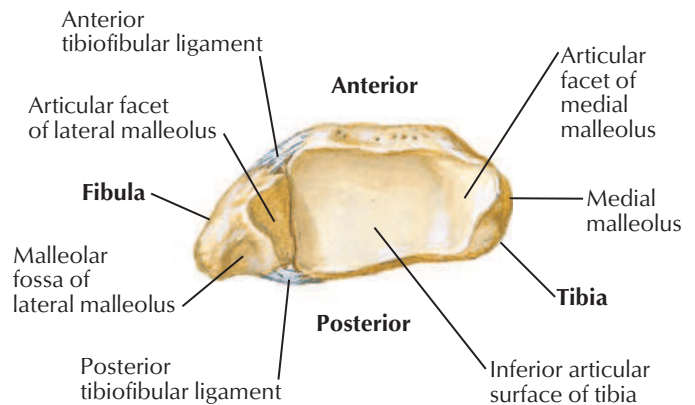
Superior view



Cross section

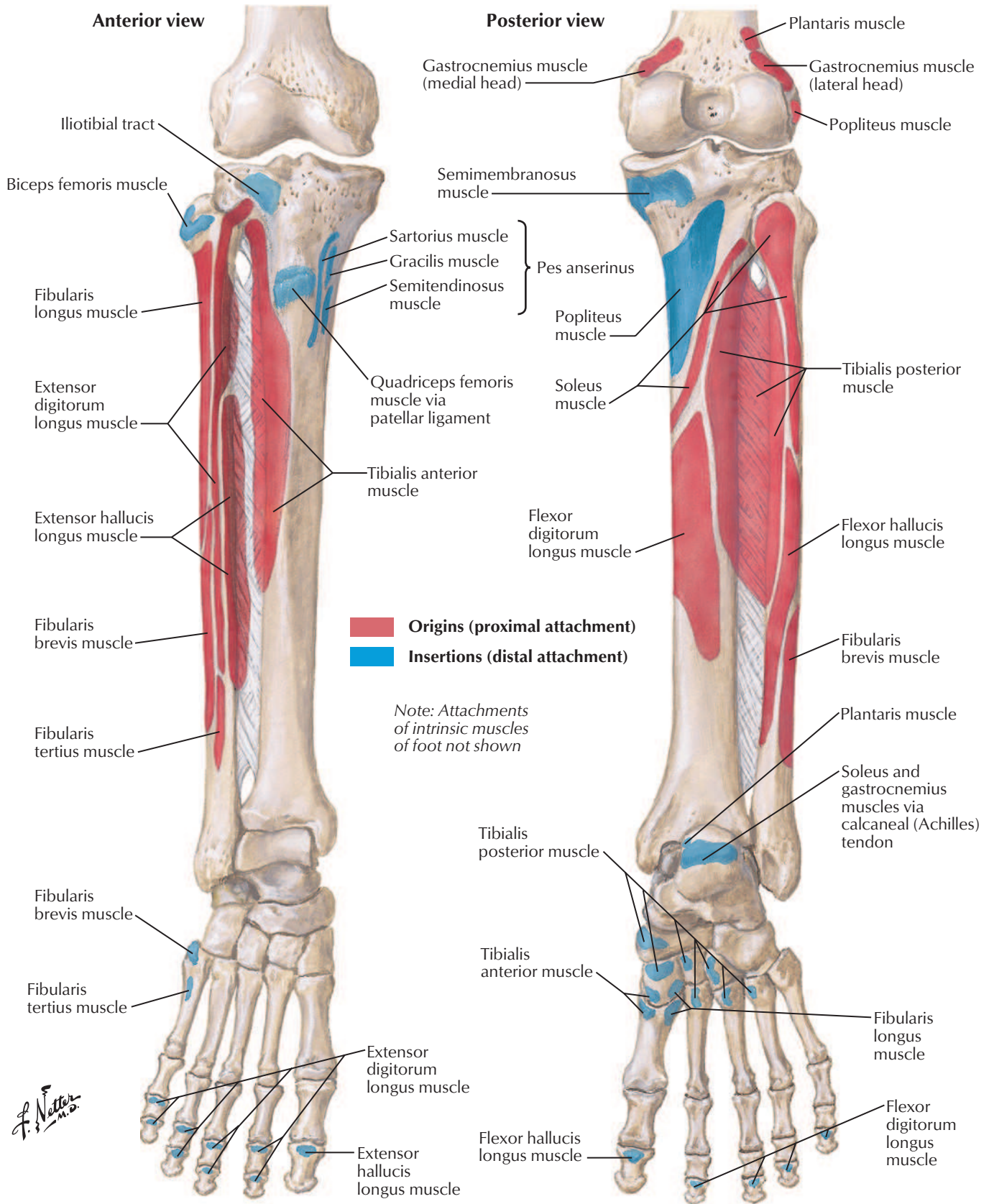


Inferior view

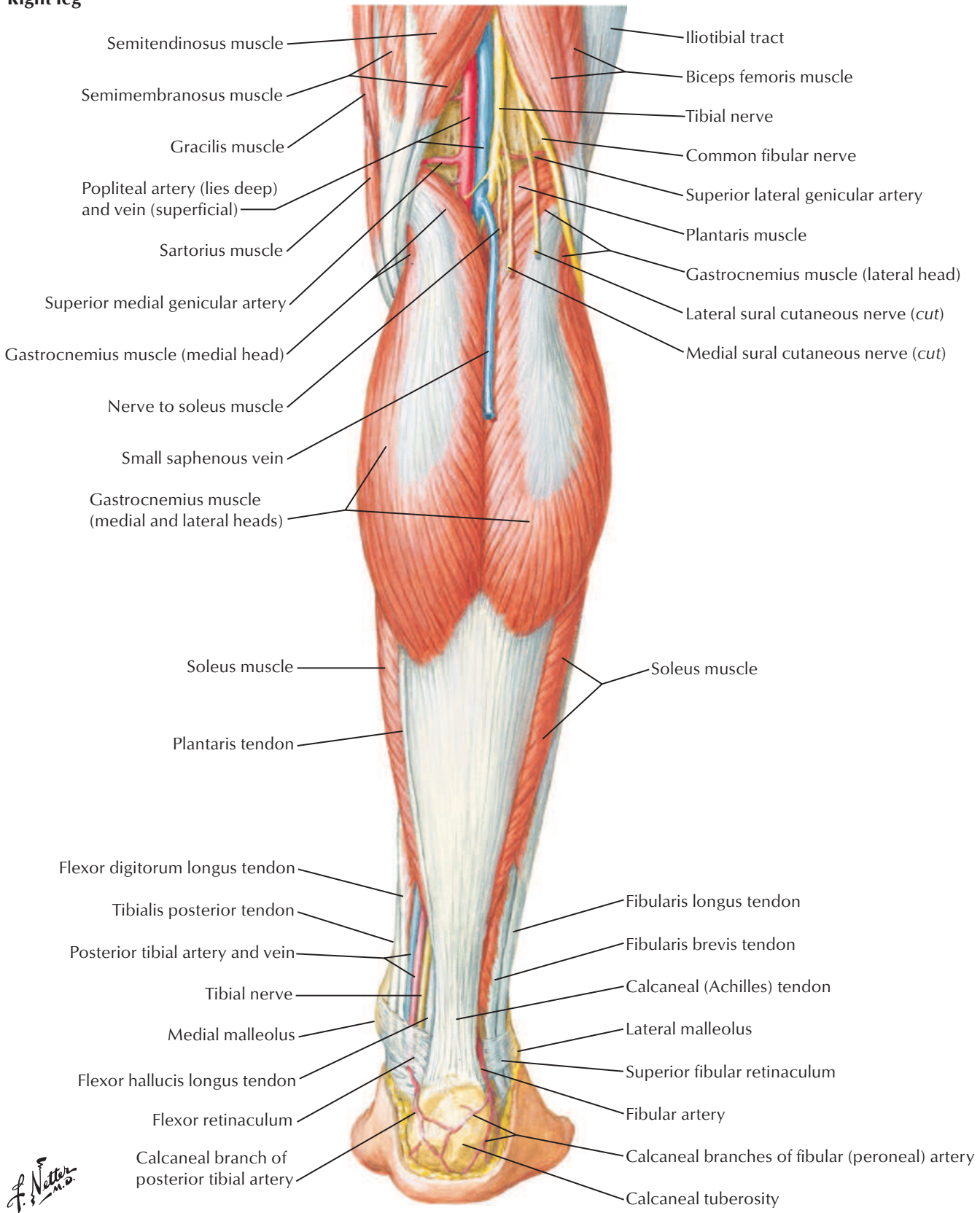


Attachments of Muscles of Leg

See also [Plates 509, 512](#)



Right leg

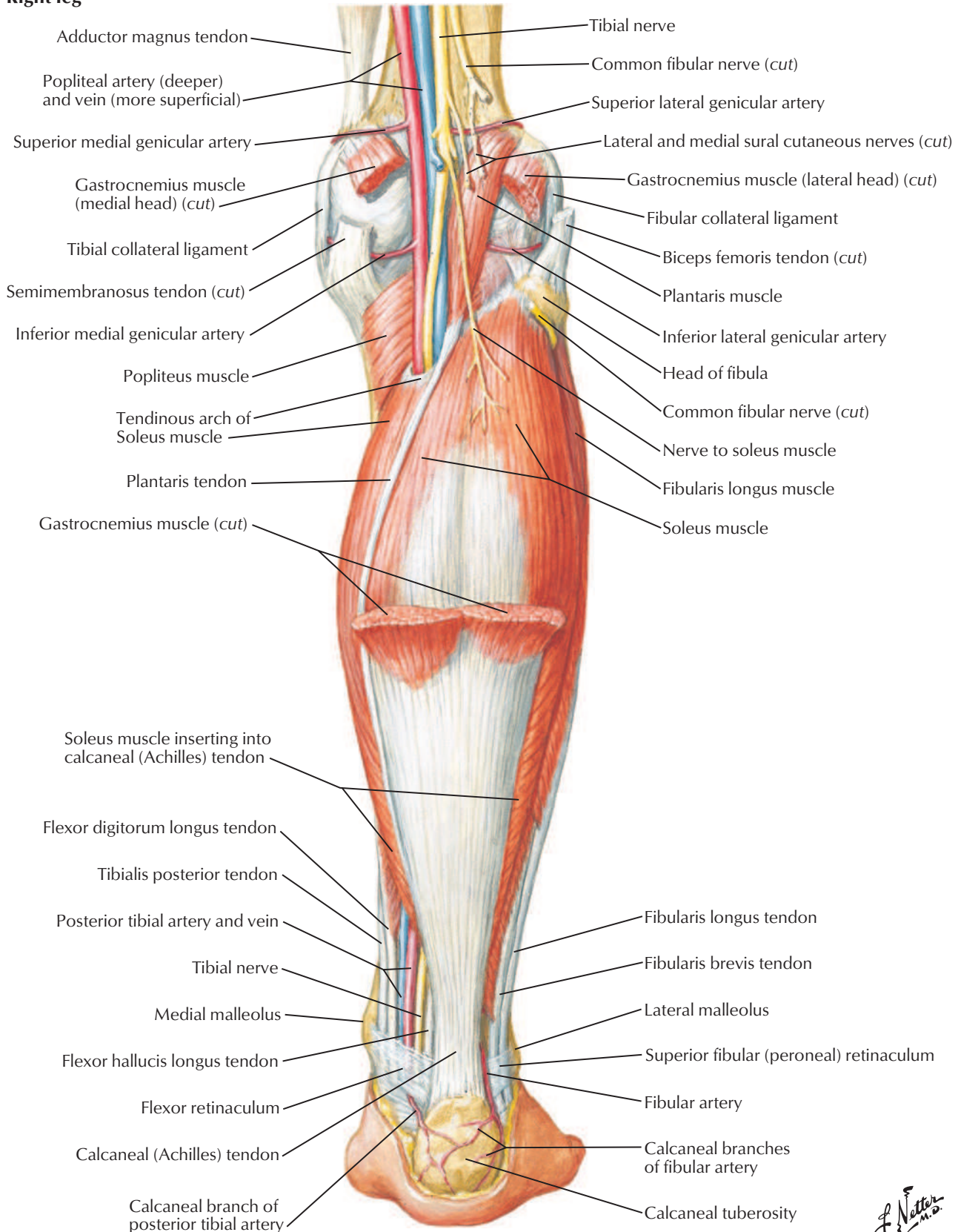


F. Netter M.D.

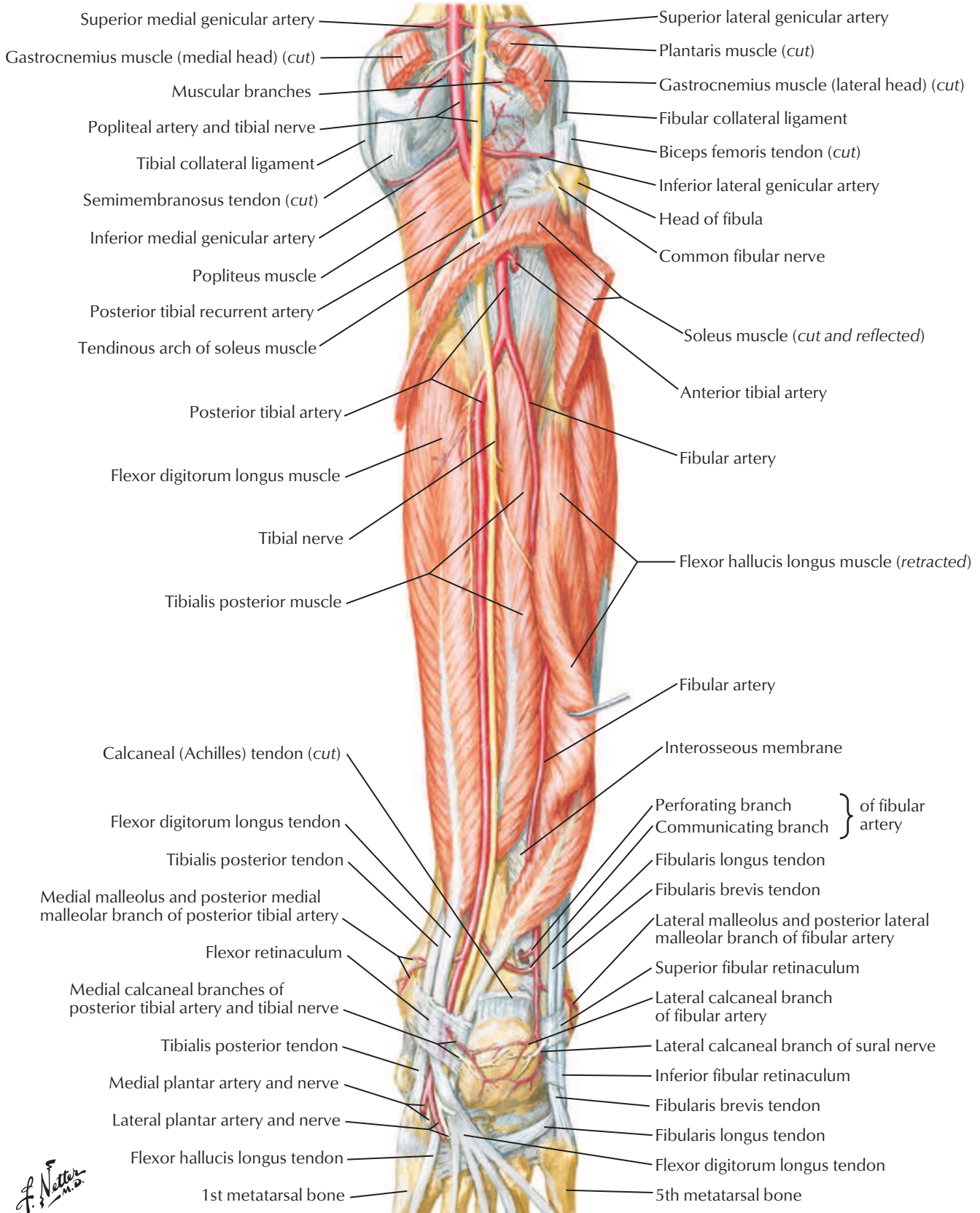
Muscles of Leg (Intermediate Dissection): Posterior View

See also [Plate 532](#)

Right leg



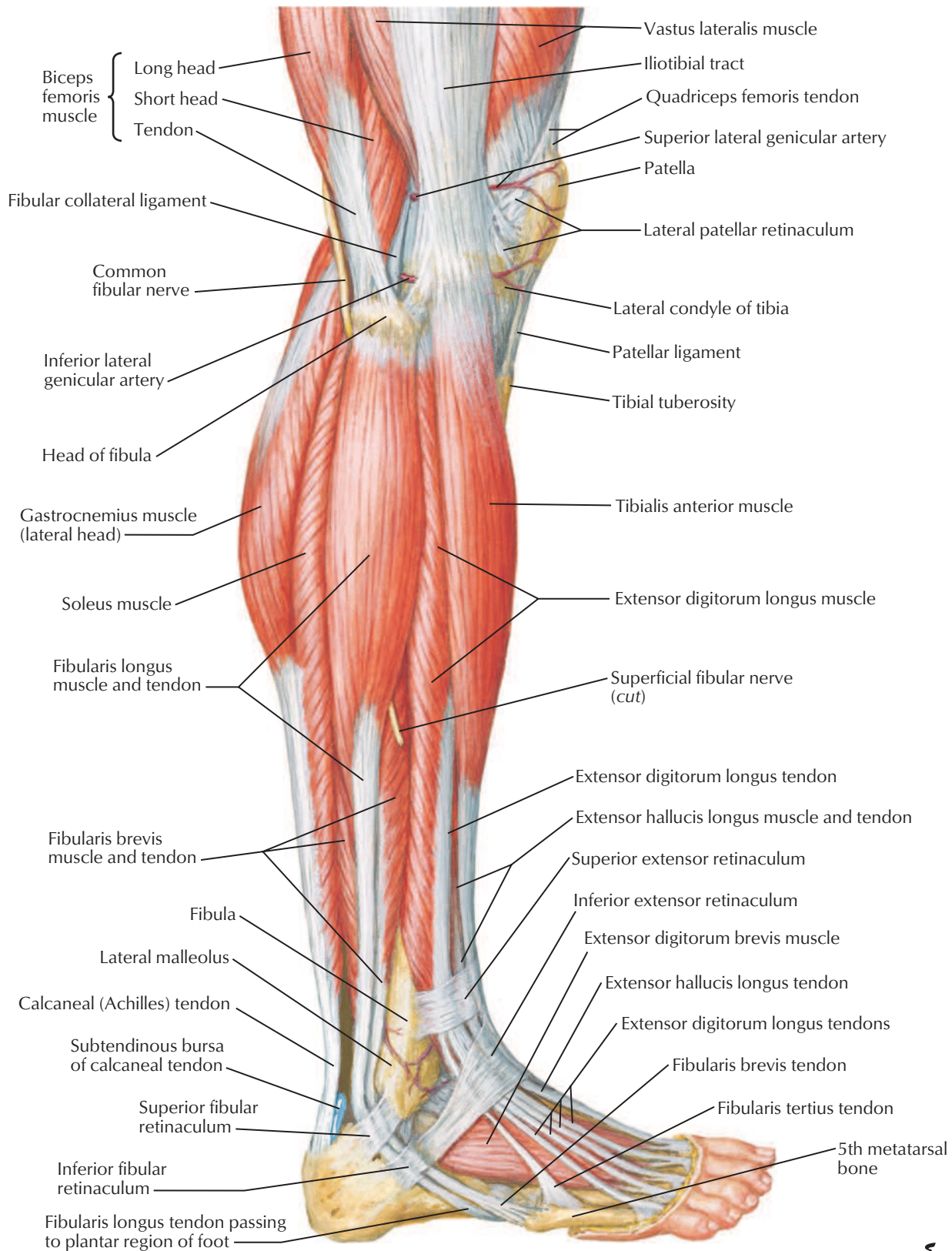
Right leg

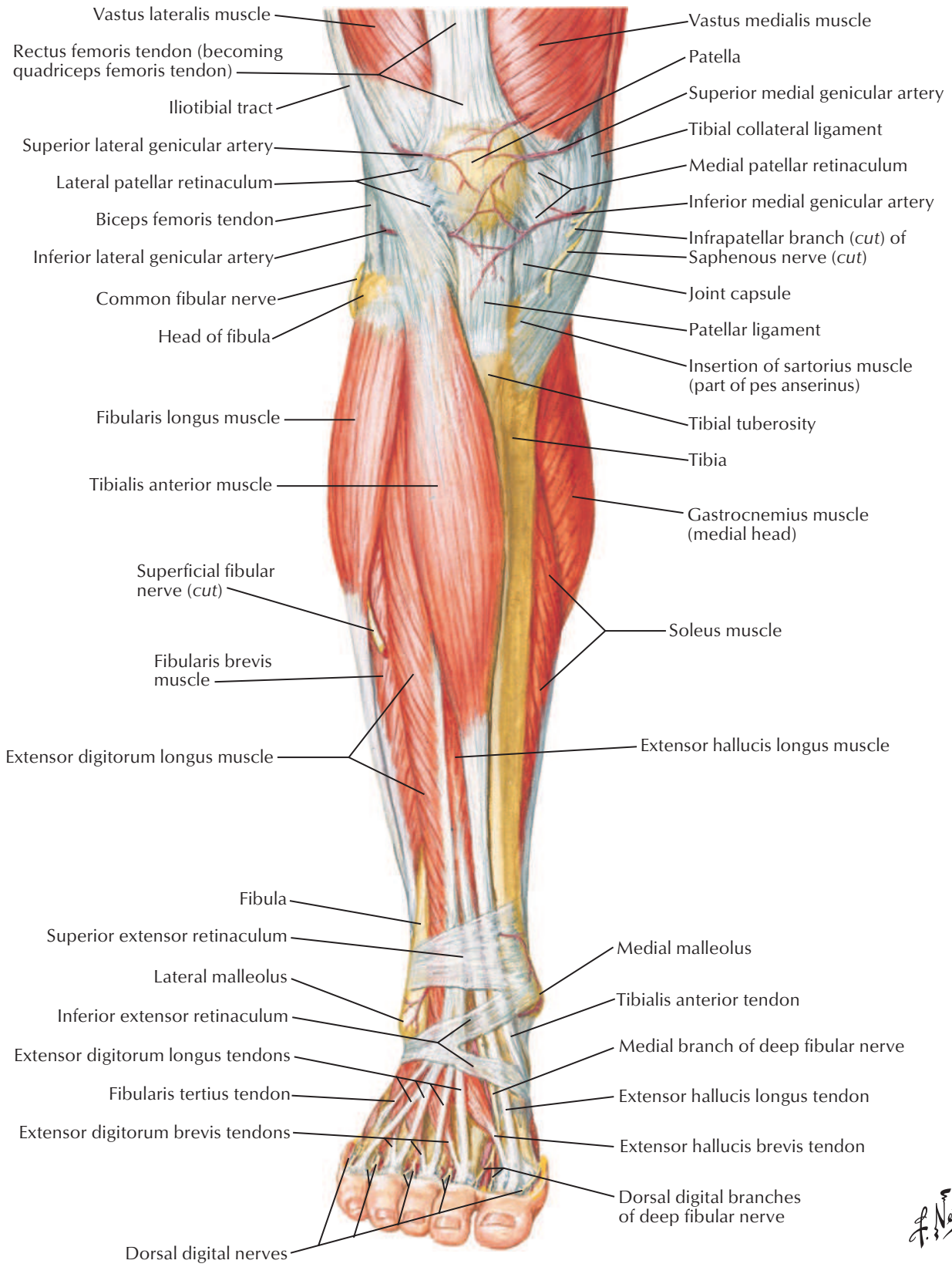


F. Netter M.D.

Muscles of Leg: Lateral View

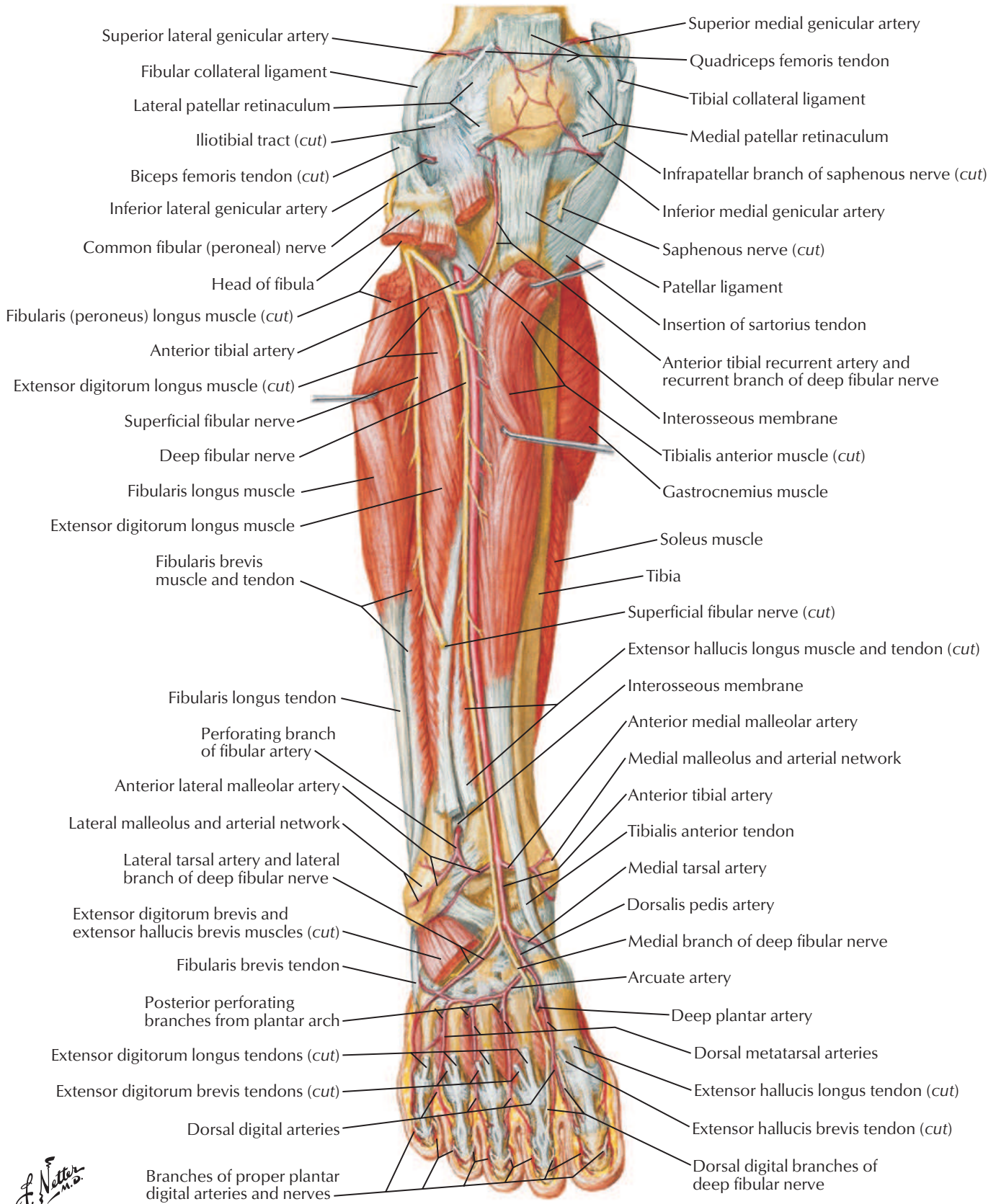
See also [Plates 520, 533](#)

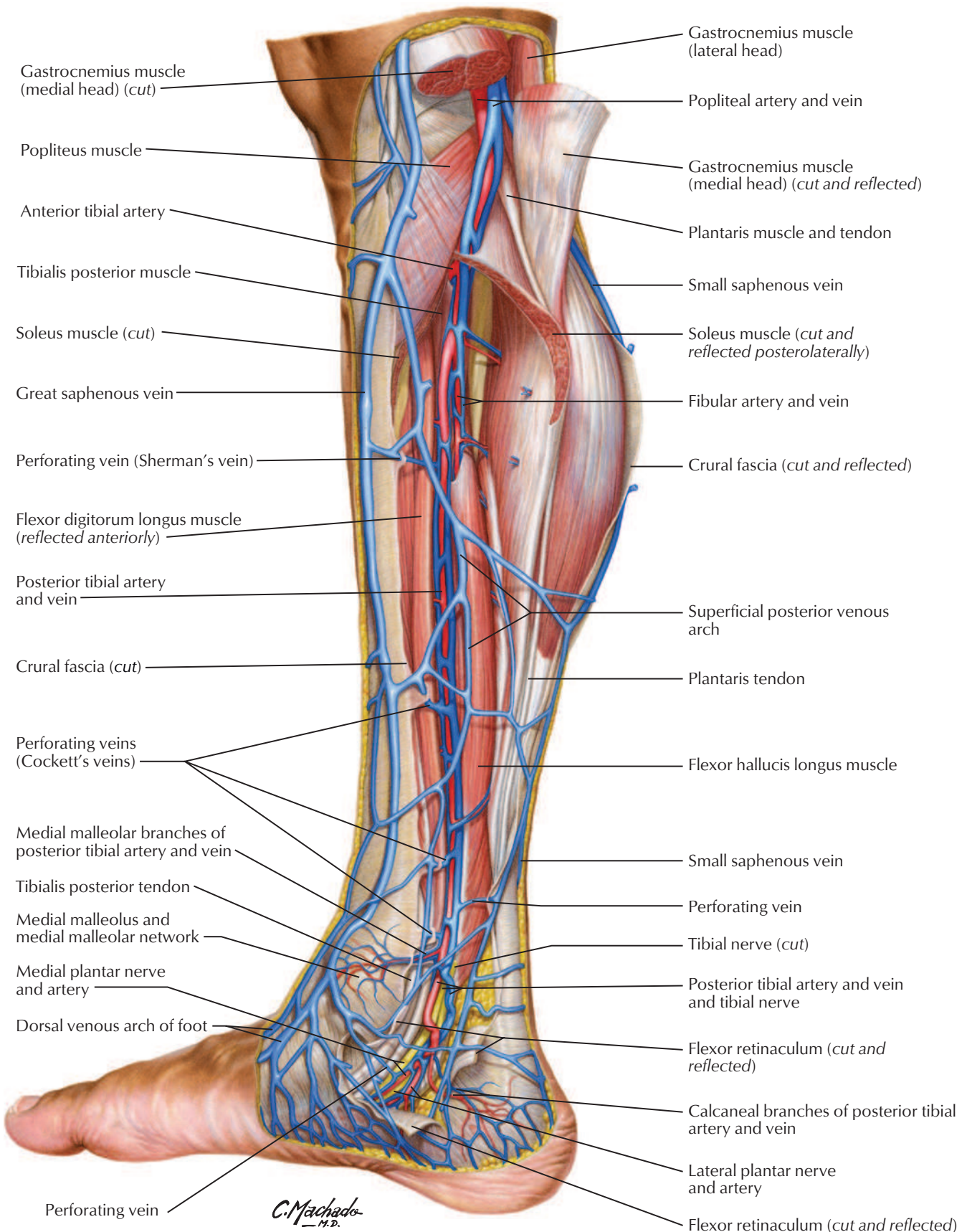


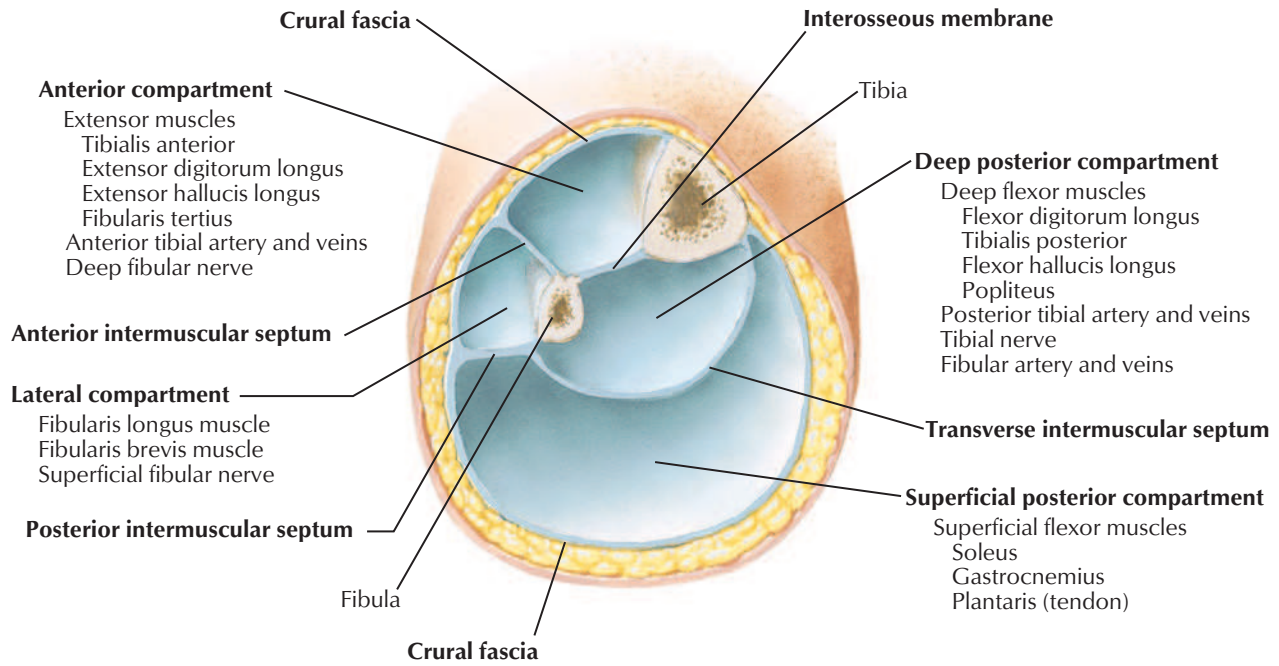


Muscles of Leg (Deep Dissection): Anterior View

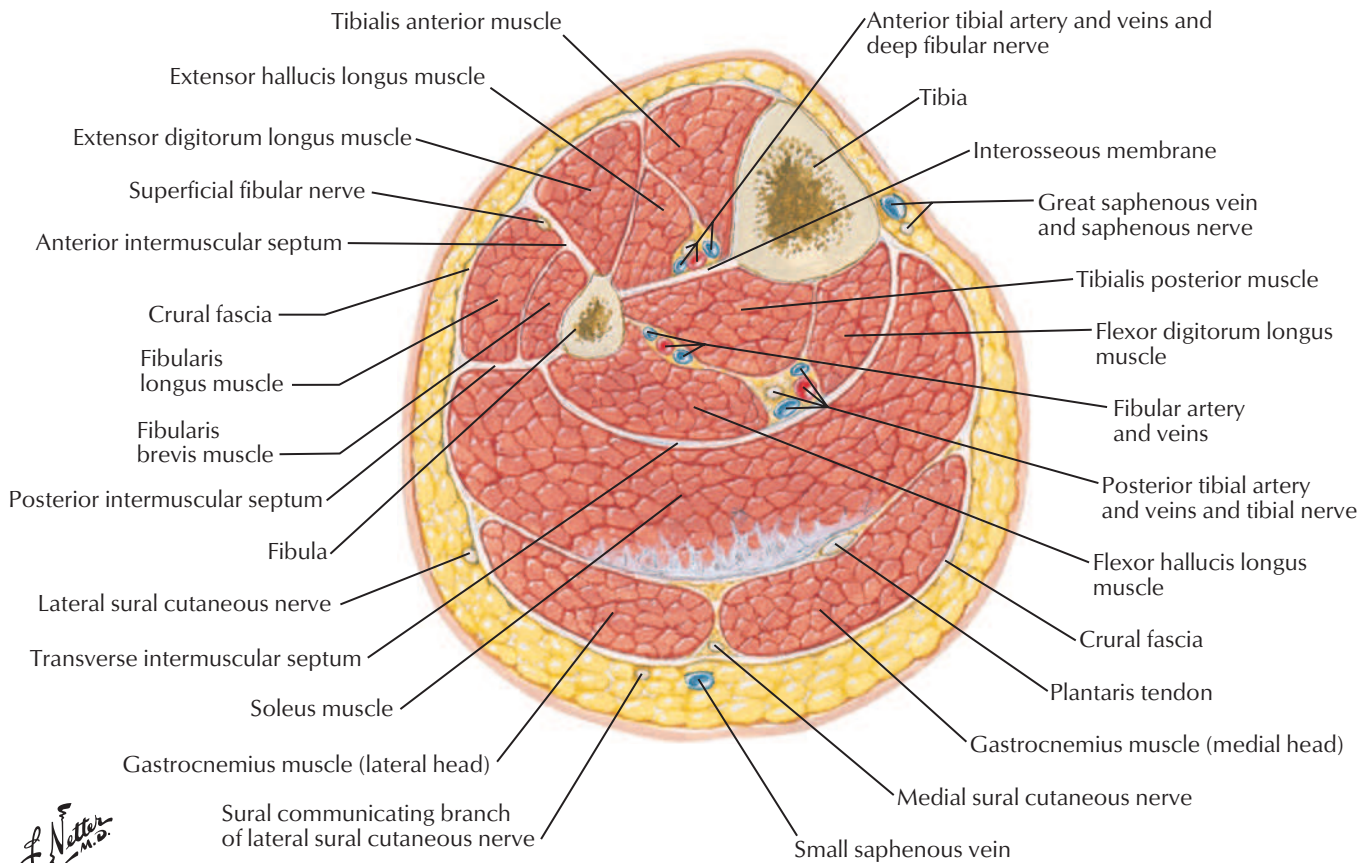
See also [Plates 521, 533](#)

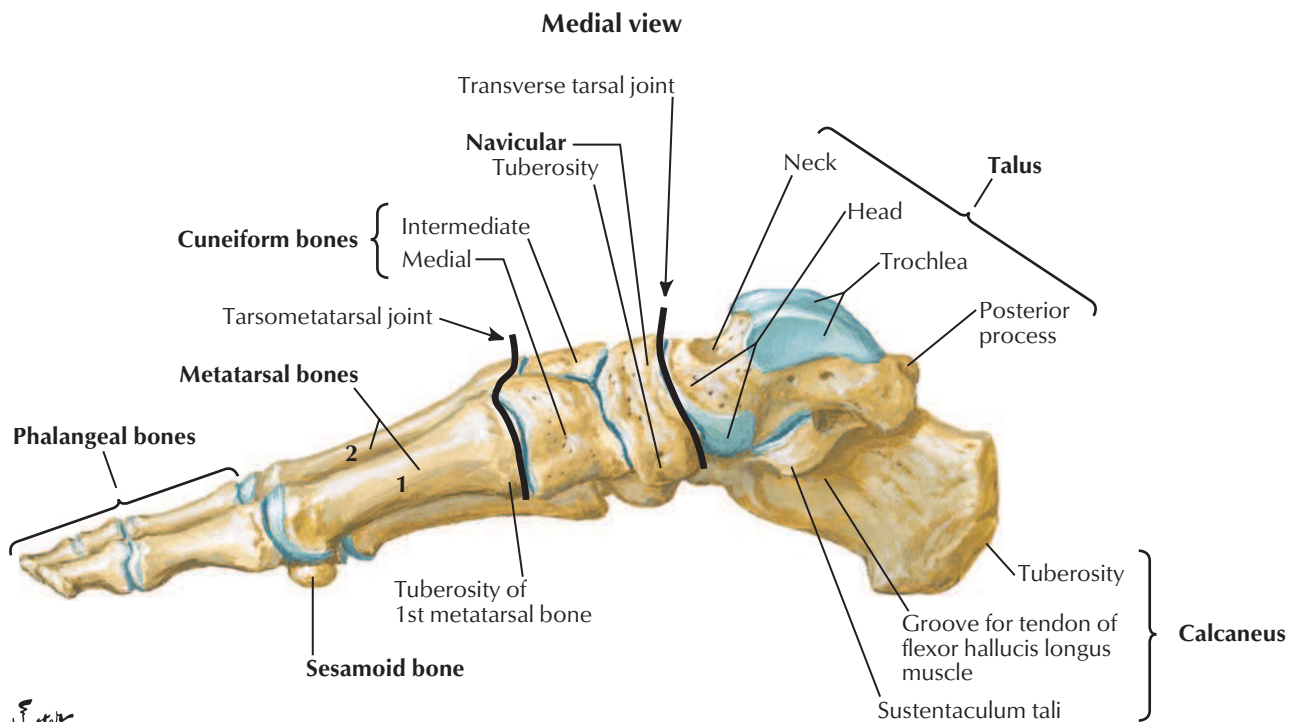
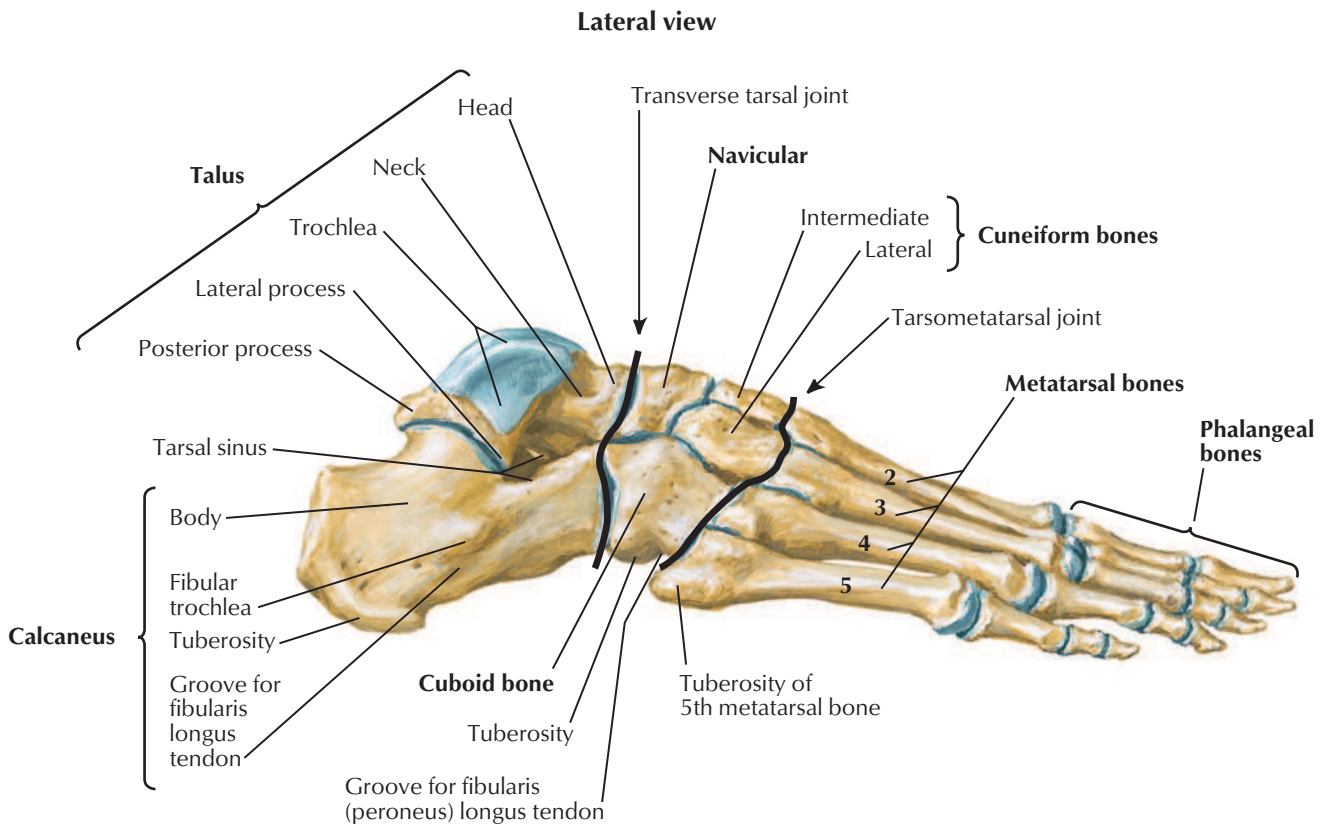




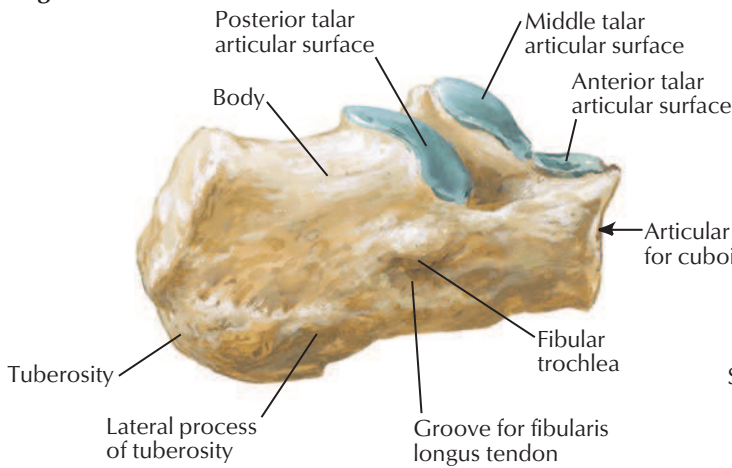


Cross section just above middle of leg

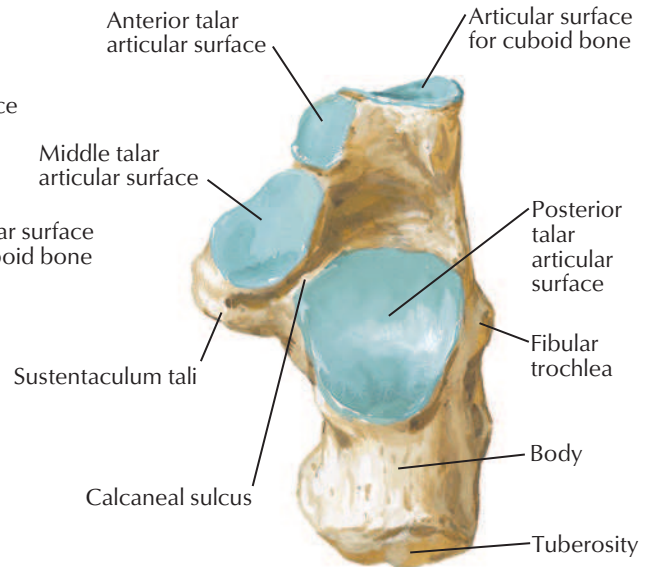




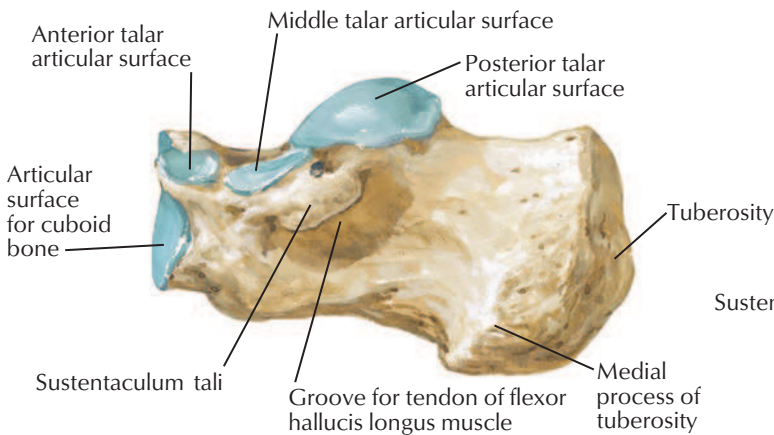
Right foot



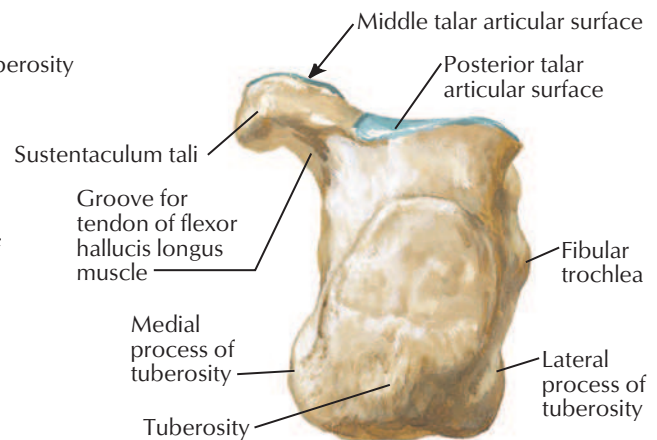
Lateral view



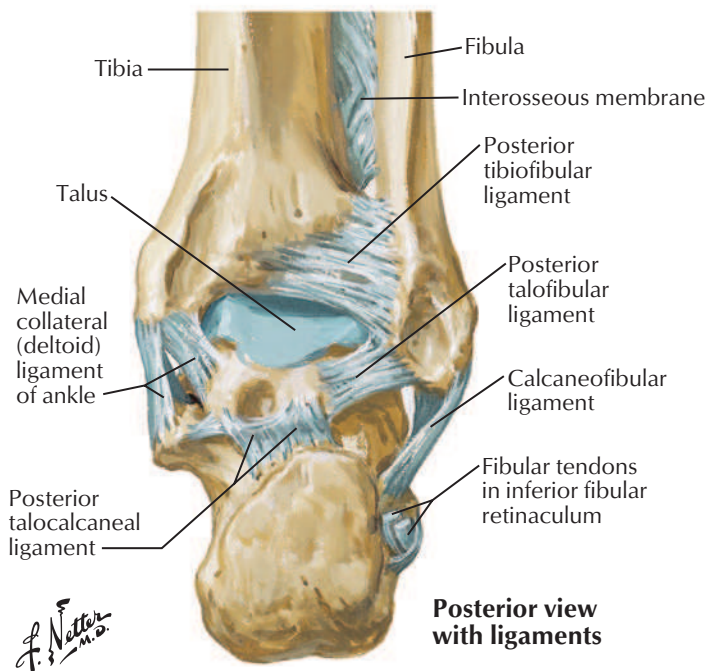
Superior view



Medial view

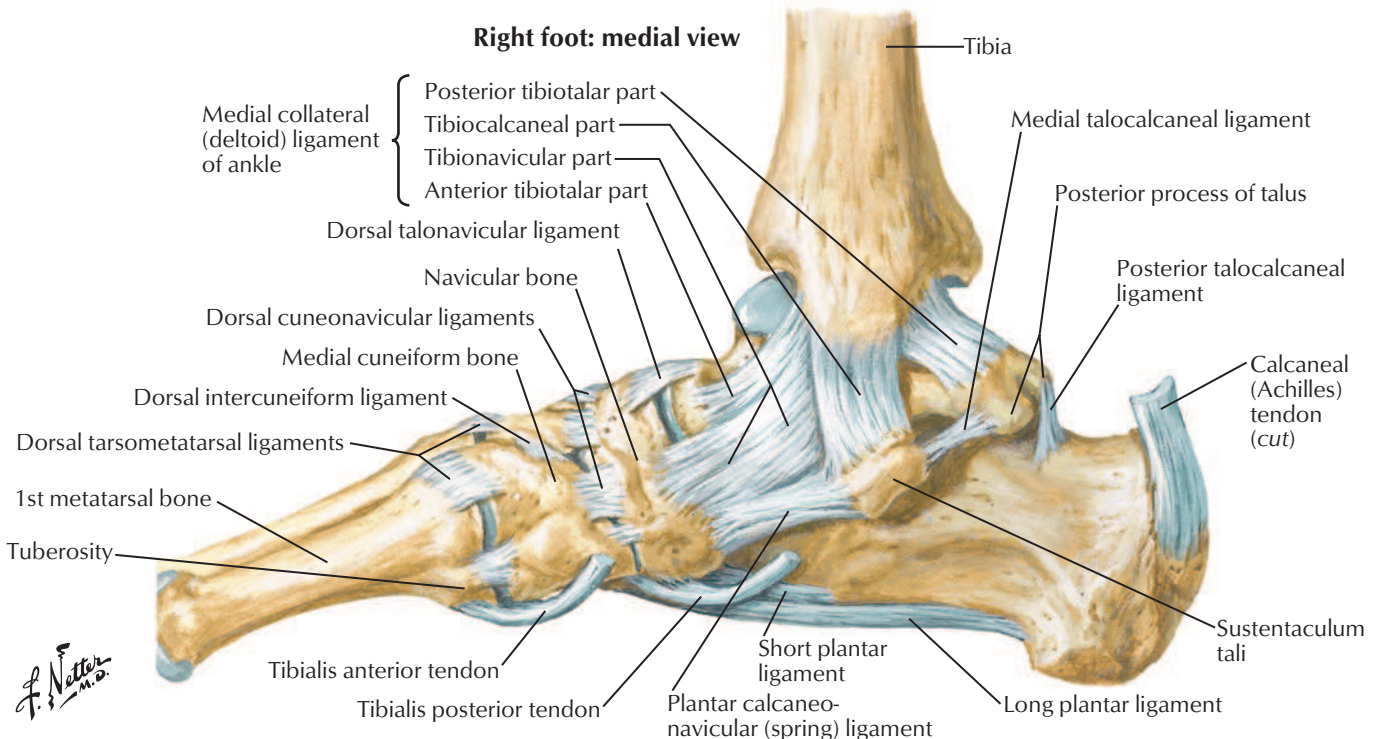
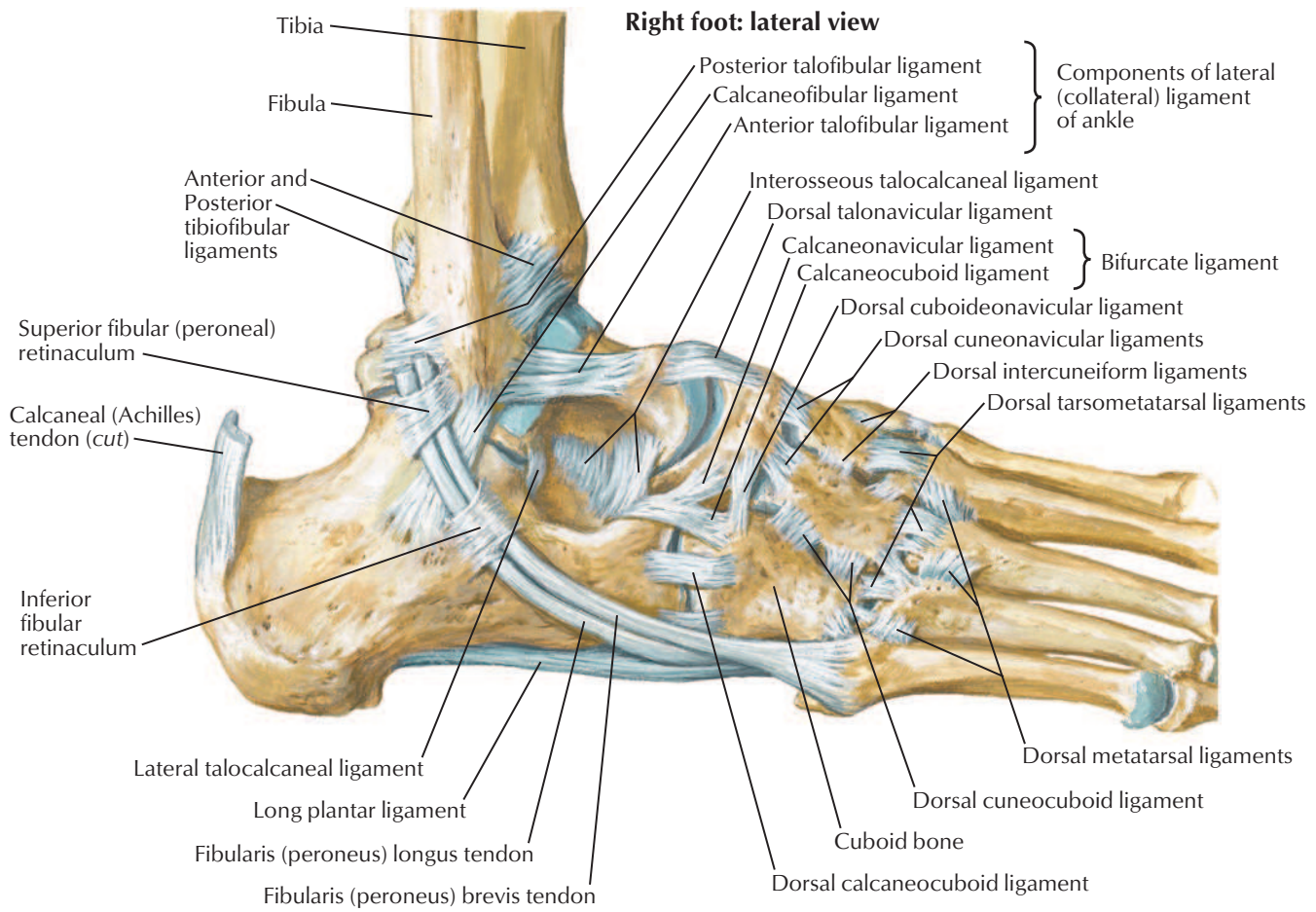


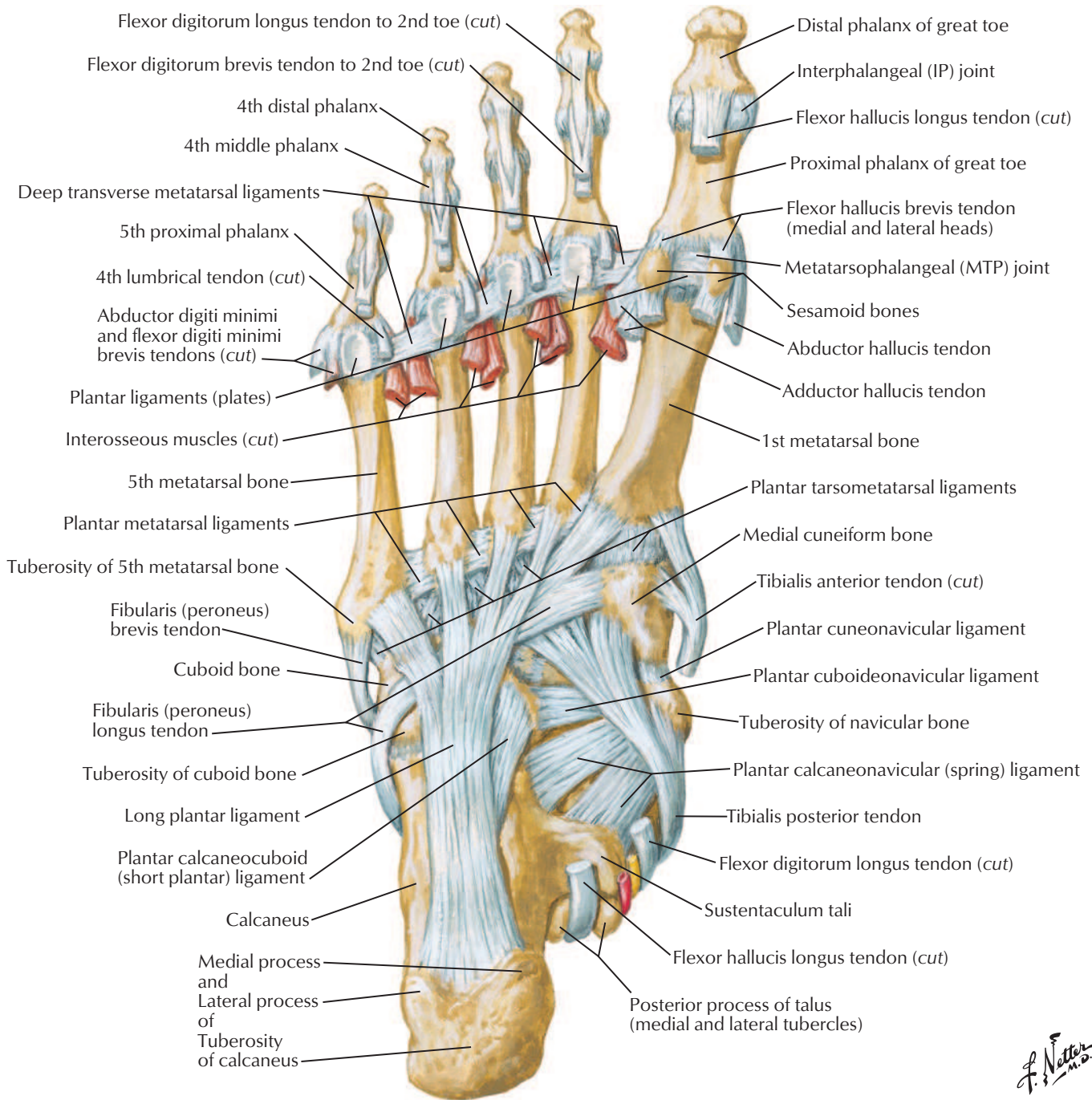
Posterior view



Posterior view with ligaments

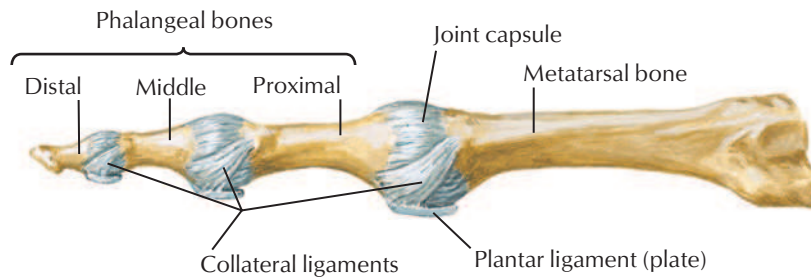
F. Netter M.D.





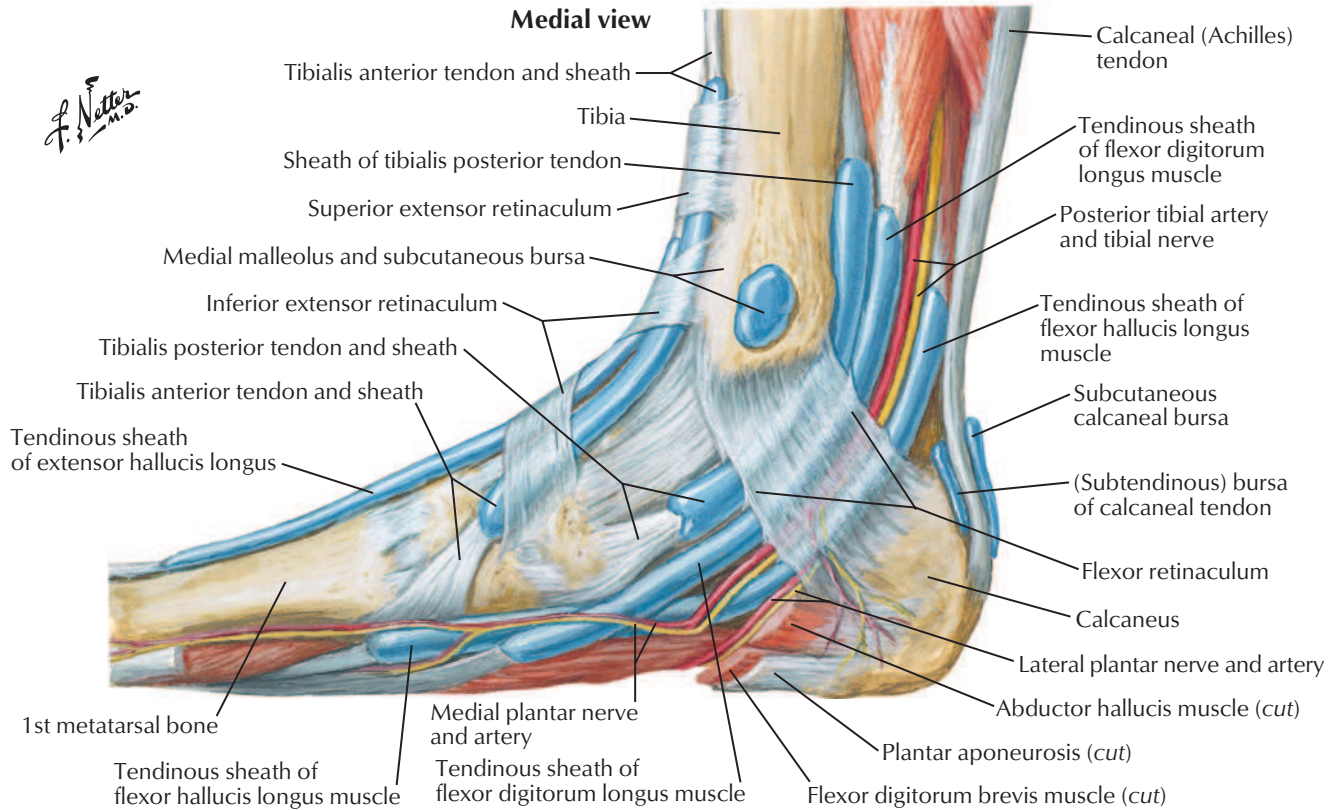
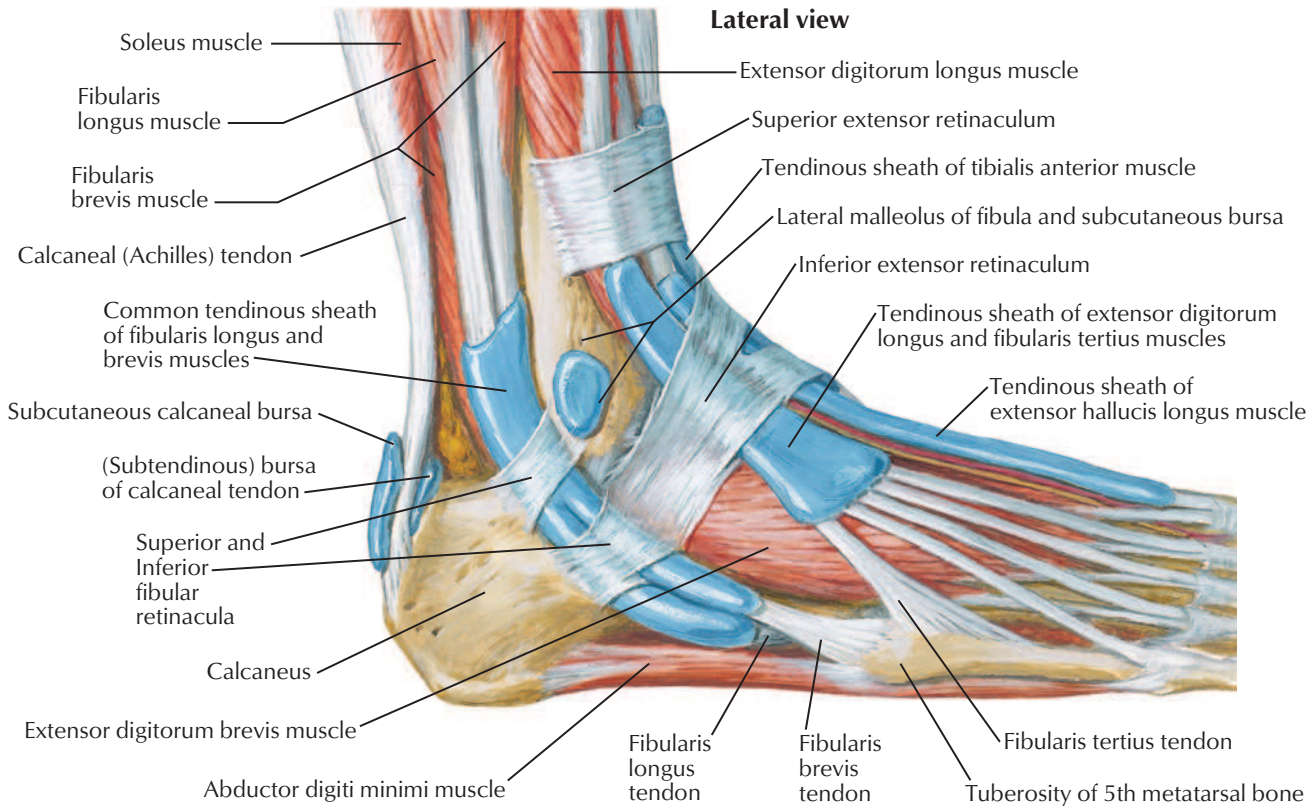
F. Netter M.D.

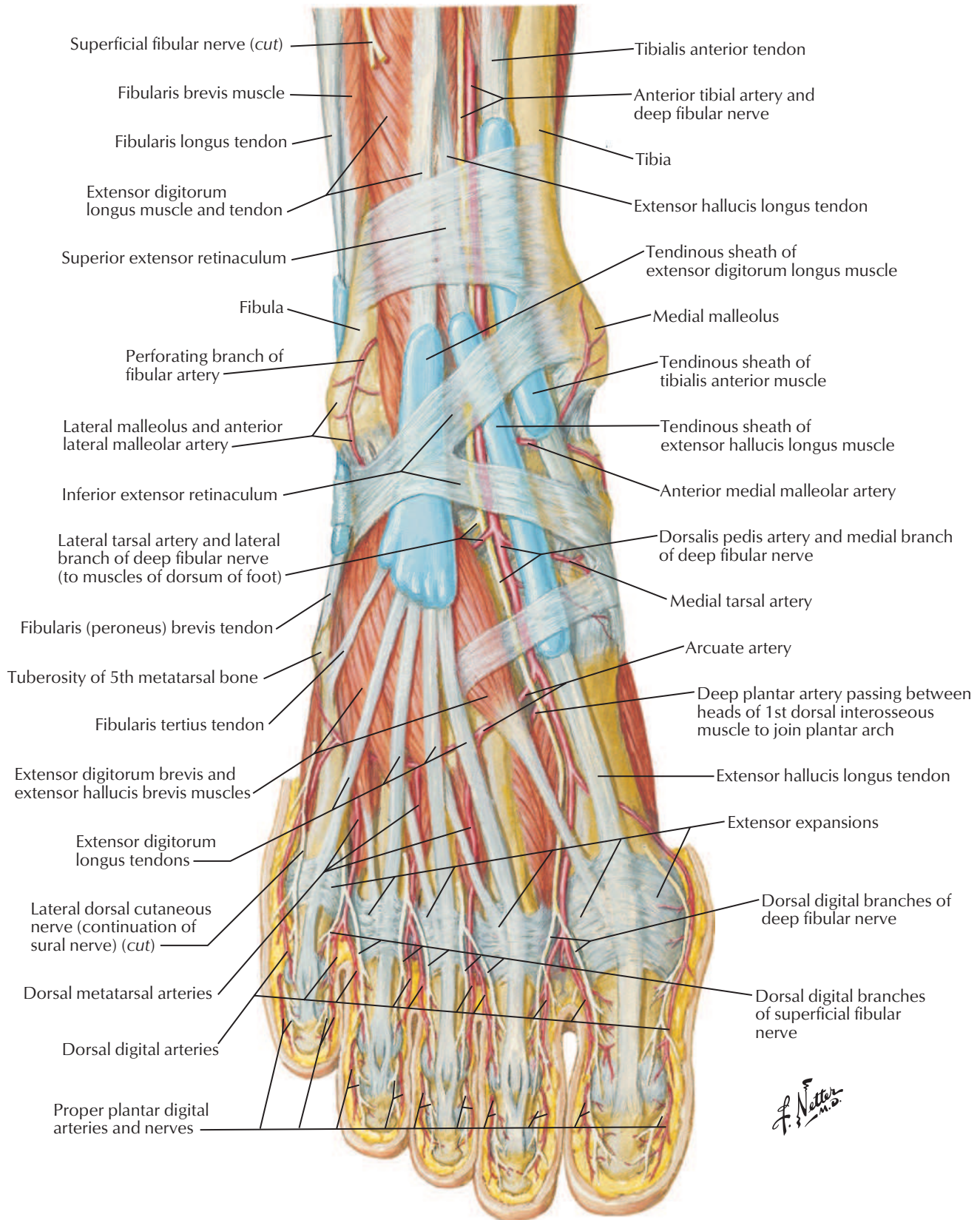
Capsules and ligaments of metatarsophalangeal and interphalangeal joints: lateral view



Tendon Sheaths of Ankle

See also **Plate 510**

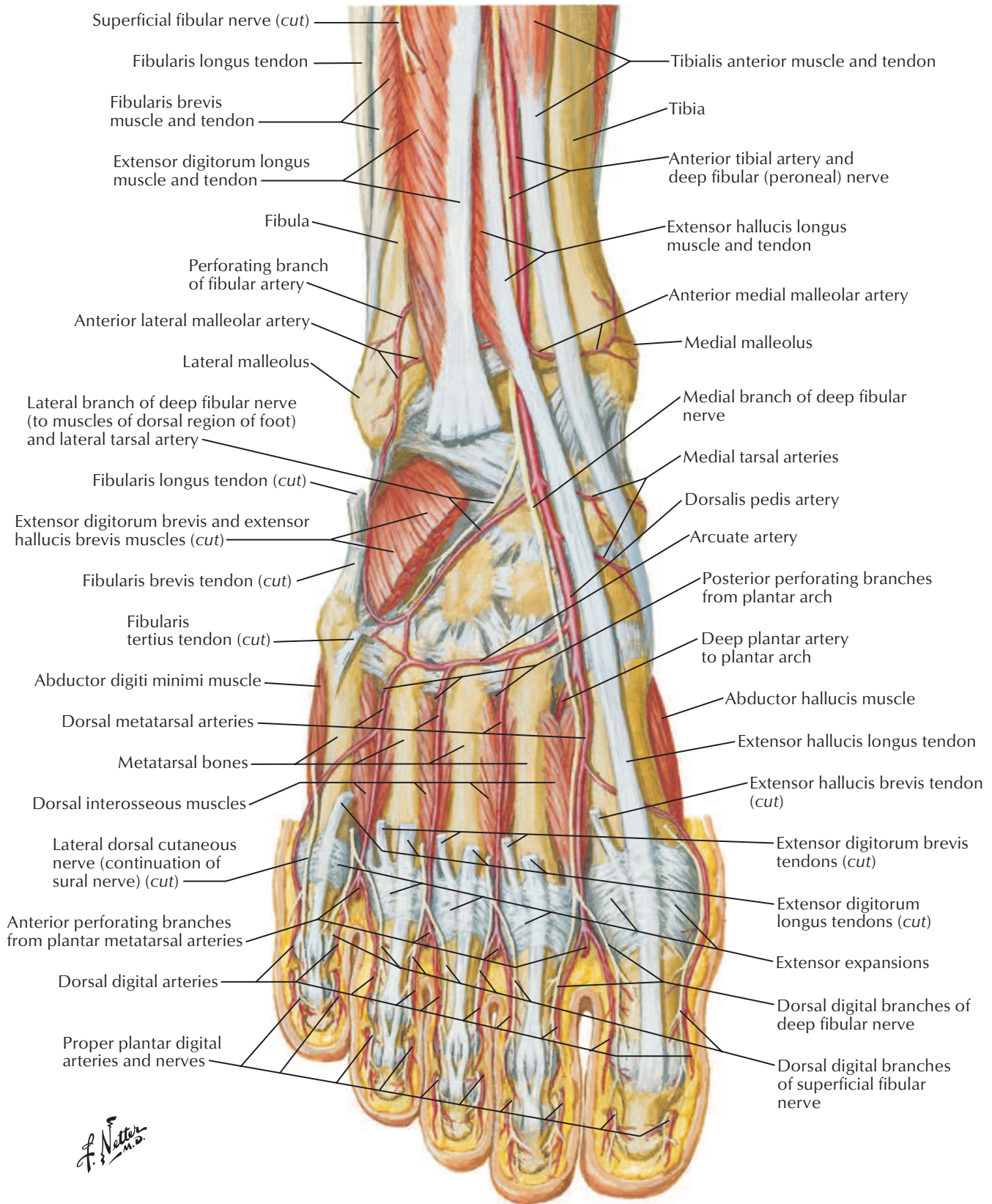


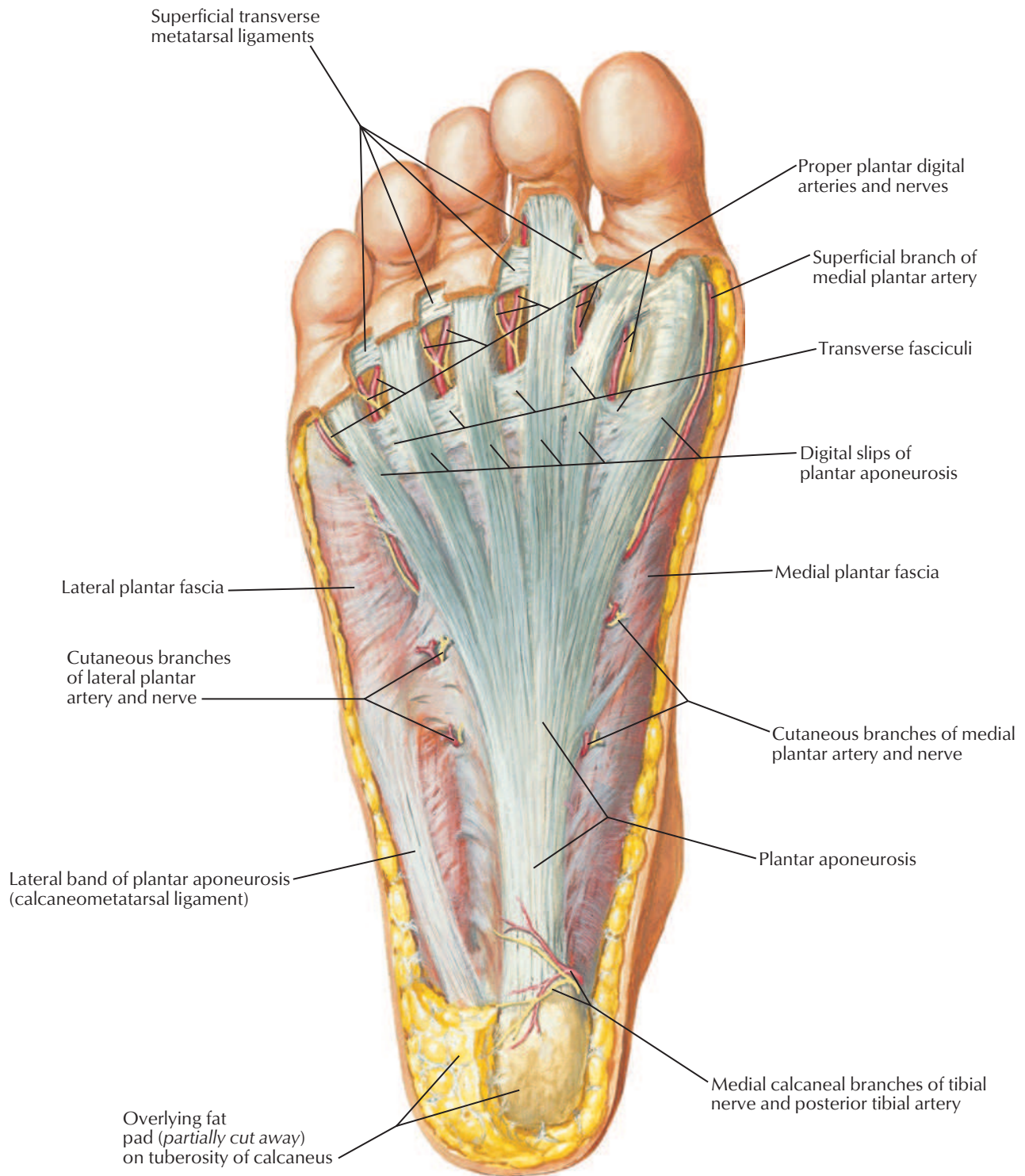


F. Netter M.D.

Dorsum of Foot: Deep Dissection

See also [Plate 527](#)



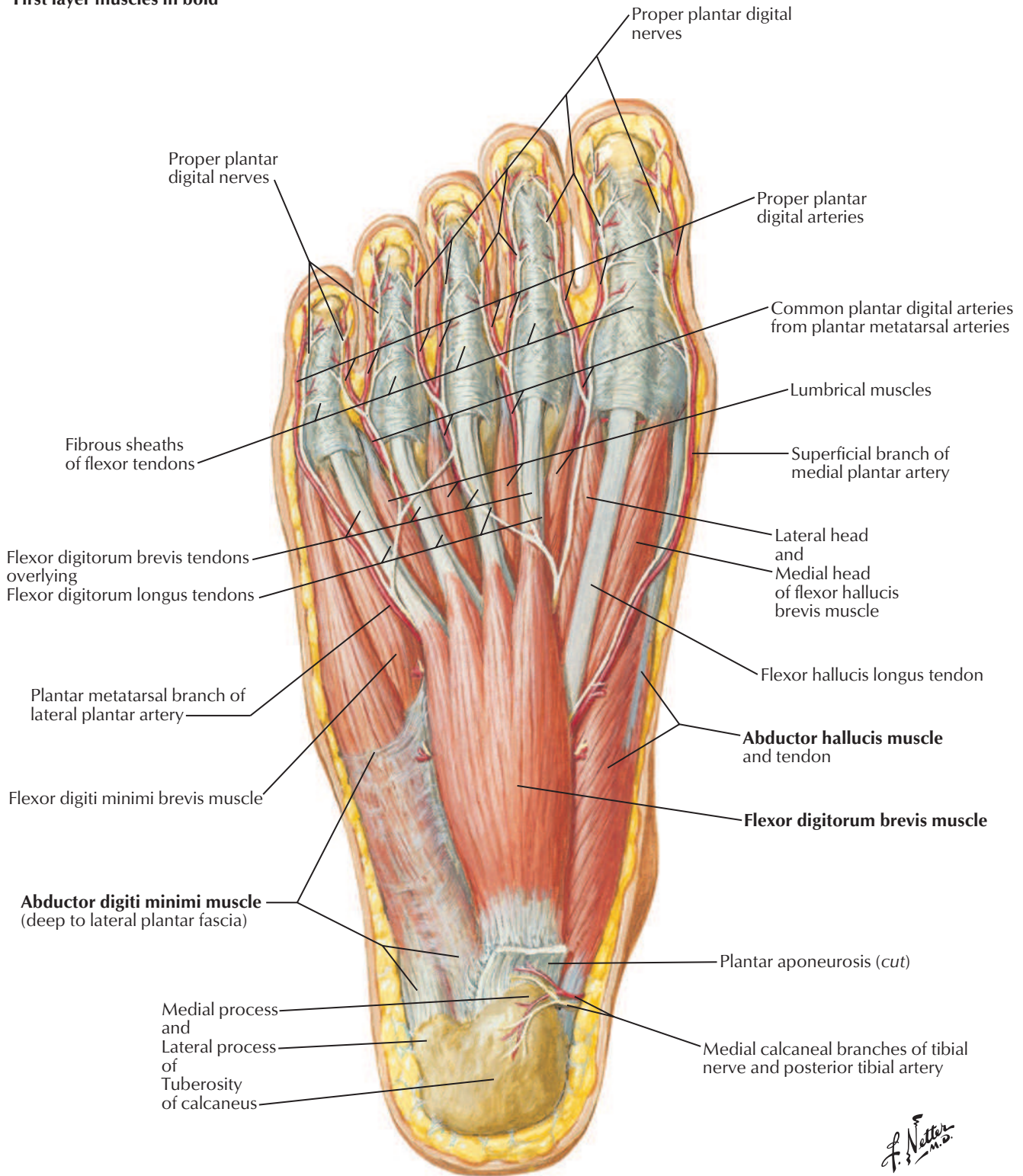


F. Netter M.D.

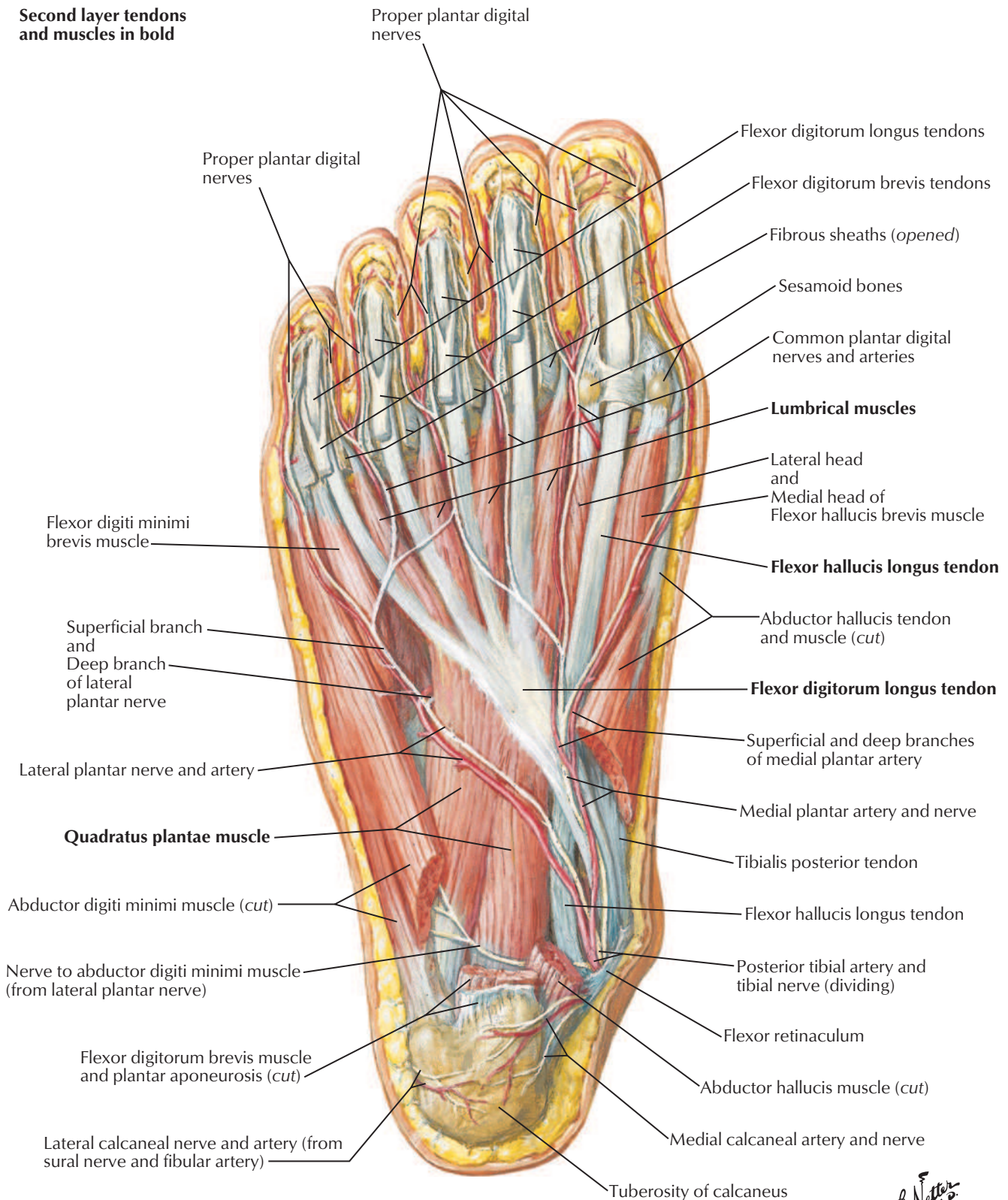
Muscles of Plantar Region of Foot: First Layer

See also [Plate 532](#)

First layer muscles in bold



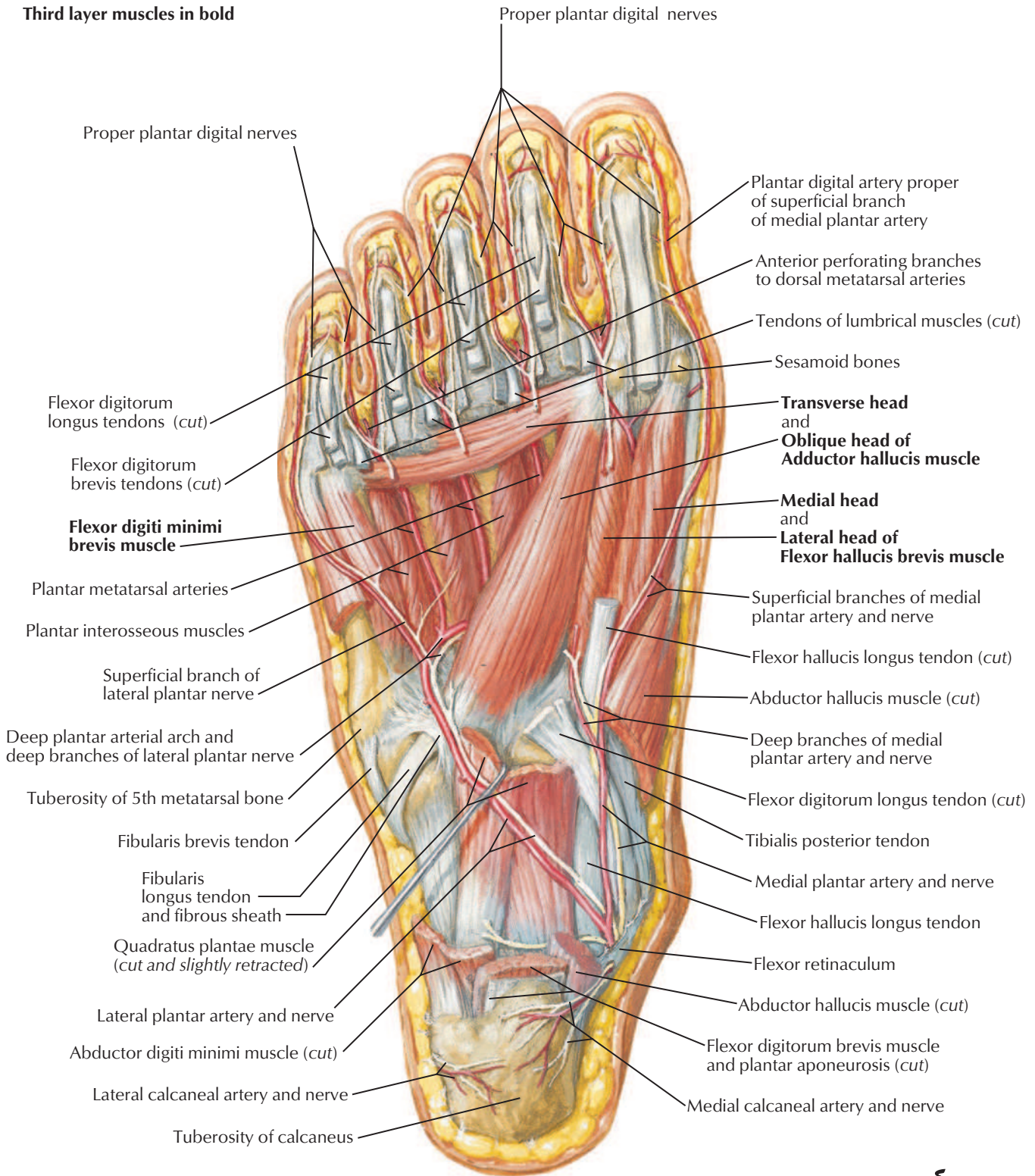
Second layer tendons and muscles in bold

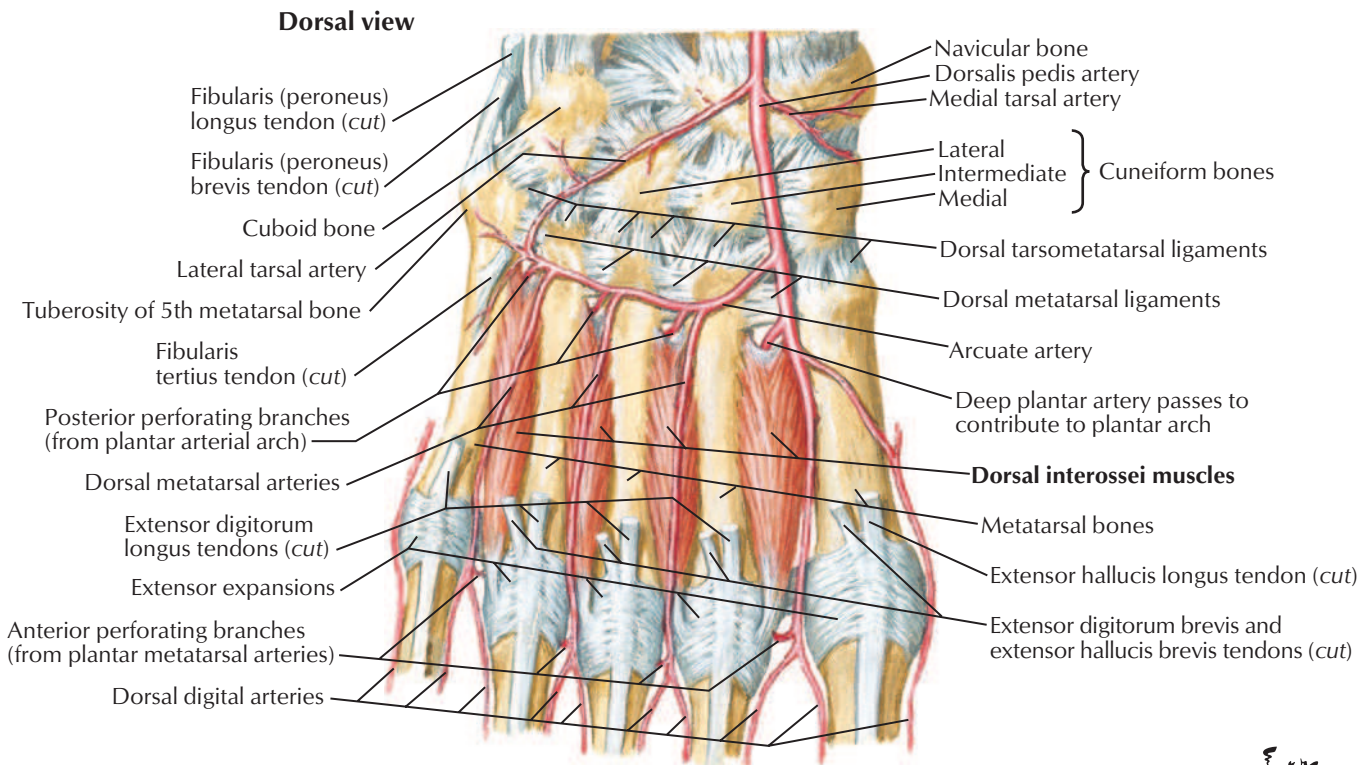


F. Netter M.D.

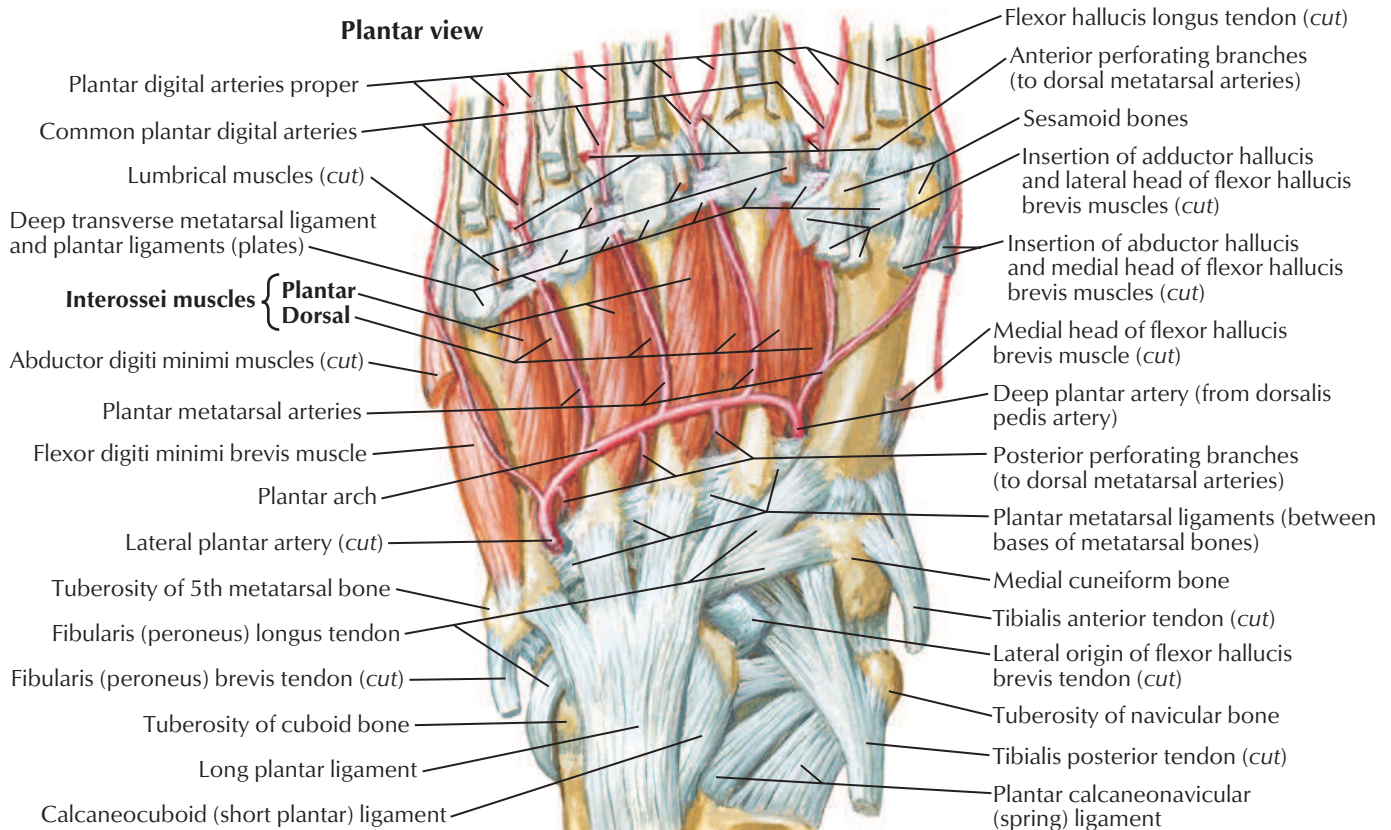
Muscles of Plantar Region of Foot: Third Layer

Third layer muscles in bold



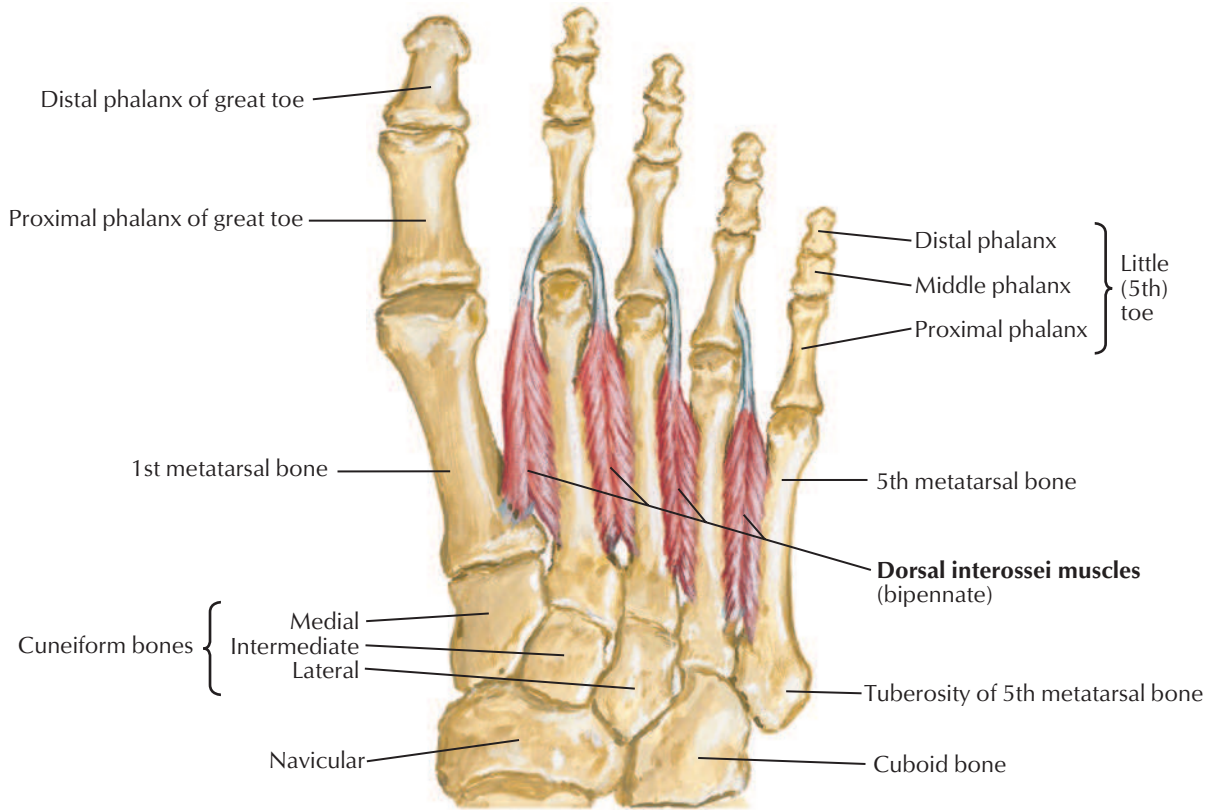


F. Netter M.D.

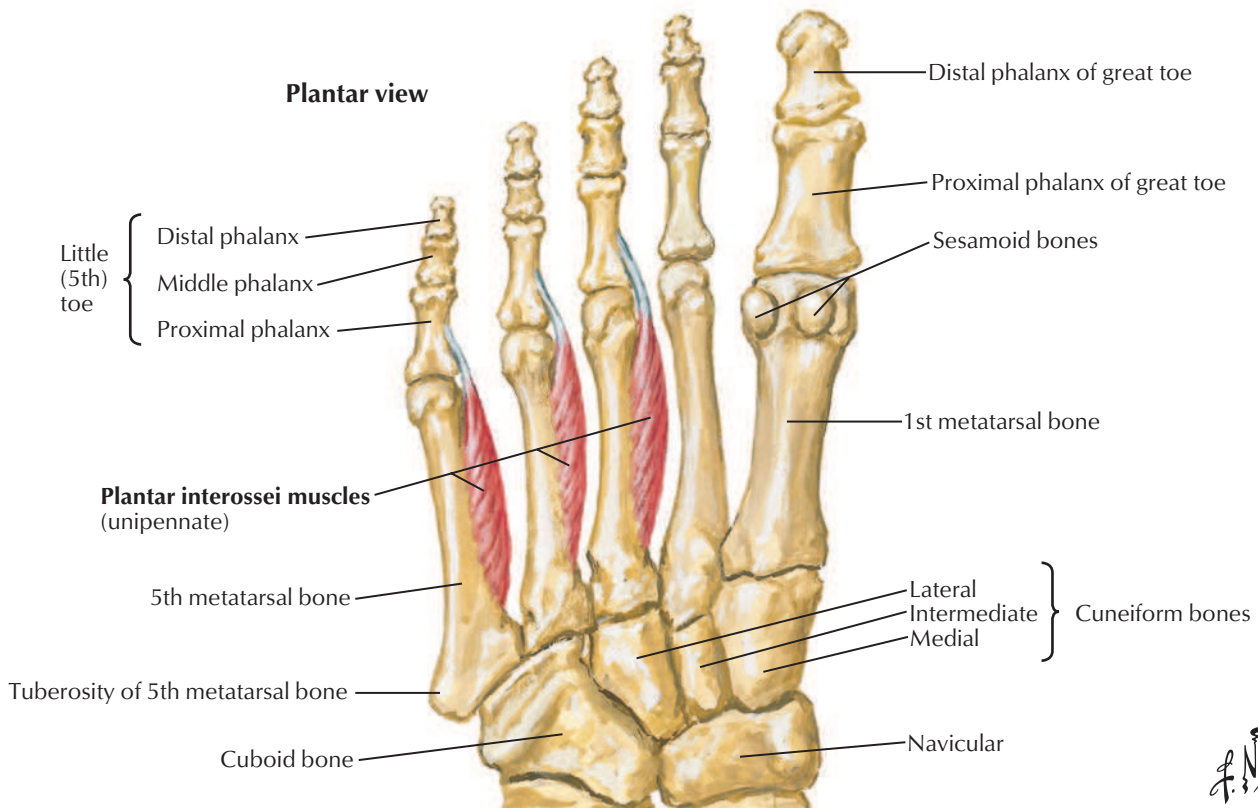


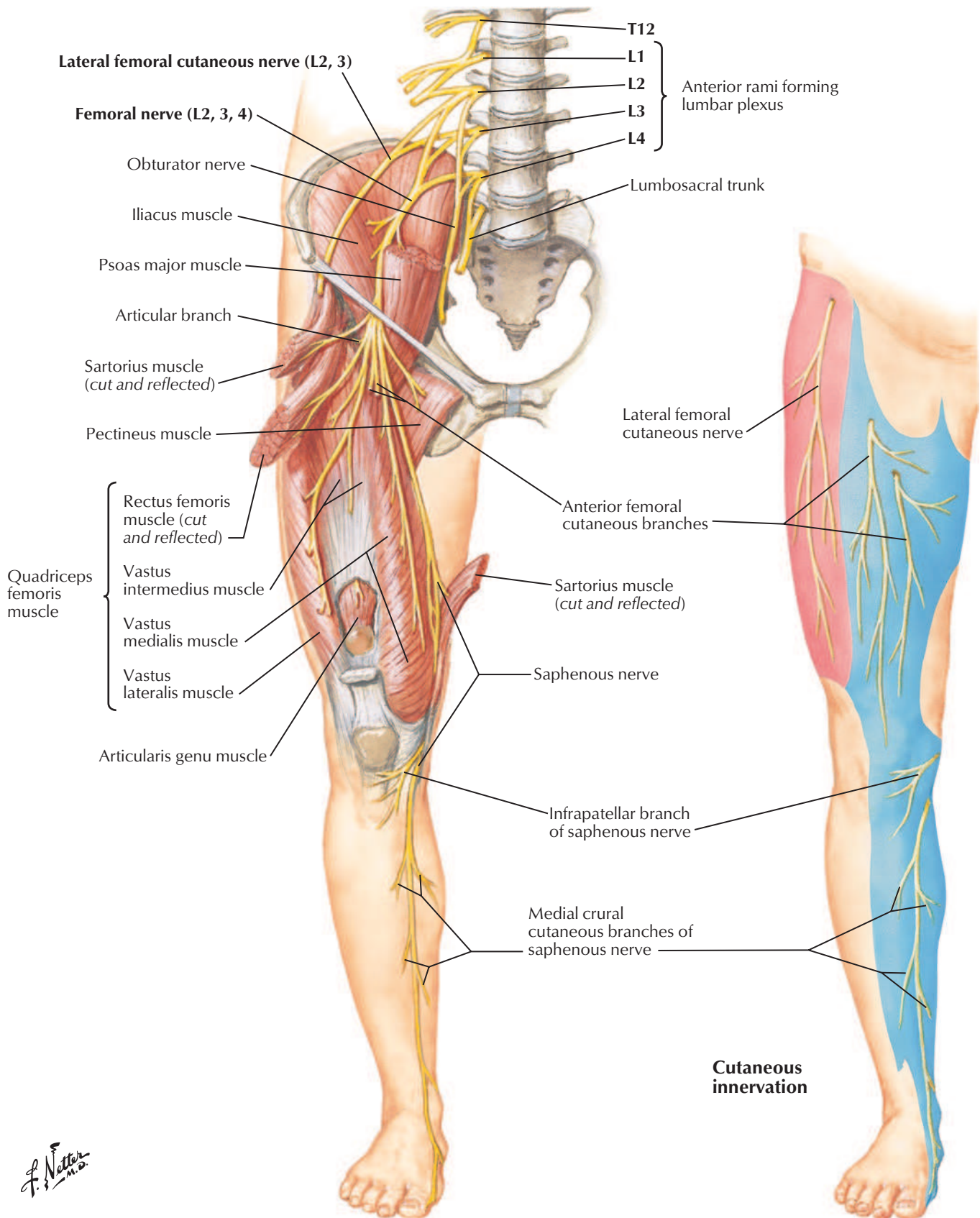
Fourth layer muscles in bold

Dorsal view



Plantar view

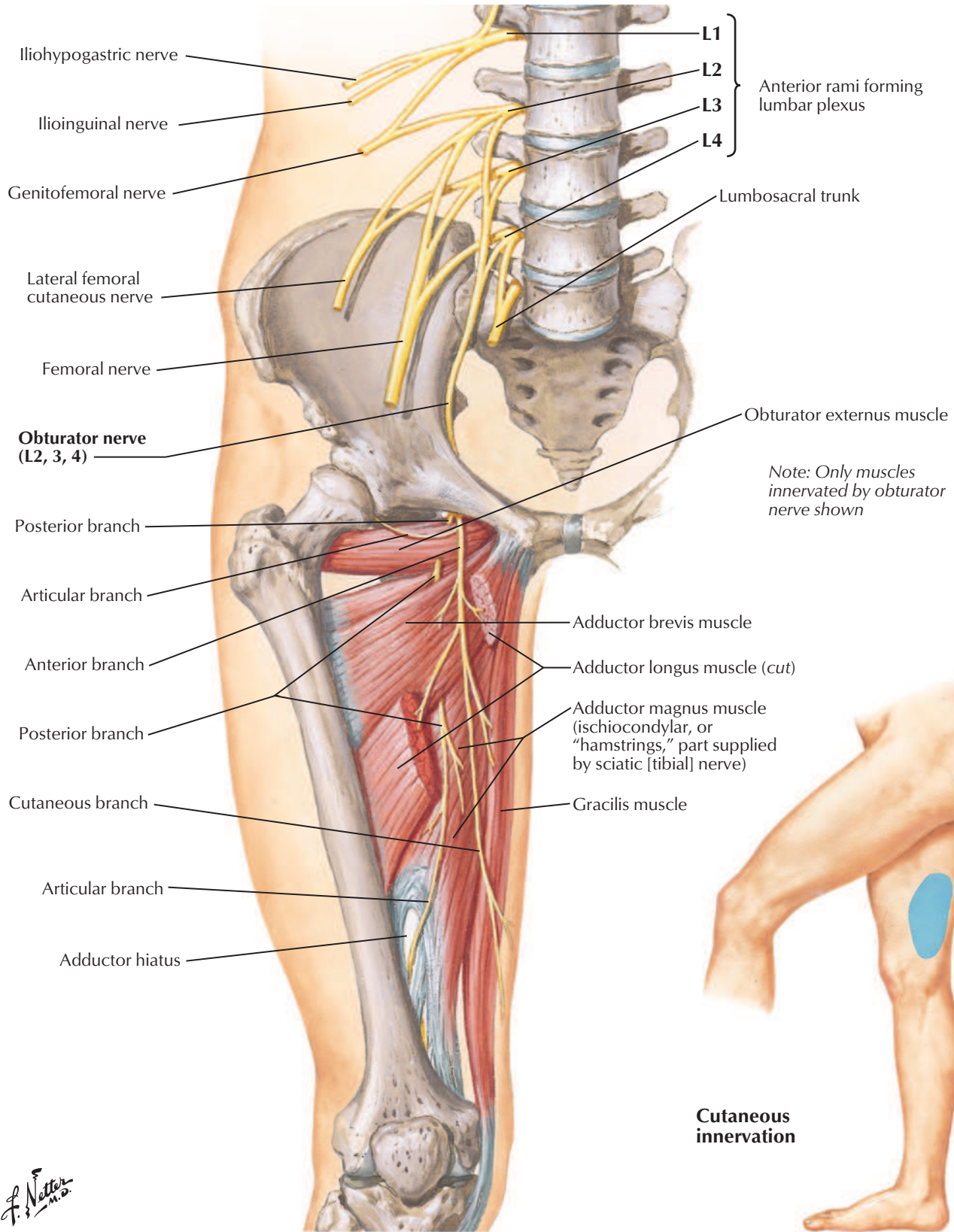


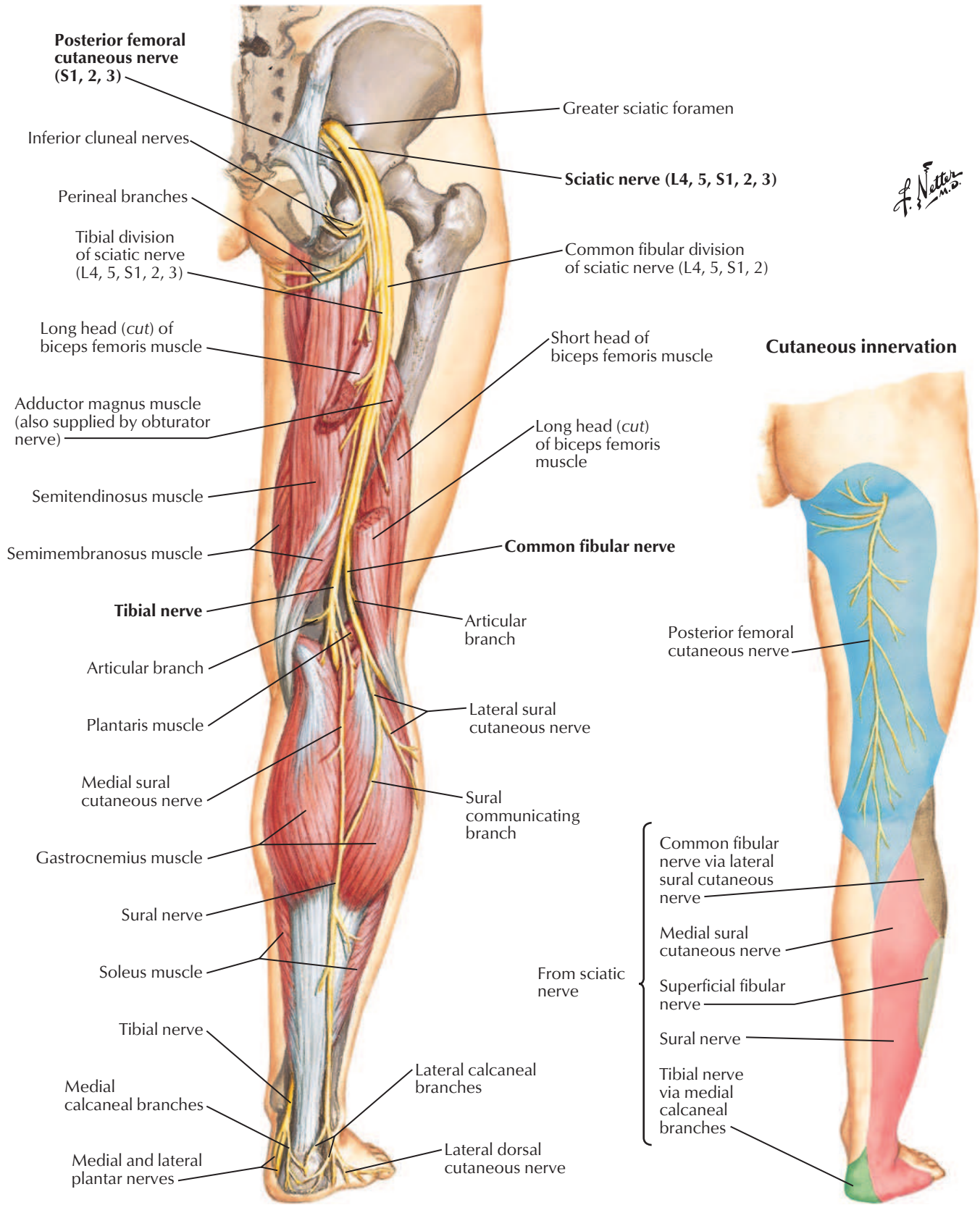


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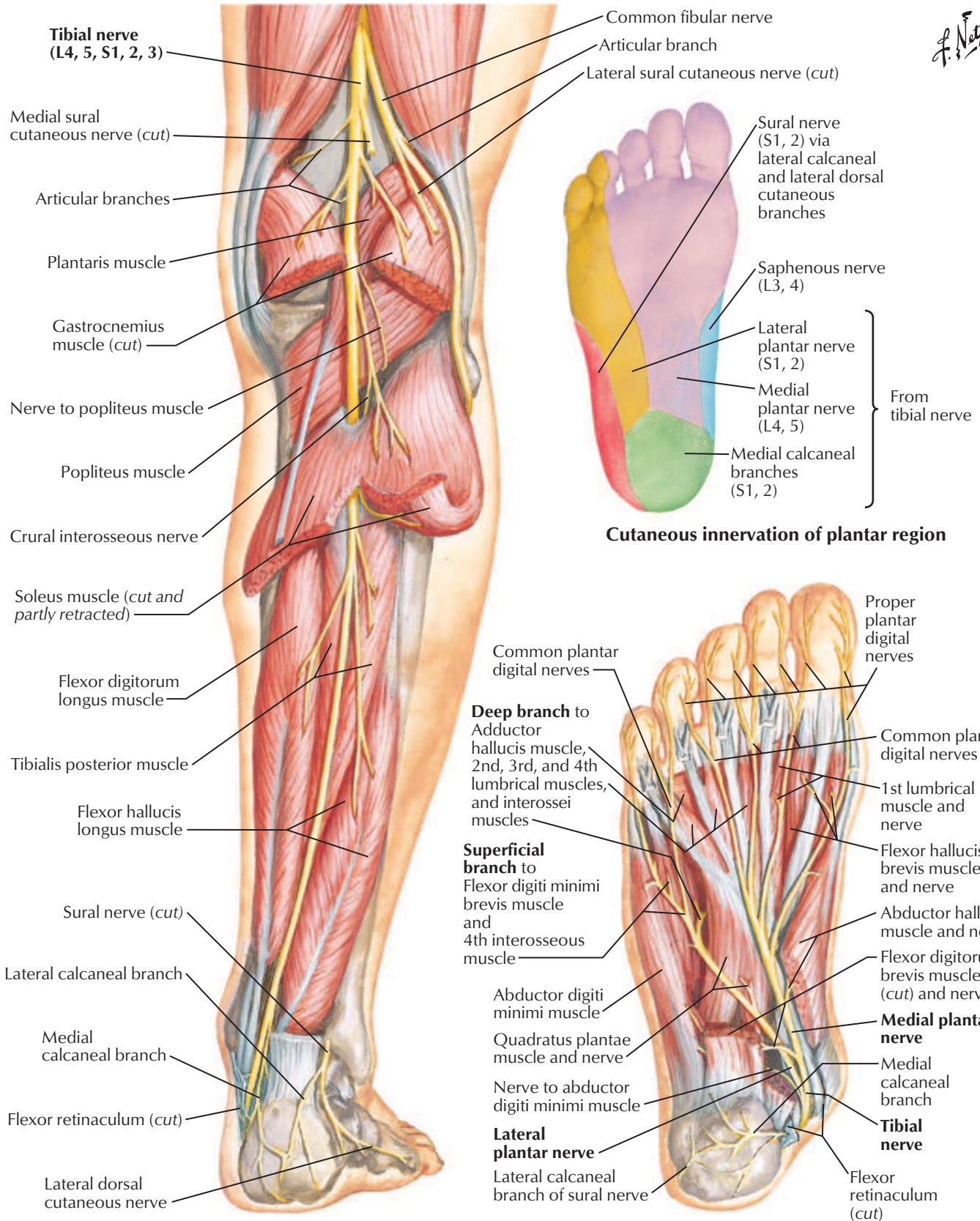
Obturator Nerve

See also [Plate 491](#)

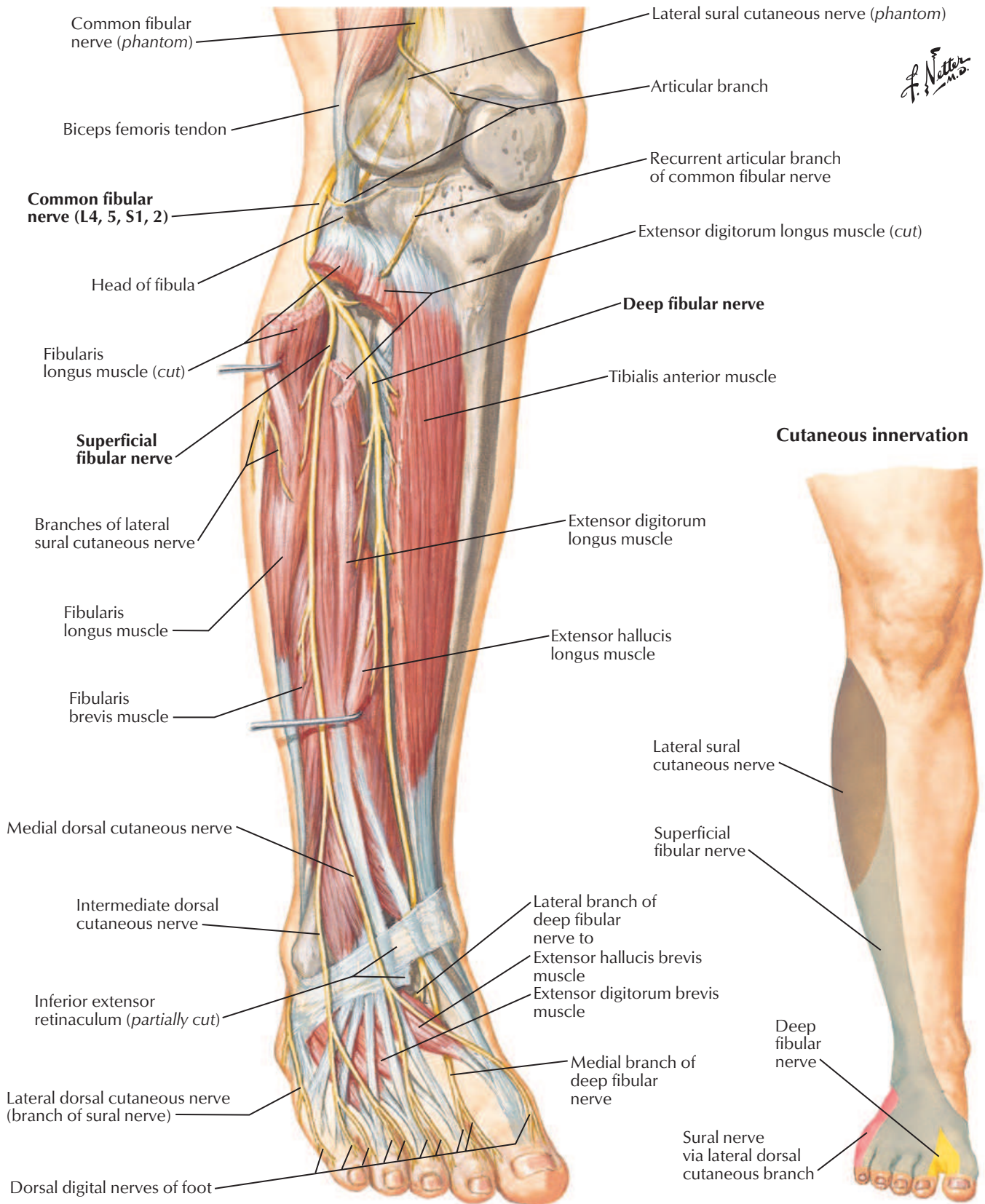




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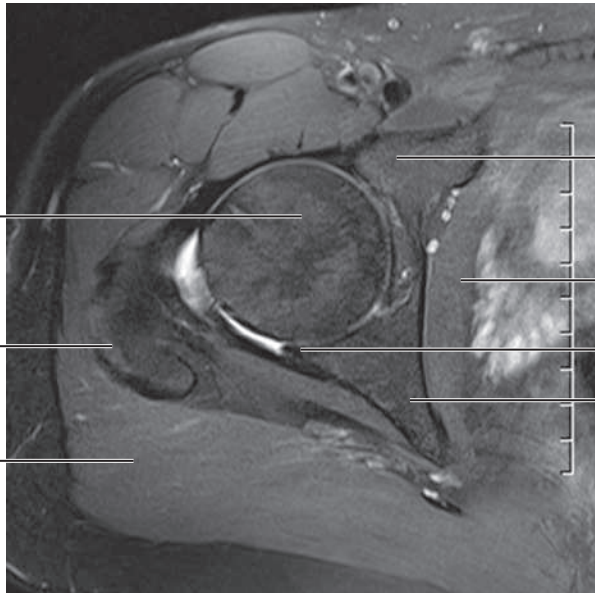
See also [Plates 334, 400, 495](#)

Axial T2-Weighted MRI

Head of femur

Greater trochanter

Gluteus maximus muscle



Acetabular labrum

Obturator internus muscle

Posterior labrum

Acetabular labrum

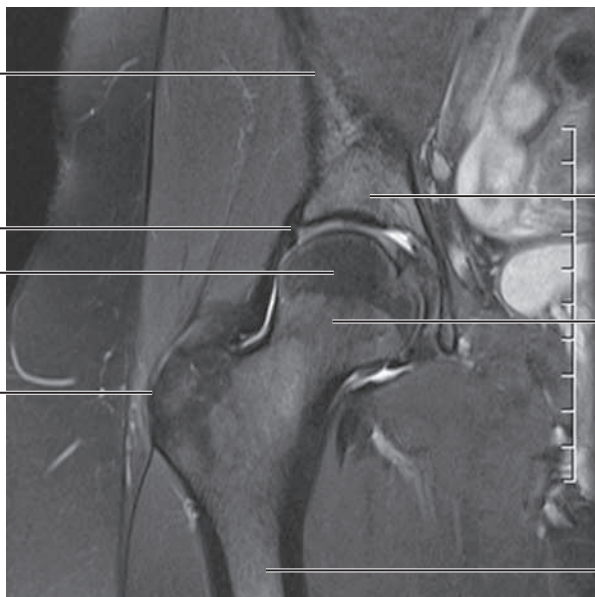
Coronal T2-Weighted MRI

Ala of ilium

Acetabular labrum

Head of femur

Greater trochanter



Acetabular labrum

Neck of femur

Femur

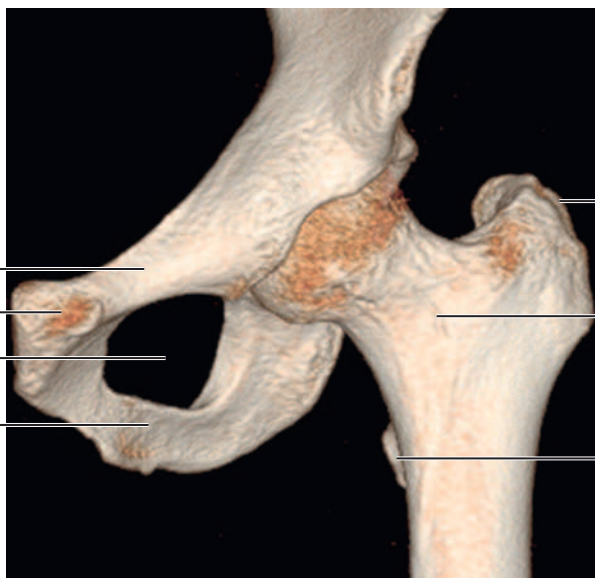
3D CT of Hip

Superior pubic ramus

Pubic tubercle

Obturator foramen

Inferior pubic ramus



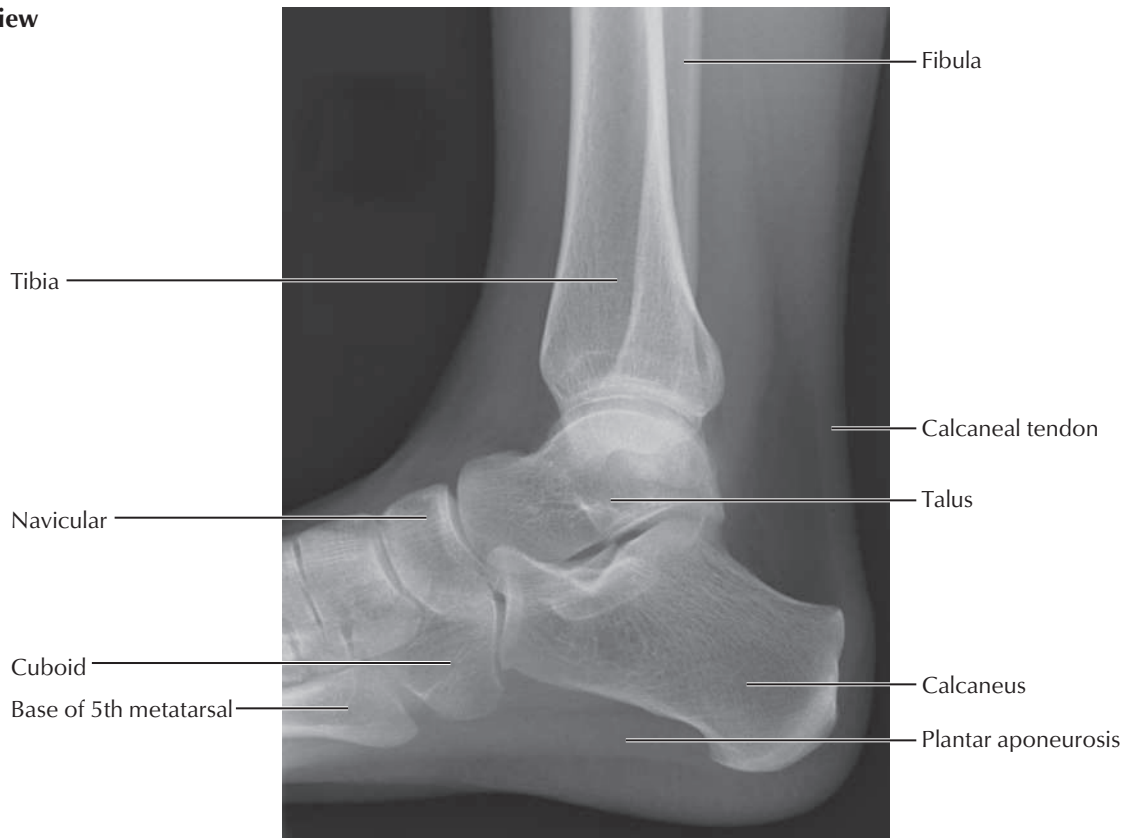
Greater trochanter

Neck of femur

Lesser trochanter

See also [Plates 510, 517, 518](#)

Lateral view






Anterior view



ANATOMICAL STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
SKELETAL SYSTEM		
Neck of femur	Common fracture in elderly persons; can lead to avascular necrosis of femoral head	478, 479, 495
Shaft of femur	The midshaft is a common fracture site in high-energy trauma (motor vehicle accidents)	479
Hip joint	Potential for vascular necrosis of femoral head in hip dislocations or fractures	477, 495
Medial (tibial) collateral ligament, anterior cruciate ligament, and medial meniscus	“Unhappy triad” from blow to lateral aspect of joint in extension; damage to medial collateral and anterior cruciate ligaments and medial meniscus	498, 499, 500
Tibia and fibula	High-energy fractures of shaft (boot-top skiing fracture) from falling forward at high speed	504
First metatarsophalangeal joint	Joint misalignment leading to hallux valgus (bunion), often result of wearing shoes that are too narrow; also, strong genetic component	515
Calcaneus	Most common tarsal bone fracture, usually caused by landing forcefully on heel after falling from height	517
Ankle joint	Most sprains are inversion injuries that occur when foot is plantarflexed; places stress on lateral ligaments of ankle	518
MUSCULAR SYSTEM		
Gracilis, adductor longus, adductor brevis, adductor magnus	Excessive stretching or tearing of thigh adductor muscles is common in sports that require repeated sprints or quick changes in direction (e.g., soccer, hockey)	482, 483
Patellar ligament	Striking patellar ligament with reflex hammer elicits patellar (knee jerk) reflex to test L3 to L4 spinal cord levels (innervation of quadriceps femoris muscle by femoral nerve)	482, 498
Iliotibial tract (band)	Commonly injured in runners as iliotibial tract rubs across lateral femoral epicondyle	484, 497
Semitendinosus, semimembranosus, biceps femoris (long head)	Excessive stretching or tearing of hamstring muscles occurs most often during high-speed running or activities with high kicks	485
Piriformis muscle	Piriformis muscle strain or structural variations (e.g., split piriformis muscle) may produce compression of sciatic nerve	492
Gluteus medius and minimus muscles (superior gluteal nerve)	Paralysis of these muscles results in contralateral pelvic dip due to weakened hip abduction when standing on affected limb (Trendelenburg sign or gait)	493
Calcaneal (Achilles) tendon	Inflammation results from repetitive stress on tendon, often from running on uneven surfaces; extreme stress may cause tendon to rupture	507, 508, 518
Calcaneal (Achilles) tendon	Striking calcaneal tendon with reflex hammer elicits ankle (ankle jerk) reflex to test S1 to S2 spinal cord levels (innervation of superficial calf muscles by tibial nerve)	507, 508, 531
Anterior compartment of leg	Exertional compartment syndromes (midtibial pain; shin splints) usually result from excessive training (swelling, periostitis, or stress fractures occur because of tight fascial boundaries of muscle compartments)	514
Plantar aponeurosis	Inflammation results from increased tension, weight, or overuse, causing heel and foot pain (plantar fasciitis; heel spur syndrome)	523

Table 8.1

ANATOMICAL STRUCTURES	CLINICAL IMPORTANCE	PLATE NUMBERS
 NERVOUS SYSTEM		
Sural nerve	Nerve is commonly biopsied for peripheral neuropathies and commonly used as donor graft in neurotization procedure	474, 531
Common fibular nerve	Injury to this nerve from blunt trauma or compression by leg cast weakens dorsiflexion and results in foot drop	529, 531, 533
Obturator nerve	Nerve is blocked or transected for adductor muscle spasticity in cerebral palsy; may be injured during pelvic fractures or pelvic surgical procedures such as lymphadenectomy	530
Femoral nerve	Can be compressed from femoral hematoma and can be anesthetized for procedures of the lower limb	488, 490, 529
Saphenous nerve	Can be anesthetized in the adductor canal to provide pain relief after knee replacement	473, 490, 529
 CARDIOVASCULAR SYSTEM		
Deep veins of leg	Deep venous thrombosis of deep leg veins is due to venous stasis, vessel injury, and/or coagulation disorders; can lead to thrombus formation and thromboemboli	513
Great saphenous vein	Often used as coronary artery bypass grafts	473
Superficial veins	Varicose veins (dilated tortuous superficial veins connected by perforating veins to deeper veins with incompetent venous valves)	473, 513
Femoral artery in femoral triangle; popliteal artery in deep popliteal region of knee; dorsalis pedis artery on dorsum of foot; posterior tibial artery in tarsal tunnel posterior to medial malleolus	Lower limb pulse points	490, 503, 508, 513
Major arteries of lower limb (femoral artery, popliteal artery, tibial artery, and fibular artery)	Peripheral arterial disease due to atherosclerosis may occur in major arteries of lower limb, resulting in reduced blood flow; patients experience claudication (cramping pain in thigh or calf), especially upon exertion	503
 LYMPHATIC SYSTEM		
Superficial inguinal nodes	Superficial inguinal nodes drain the lower limb, gluteal region, lower abdominal region, and perineum; are palpable when enlarged	475
Lymph vessels	Lymphedema (stasis of lymph flow in lymph vessels obstructed by inflammation, fibrosis, tumor, or abnormally small diameter)	475

*Selections were based largely on clinical data as well as commonly covered clinical correlations in gross anatomy courses.

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Abductor digiti minimi	Foot	Medial and lateral tubercles of tuberosity of calcaneus, plantar aponeurosis, and intermuscular septum	Lateral side of base of proximal phalanx of 5th digit	Lateral plantar nerve	Mediolateral plantar artery, plantar metatarsal and plantar digital arteries to 5th digit	Abducts and flexes 5th digit
Abductor hallucis	Foot	Medial tubercle of tuberosity of calcaneus, flexor retinaculum, and plantar aponeurosis	Medial side of base of proximal phalanx of 1st digit	Medial plantar nerve	Medial plantar and 1st plantar metatarsal arteries	Abducts and flexes 1st digit
Adductor brevis	Medial thigh	Body and inferior pubic ramus	Pectineal line and proximal part of linea aspera of femur	Obturator nerve	Profunda femoris, medial circumflex femoral, and obturator arteries	Adducts thigh at hip, weak hip flexor
Adductor hallucis	Foot	<i>Oblique head:</i> bases of 2nd through 4th metatarsals <i>Transverse head:</i> ligaments of metatarsophalangeal joints of digits 3–5	Tendons of both heads lateral to side of base of proximal phalanx of 1st digit	Deep branch of lateral plantar nerve	Medial and lateral plantar arteries and plantar arch, plantar metatarsal arteries	Adducts 1st digit, maintains transverse arch of foot
Adductor longus	Medial thigh	Body of pubis inferior to pubic crest	Middle third of linea aspera of femur	Obturator nerve (anterior division)	Profunda femoris and medial circumflex femoral arteries	Adducts thigh at hip
Adductor magnus	Medial thigh	Inferior pubic ramus, ramus of ischium <i>Hamstring part:</i> ischial tuberosity	Gluteal tuberosity, linea aspera, medial supracondylar line <i>Hamstring part:</i> adductor tubercle of femur	<i>Adductor part:</i> obturator nerve <i>Hamstring part:</i> sciatic nerve (tibial division)	Femoral, profunda femoris, and obturator arteries	<i>Adductor part:</i> adducts and flexes thigh <i>Hamstring part:</i> extends thigh
Articularis genus	Anterior thigh	Distal femur on anterior surface	Suprapatellar bursa	Femoral nerve	Femoral artery	Pulls suprapatellar bursa superiorly with extension of knee
Biceps femoris	Posterior thigh	<i>Long head:</i> ischial tuberosity <i>Short head:</i> Linea aspera and lateral supracondylar line of femur	Lateral side of head of fibula	<i>Long head:</i> sciatic nerve (tibial division) (L5–S2) <i>Short head:</i> sciatic nerve (common fibular division)	Perforating branches of profunda femoris, inferior gluteal, and medial circumflex femoral arteries	Flexes and laterally rotates leg, extends thigh at hip
Dorsal interossei (four muscles)	Foot	Adjacent sides of 1st through 5th metatarsals	<i>1st:</i> medial side of proximal phalanx of 2nd digit <i>2nd through 4th:</i> lateral sides of digits 2–4	Lateral plantar nerve	Arcuate artery, dorsal and plantar metatarsal arteries	Abduct 2nd through 4th digits of foot, flex metatarsophalangeal joints, and extend phalangeal bones
Extensor digitorum brevis and extensor hallucis brevis	Foot	Superolateral surface of calcaneus, lateral talocalcaneal ligament, deep surface of inferior extensor retinaculum	First tendon into dorsal surface of base of proximal phalanx of great toe; other three tendons into lateral sides of tendons of extensor digitorum longus to digits 2–4	Deep fibular nerve	Dorsalis pedis, lateral tarsal, arcuate, and fibular arteries	Aids extensor digitorum longus in extending of 4 medial digits at metatarsophalangeal and interphalangeal joints
Extensor digitorum longus	Anterior leg	Lateral condyle of tibia, proximal 3/4 of anterior surface of interosseous membrane and fibula	Middle and distal phalangeal bones of lateral four digits	Deep fibular nerve	Anterior tibial artery	Extends lateral four digits and dorsiflexes foot at ankle
Extensor hallucis longus	Anterior leg	Middle part of anterior surface of fibula and interosseous membrane	Dorsal aspect of base of distal phalanx of great toe	Deep fibular nerve	Anterior tibial artery	Extends great toe, dorsiflexes foot at ankle

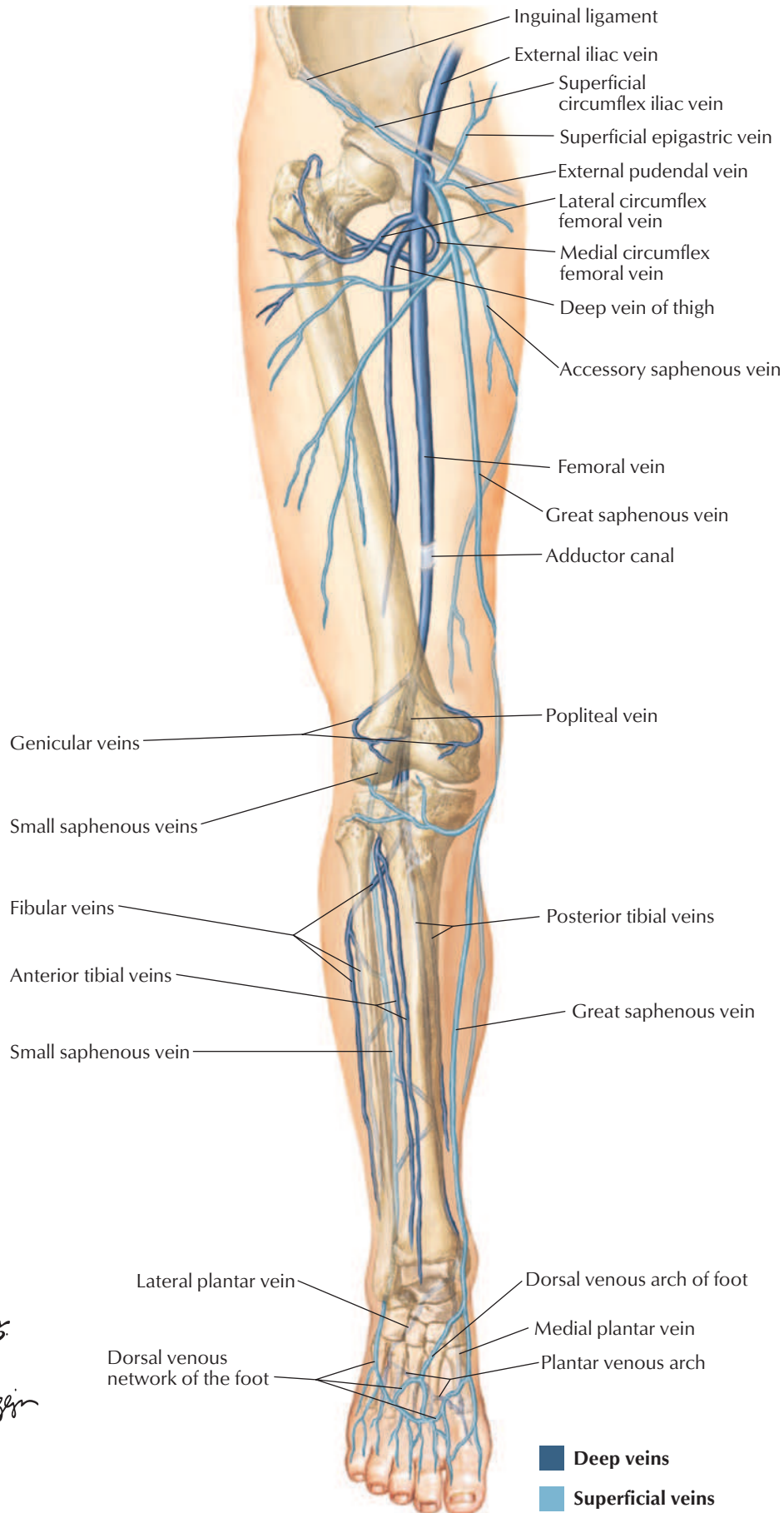
Variations in spinal nerve contributions to the innervation of muscles, their arterial supply, their attachments, and their actions are common themes in human anatomy. Therefore, expect differences between texts and realize that anatomical variation is normal.

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Fibularis brevis	Lateral leg	Distal 2/3 of lateral surface of fibula	Dorsal surface of tuberosity on lateral side of 5th metatarsal	Superficial fibular nerve	Anterior tibial and fibular arteries	Everts foot and weakly plantarflexes foot at ankle
Fibularis longus	Lateral leg	Head and proximal 2/3 of lateral fibula	Plantar base of 1st metatarsal and medial cuneiform bone	Superficial fibular nerve	Anterior tibial and fibular arteries	Everts foot and weakly plantarflexes foot at ankle
Fibularis tertius	Anterior leg	Distal third of anterior surface of fibula and interosseous membrane	Dorsum of base of 5th metatarsal	Deep fibular nerve	Anterior tibial artery	Dorsiflexes foot at ankle and aids in eversion of foot
Flexor digiti minimi brevis	Foot	Base of 5th metatarsal	Lateral base of proximal phalanx of 5th digit	Superficial branch of lateral plantar nerve	Lateral plantar artery, plantar digital artery to 5th digit, arcuate artery	Flexes proximal phalanx of 5th digit
Flexor digitorum brevis	Foot	Medial tubercle of tuberosity of calcaneus, plantar aponeurosis, and intermuscular septum	Both sides of middle phalangeal bones of lateral four digits	Medial plantar nerve	Medial and lateral plantar arteries and plantar arch, plantar metatarsal and plantar digital arteries	Flexes 2nd through 5th digits
Flexor digitorum longus	Posterior leg	Medial part of posterior tibia inferior to soleal line	Plantar bases of distal phalangeal bones of lateral four digits	Tibial nerve	Posterior tibial artery	Flexes lateral four digits and plantarflexes foot at ankle; supports longitudinal arches of foot
Flexor hallucis brevis	Foot	Plantar surfaces of cuboid bone and lateral cuneiform bone	Both sides of base of proximal phalanx of 1st digit	Medial plantar nerve	Medial plantar artery, 1st plantar metatarsal artery	Flexes proximal phalanx of 1st digit
Flexor hallucis longus	Posterior leg	Distal 2/3 of posterior fibula and interosseous membrane	Base of distal phalanx of great toe	Tibial nerve	Fibular artery	Flexes all joints of great toe, weakly plantarflexes foot at ankle
Gastrocnemius	Posterior leg	<i>Lateral head:</i> lateral aspect of lateral condyle of femur <i>Medial head:</i> popliteal surface above medial condyle of femur	Posterior aspect of calcaneus via calcaneal tendon	Tibial nerve	Popliteal and posterior tibial arteries	Plantarflexes foot at ankle joint, assists in flexion of knee joint
Gluteus maximus	Gluteal region	Ilium posterior to posterior gluteal line, dorsal surface of sacrum and coccyx, sacrotuberous ligament	Most fibers end in iliotibial tract that inserts into lateral condyle of tibia; some fibers insert into gluteal tuberosity of femur	Inferior gluteal nerve	Inferior gluteal arteries mainly, and superior gluteal arteries occasionally	Extends flexed thigh, assists in lateral rotation, and abducts thigh
Gluteus medius	Gluteal region	Lateral surface of ilium between anterior and posterior gluteal lines	Lateral surface of greater trochanter of femur	Superior gluteal nerve	Superior gluteal artery	Abducts and medially rotates thigh at hips; steadies pelvis on leg when opposite leg is raised
Gluteus minimus	Gluteal region	Lateral surface of ilium between anterior and inferior gluteal lines	Anterior surface of greater trochanter of femur	Superior gluteal nerve	Main trunk and deep branch of superior gluteal artery	Abducts and medially rotates thigh at hips; steadies pelvis on leg when opposite leg is raised
Gracilis	Medial thigh	Body and inferior ramus of pubis	Superior part of medial surface of tibia	Obturator nerve	Profunda femoris artery, medial circumflex femoral artery	Adducts thigh, flexes and medially rotates leg
Iliacus (iliopsoas)	Anterior thigh	Superior 2/3 of iliac fossa, iliac crest, ala of sacrum, anterior sacroiliac ligaments	Lesser trochanter of femur and shaft inferior to it, to psoas major tendon	Femoral nerve	Iliac branches of ilio-lumbar artery	Flexes thigh at hips and stabilizes hip joint, acts with psoas major
Inferior gemellus	Gluteal region	Ischial tuberosity	Medial surface of greater trochanter of femur	Nerve to quadratus femoris muscle	Medial circumflex femoral artery	Laterally rotates extended thigh and abducts flexed thigh

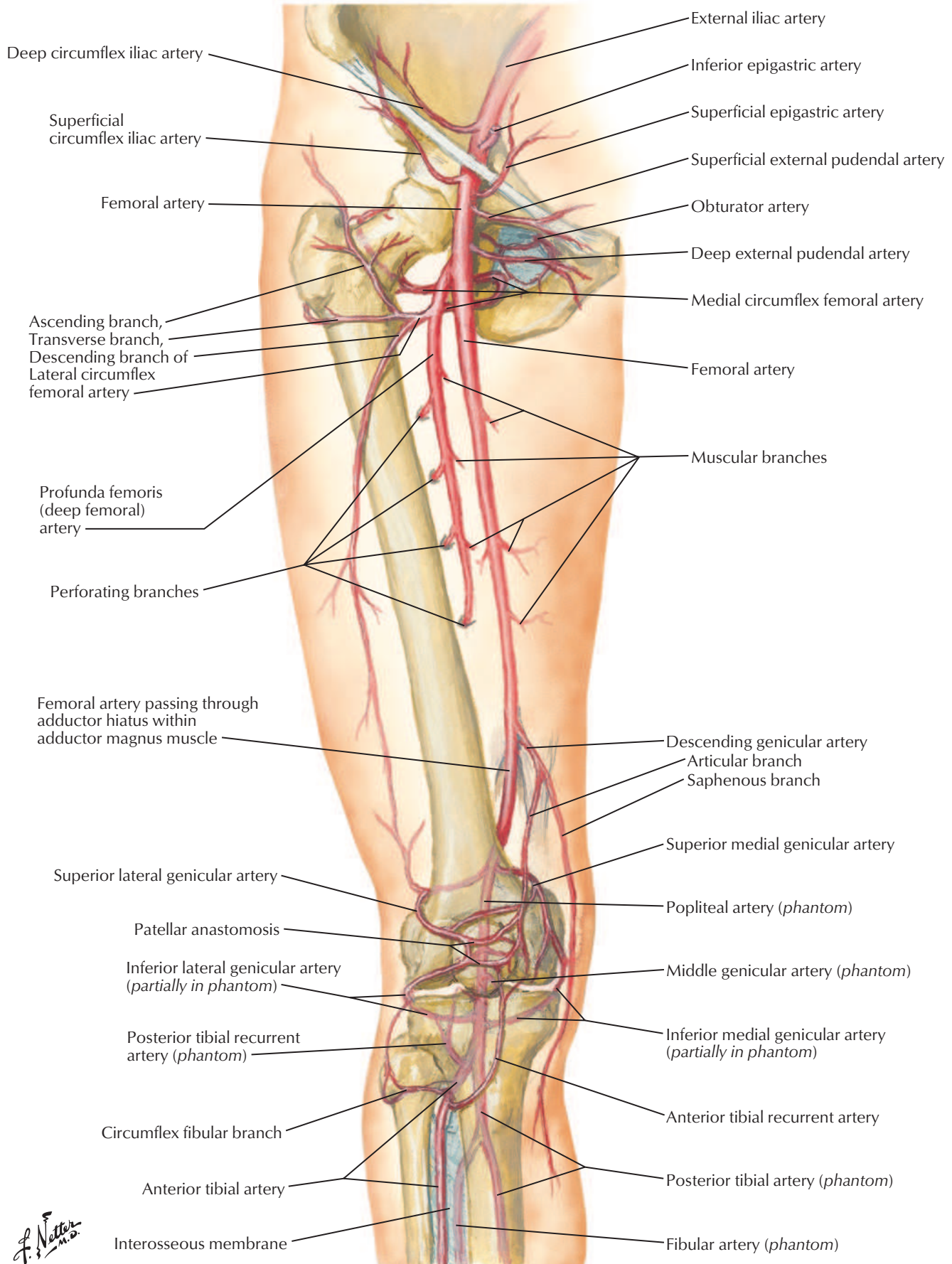
MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Lumbricals	Foot	Tendons of flexor digitorum longus	Medial side of dorsal digital expansions of lateral four digits	<i>Medial one:</i> medial plantar nerve <i>Lateral three:</i> lateral plantar nerve	Lateral plantar artery and plantar metatarsal arteries	Flexes proximal phalangeal bones at metatarsophalangeal joint, extends phalangeal bones at proximal interphalangeal and distal interphalangeal joints
Obturator externus	Medial thigh	Margins of obturator foramen, obturator membrane	Trochanteric fossa of femur	Obturator nerve	Medial circumflex femoral artery, obturator artery	Laterally rotates thigh, stabilizes head of femur in acetabulum
Obturator internus	Gluteal region	Pelvic surface of obturator membrane and surrounding bone	Medial surface of greater trochanter of femur	Nerve to obturator internus muscle	Internal pudendal and obturator arteries	Laterally rotates extended thigh, abducts flexed thigh at hip
Pectineus	Medial thigh	Superior ramus of pubis	Pectineal line of femur	Femoral nerve and sometimes obturator nerve	Medial circumflex femoral artery, obturator artery	Adducts and flexes thigh at hip
Piriformis	Gluteal region	Anterior surface of sacral segments 2-4, sacrotuberous ligament (inconstant)	Superior border of greater trochanter of femur	Ventral rami of L5, S1, S2	Superior and inferior gluteal arteries, internal pudendal artery	Laterally rotates extended thigh, abducts flexed thigh at hip
Plantar interossei (three muscles)	Foot	Bases and medial sides of 3rd through 5th metatarsals	Medial sides of bases of proximal phalangeal bones of 3rd through 5th digits	Lateral plantar nerve	Lateral plantar artery and plantar arch, plantar metatarsal and plantar digital arteries	Adduct digits (3-5) and flex metatarsophalangeal joint and extend phalangeal bones
Plantaris	Posterior leg	Inferior end of lateral supracondylar line of femur and oblique popliteal ligament	Posterior aspect of calcaneus via calcaneal tendon	Tibial nerve	Popliteal artery	Weakly assists gastrocnemius
Popliteus	Posterior leg	Lateral aspect of lateral condyle of femur, lateral meniscus	Posterior tibia superior to soleal line	Tibial nerve (L4-S1)	Inferior medial and lateral genicular arteries	Weakly flexes knee and unlocks it by rotating femur on fixed tibia
Psoas major (iliopsoas)	Anterior thigh	Transverse processes of lumbar vertebrae, sides of bodies of T12-L5 vertebrae, intervening intervertebral discs	Lesser trochanter of femur	Anterior rami of first three lumbar nerves	Lumbar branches of ilio lumbar artery	Acting superiorly with iliacus, flexes hip; acting inferiorly, flexes vertebral column laterally; used to balance trunk in sitting position; acting inferiorly with iliacus, flexes trunk
Quadratus femoris	Gluteal region	Lateral margin of ischial tuberosity	Quadrate tubercle on intertrochanteric crest of femur	Nerve to quadratus femoris muscle	Medial circumflex femoral artery	Laterally rotates thigh at hip
Quadratus plantae	Foot	Medial and lateral sides of plantar surface of calcaneus	Posterolateral edge of flexor digitorum longus tendon	Lateral plantar nerve	Medial and lateral plantar arteries and deep plantar arterial arch	Corrects for oblique pull of flexor digitorum longus tendon, thus assisting in flexion of digits of foot
Rectus femoris (quadriceps)	Anterior thigh	Anterior inferior iliac spine and ilium superior to acetabulum	Base of patella and to tibial tuberosity via patellar ligament	Femoral nerve	Profunda femoris and lateral circumflex femoral arteries	Extends leg at knee joint and flexes thigh at hip joint
Sartorius	Anterior thigh	Anterior superior iliac spine and superior part of notch below it	Superior part of medial surface of tibia	Femoral nerve	Femoral artery	Abducts, laterally rotates, and flexes thigh; flexes knee joint
Semimembranosus	Posterior thigh	Ischial tuberosity	Posterior part of medial condyle of tibia	Sciatic nerve (tibial division)	Perforating branch of profunda femoris and medial circumflex femoral arteries	Flexes leg, extends thigh

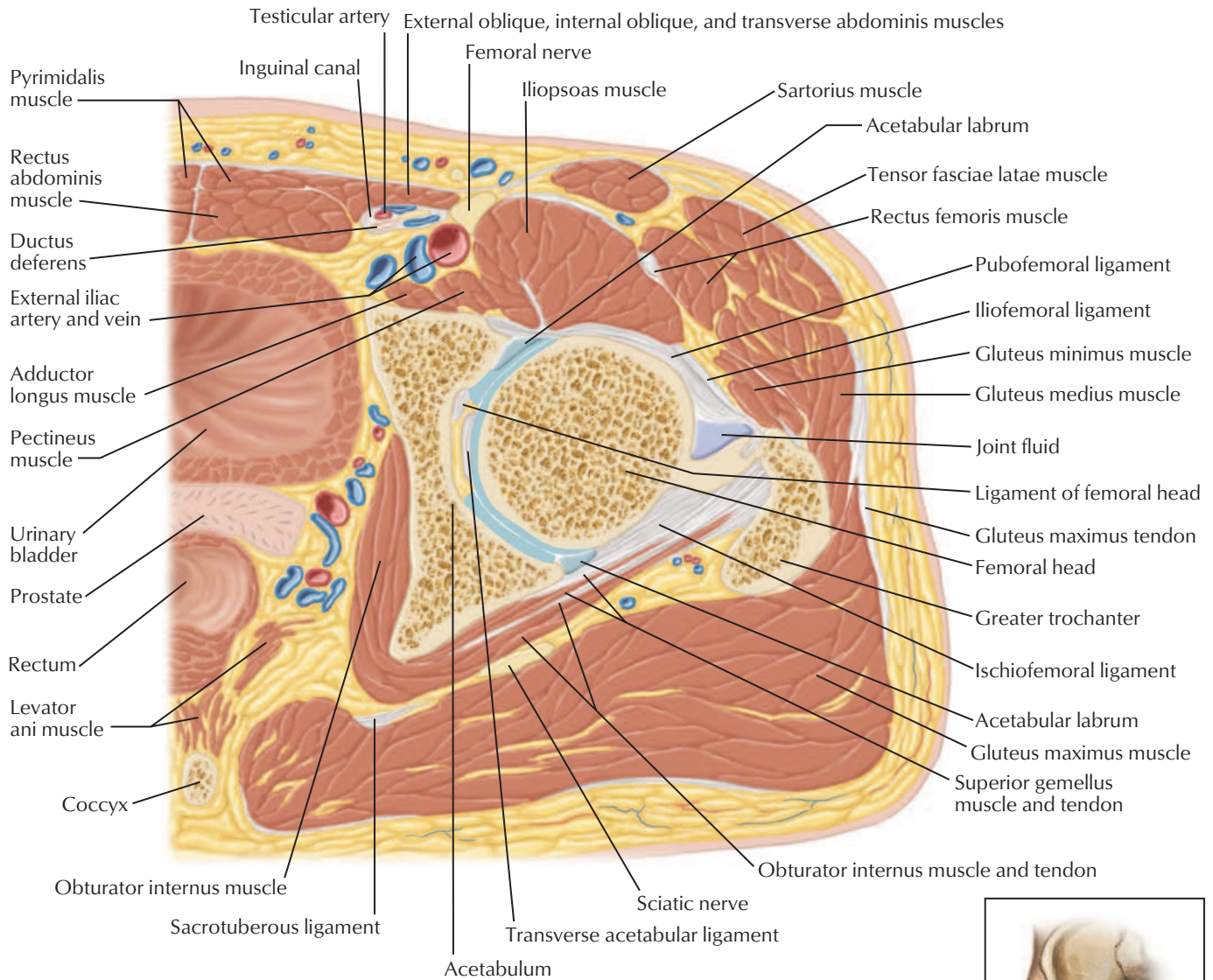
Table 8.5

MUSCLE	MUSCLE GROUP	PROXIMAL ATTACHMENT (ORIGIN)	DISTAL ATTACHMENT (INSERTION)	INNERVATION	BLOOD SUPPLY	MAIN ACTIONS
Semitendinosus	Posterior thigh	Ischial tuberosity	Superior part of medial surface of tibia	Sciatic nerve (tibial division)	Perforating branch of profunda femoris and medial circumflex femoral arteries	Flexes leg, extends thigh
Soleus	Posterior leg	Posterior aspect of head of fibula, proximal 1/4 of posterior surface of fibula, soleal line of tibia	Posterior aspect of calcaneus via calcaneal tendon	Tibial nerve	Popliteal, posterior tibial, and fibular arteries	Plantarflexes foot at ankle, stabilizes leg over foot
Superior gemellus	Gluteal region	Outer surface of ischial spine	Medial surface of greater trochanter of femur	Nerve to obturator internus muscle	Inferior gluteal and internal pudendal arteries	Laterally rotates extended thigh and abducts flexed thigh
Tensor fasciae latae	Gluteal region	Anterior superior iliac spine and anterior part of iliac crest	Iliotibial tract that attaches to lateral condyle of tibia	Superior gluteal nerve	Ascending branch of lateral circumflex femoral artery	Abducts, medially rotates, and flexes thigh at hip; helps to keep knee extended
Tibialis anterior	Anterior leg	Lateral condyle, proximal half of lateral tibia, interosseous membrane	Medial plantar surfaces of medial cuneiform bone and base of 1st metatarsal bone	Deep fibular nerve	Anterior tibial artery	Dorsiflexes foot at ankle and inverts foot
Tibialis posterior	Posterior leg	Posterior tibia below soleal line, interosseous membrane, proximal half of posterior fibula	Tuberosity of navicular bone, all cuneiforms, cuboid, and bases of 2nd through 4th metatarsal bones	Tibial nerve	Fibular artery	Plantarflexes foot at ankle and inverts foot
Vastus intermedius (quadriceps)	Anterior thigh	Anterior and lateral surfaces of body of femur	Base of patella and to tibial tuberosity via patellar ligament	Femoral nerve	Lateral circumflex femoral and profunda femoris arteries	Extends leg at knee joint
Vastus lateralis (quadriceps)	Anterior thigh	Greater trochanter, lateral lip of gluteal tuberosity, lateral lip of linea aspera	Base of patella and to tibial tuberosity via patellar ligament	Femoral nerve	Lateral circumflex femoral and profunda femoris arteries	Extends leg at knee joint
Vastus medialis (quadriceps)	Anterior thigh	Intertrochanteric line, greater trochanter, lateral lip of gluteal tuberosity, and lateral lip of linea aspera	Base of patella and to tibial tuberosity via patellar ligament	Femoral nerve	Femoral and profunda femoris arteries	Extends leg at knee joint

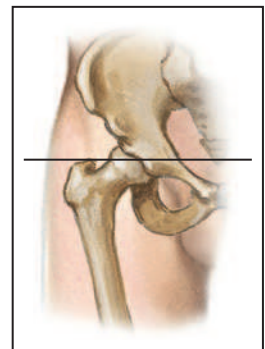


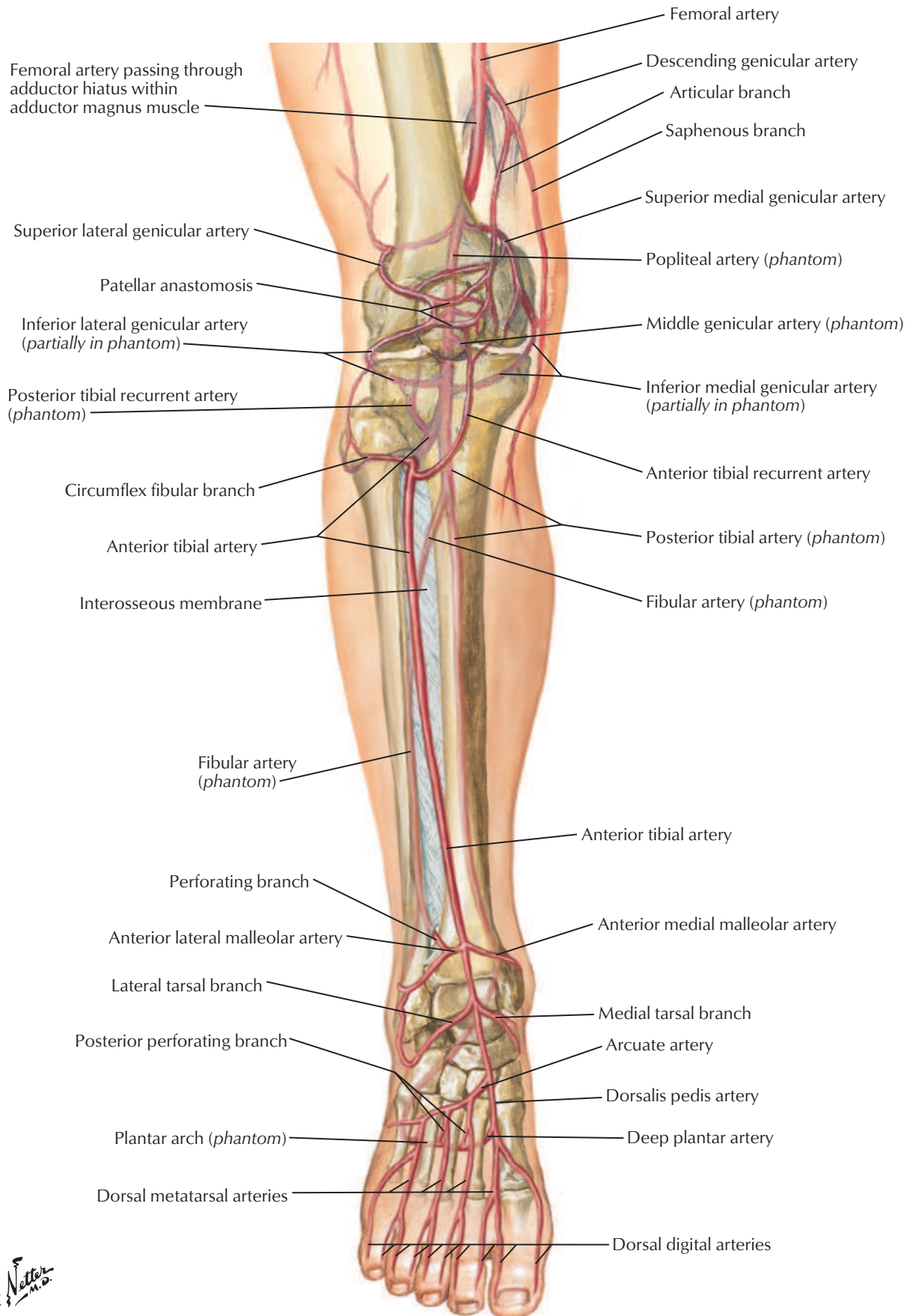
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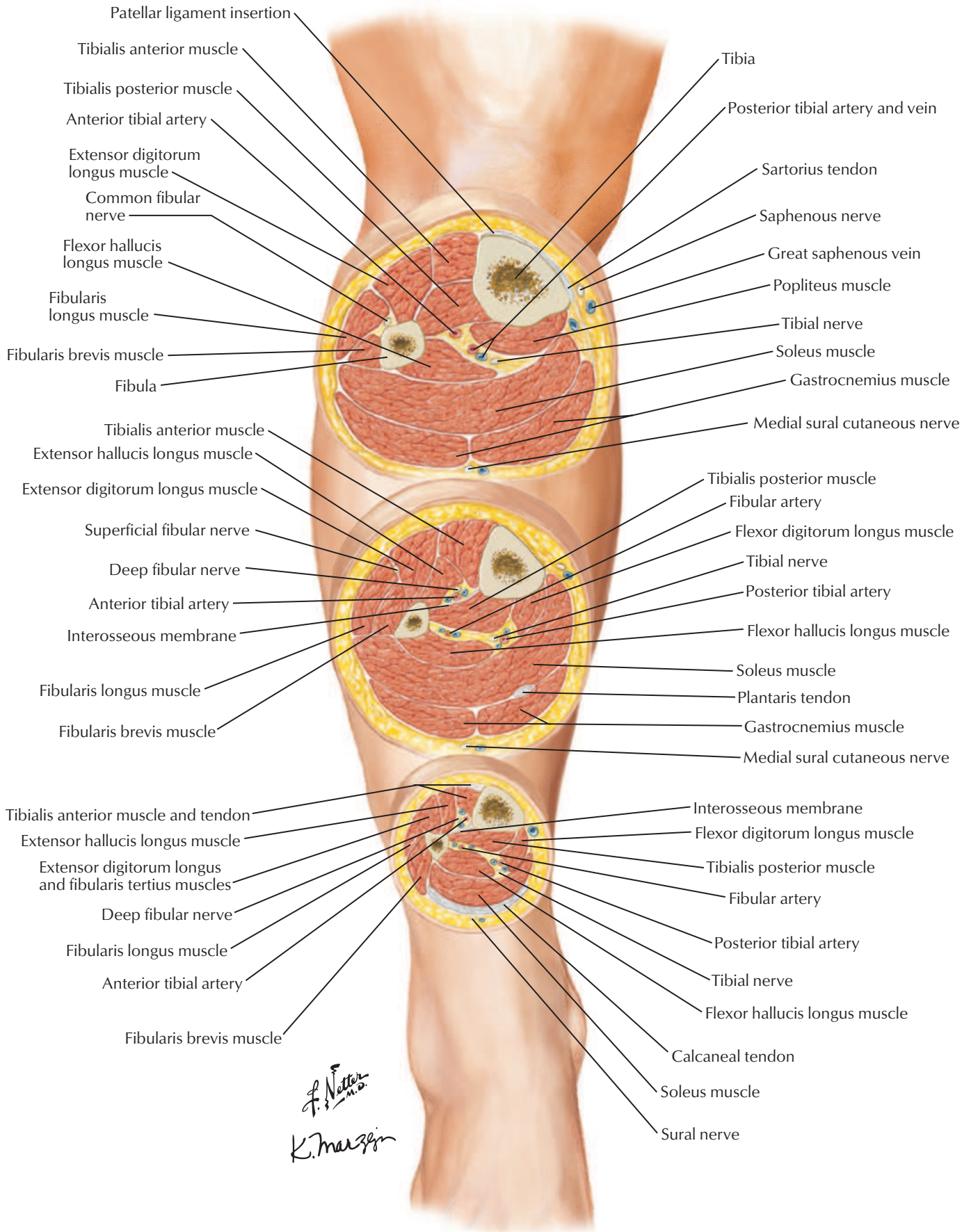


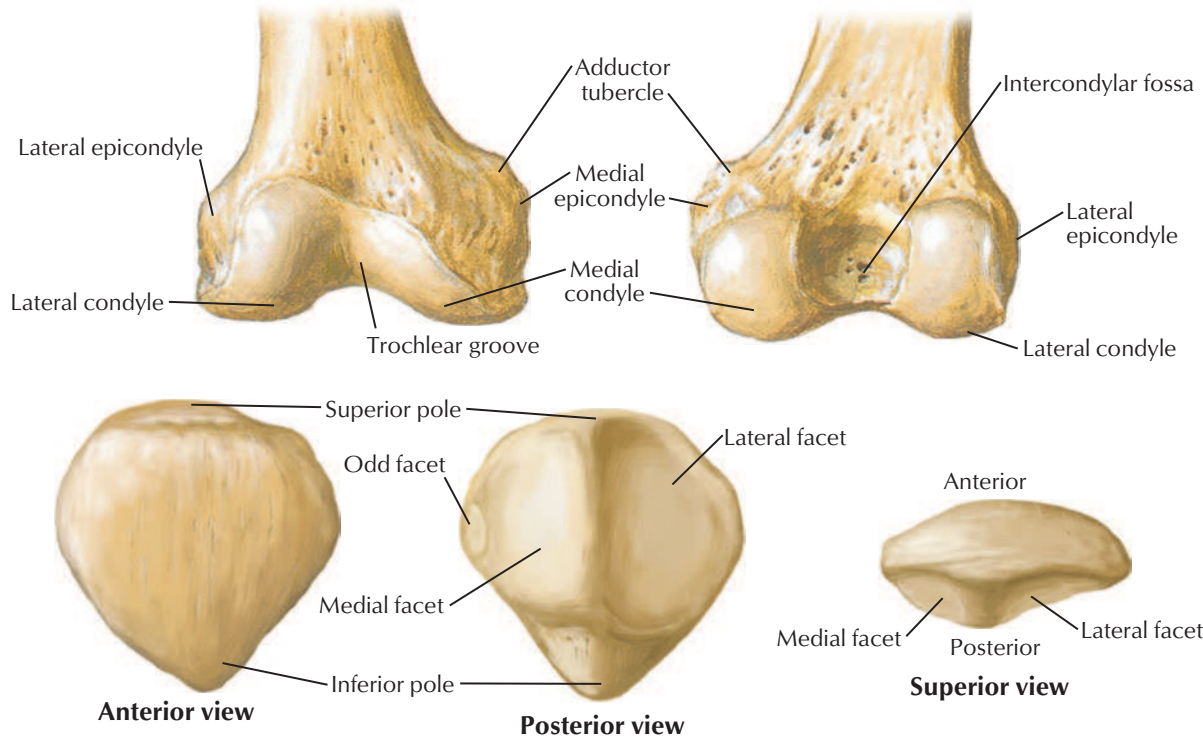


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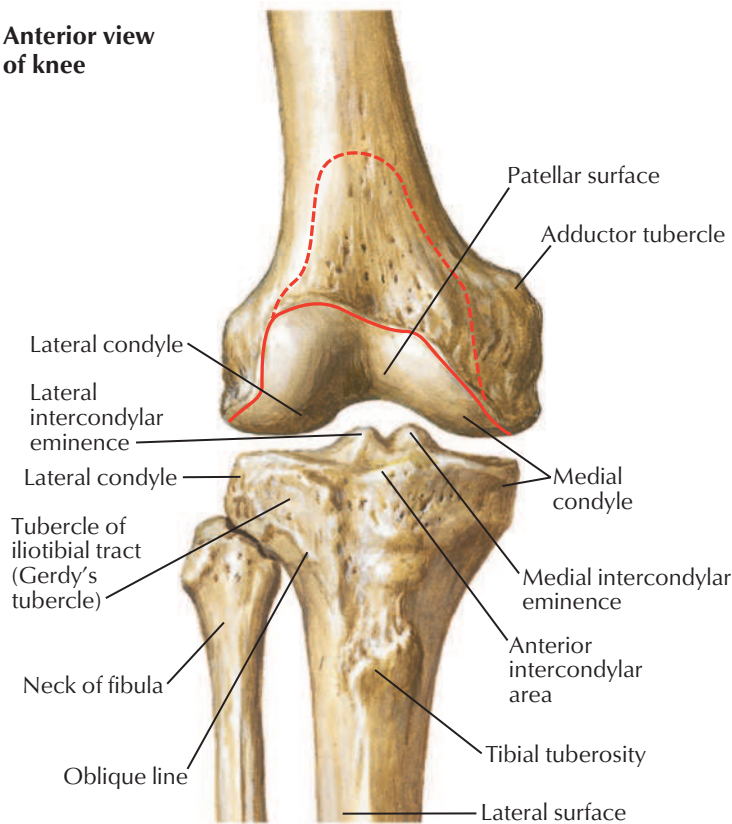




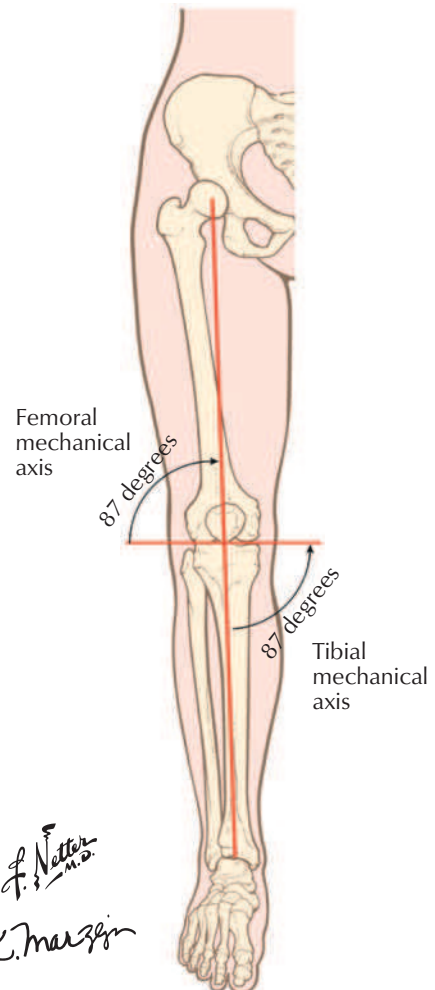




Anterior view of knee



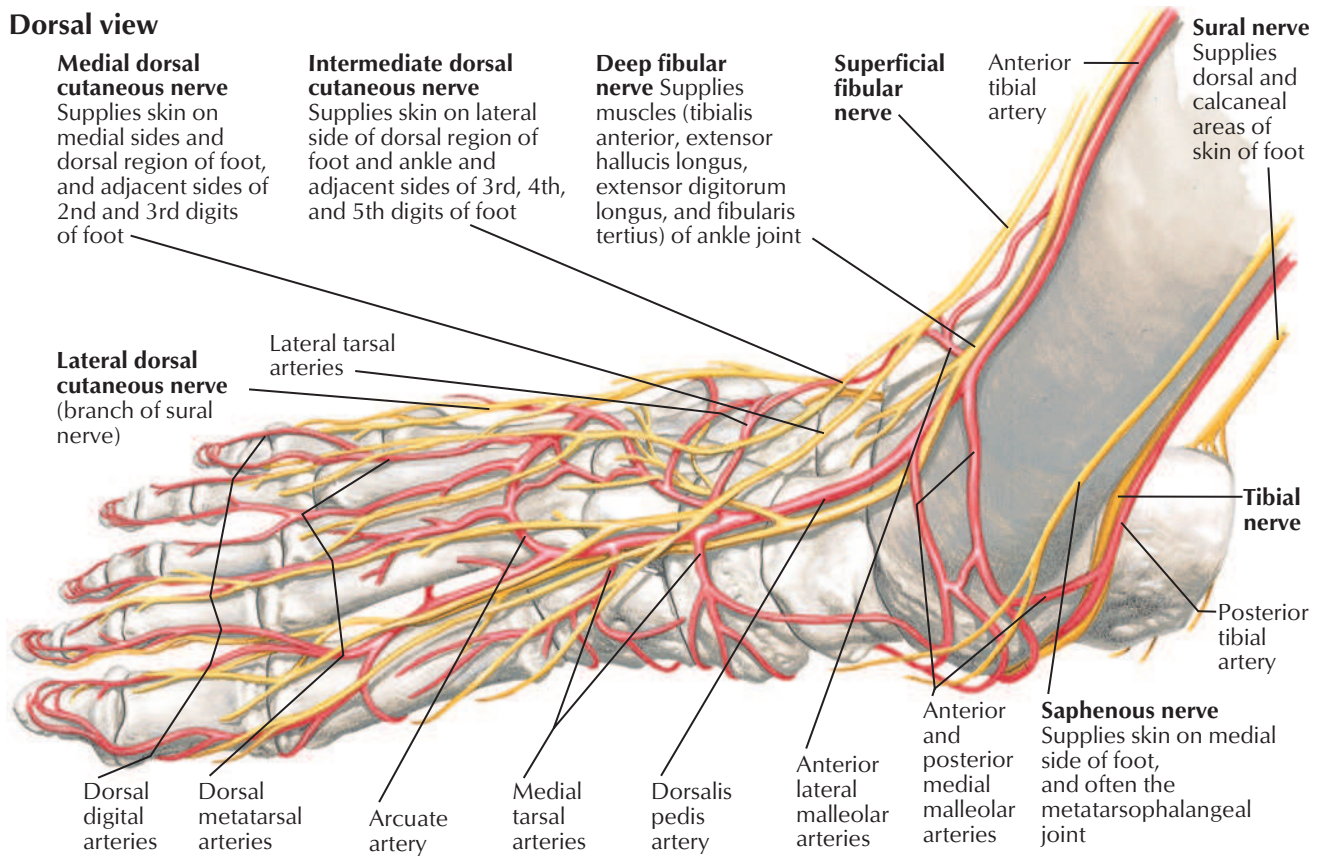
— Line of attachment of synovium (edge of articular cartilage) to distal femur
 - - - Line of reflection of synovial membrane



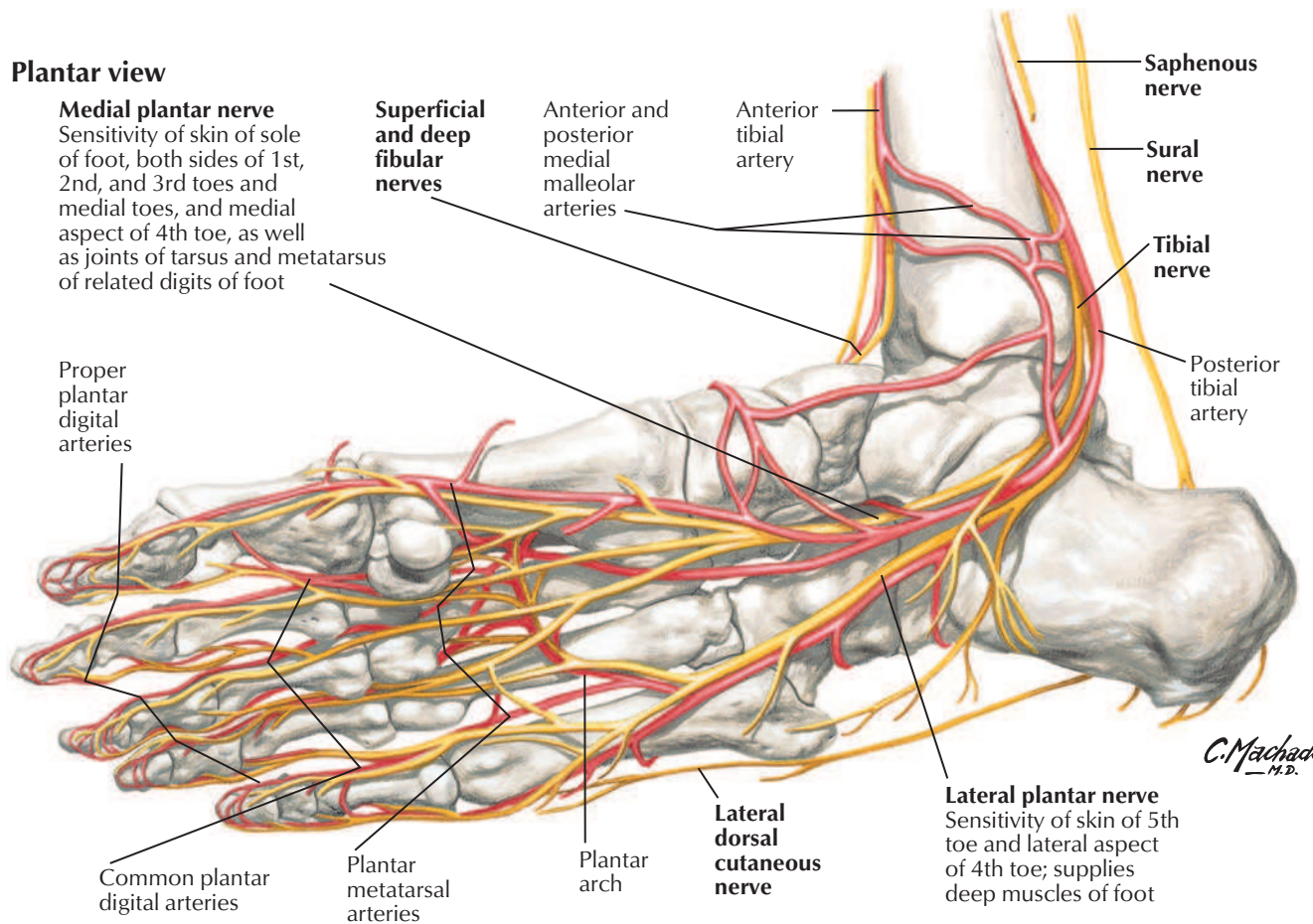


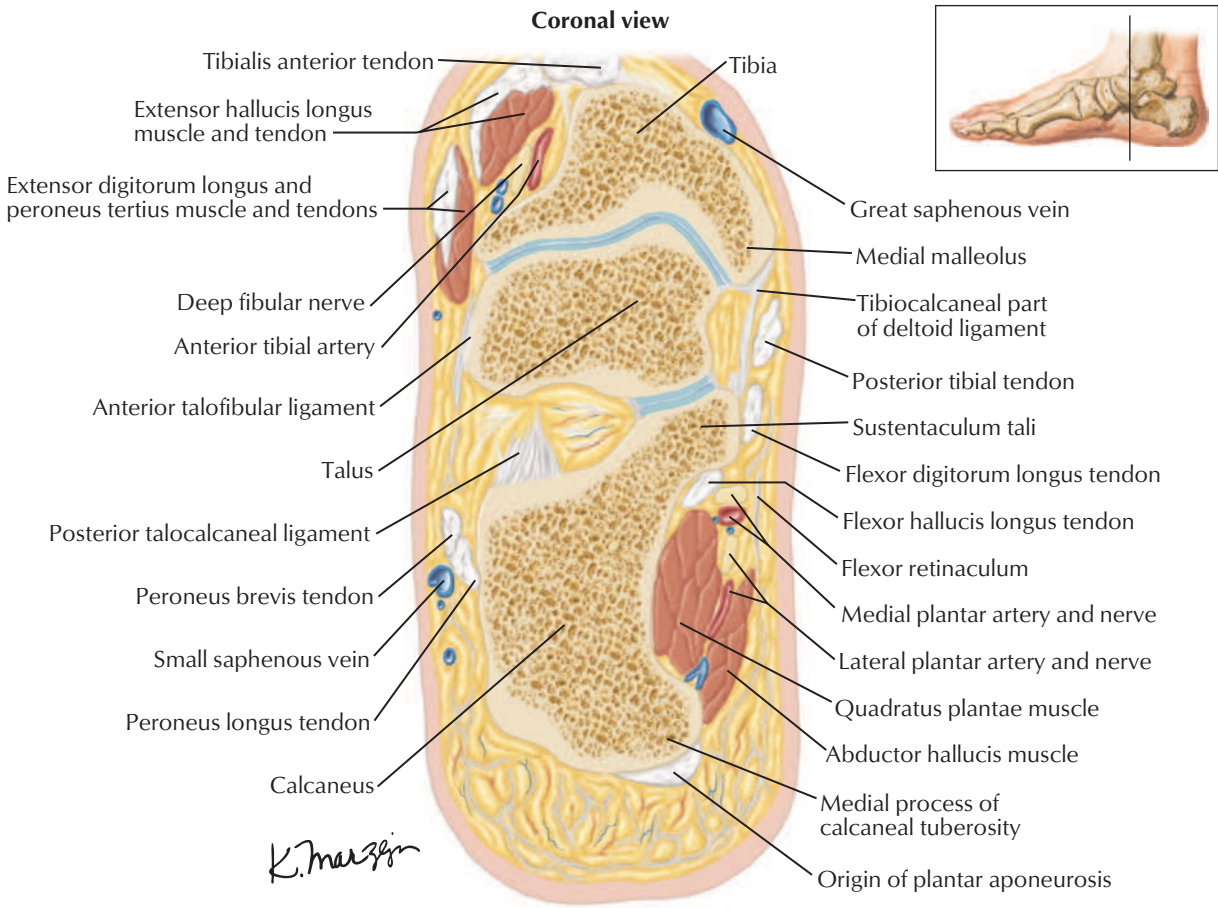
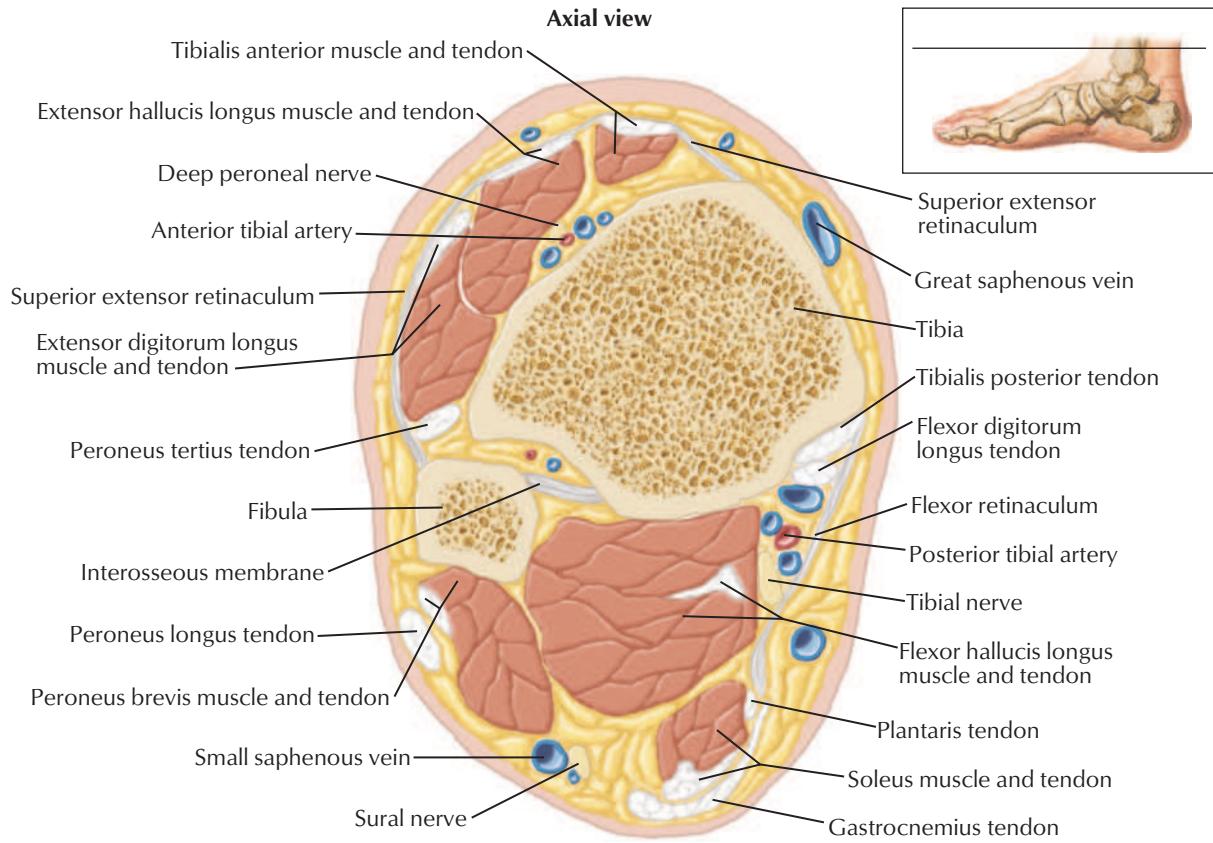
Anatomy of Foot: Nerves and Arteries

Dorsal view



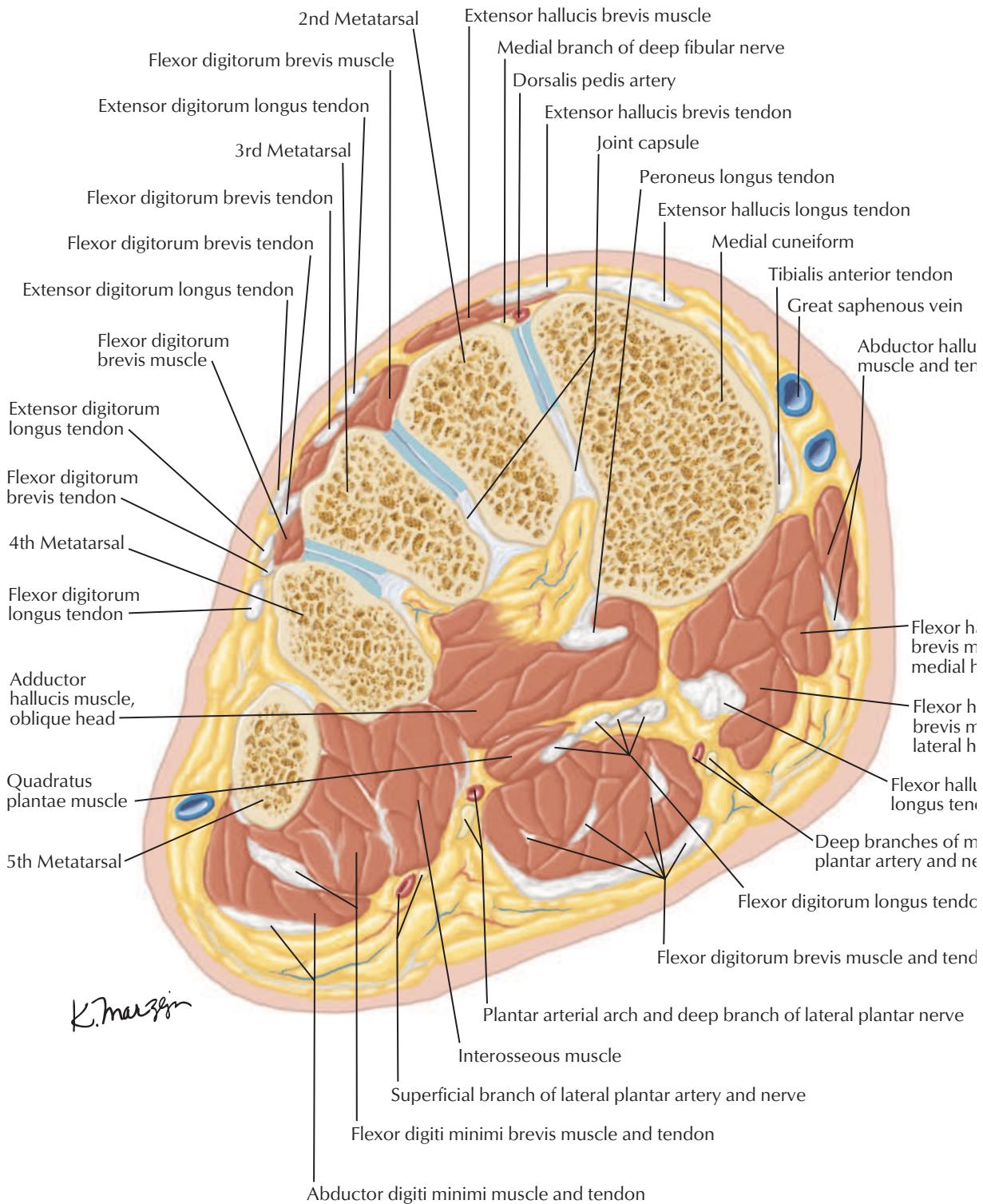
Plantar view



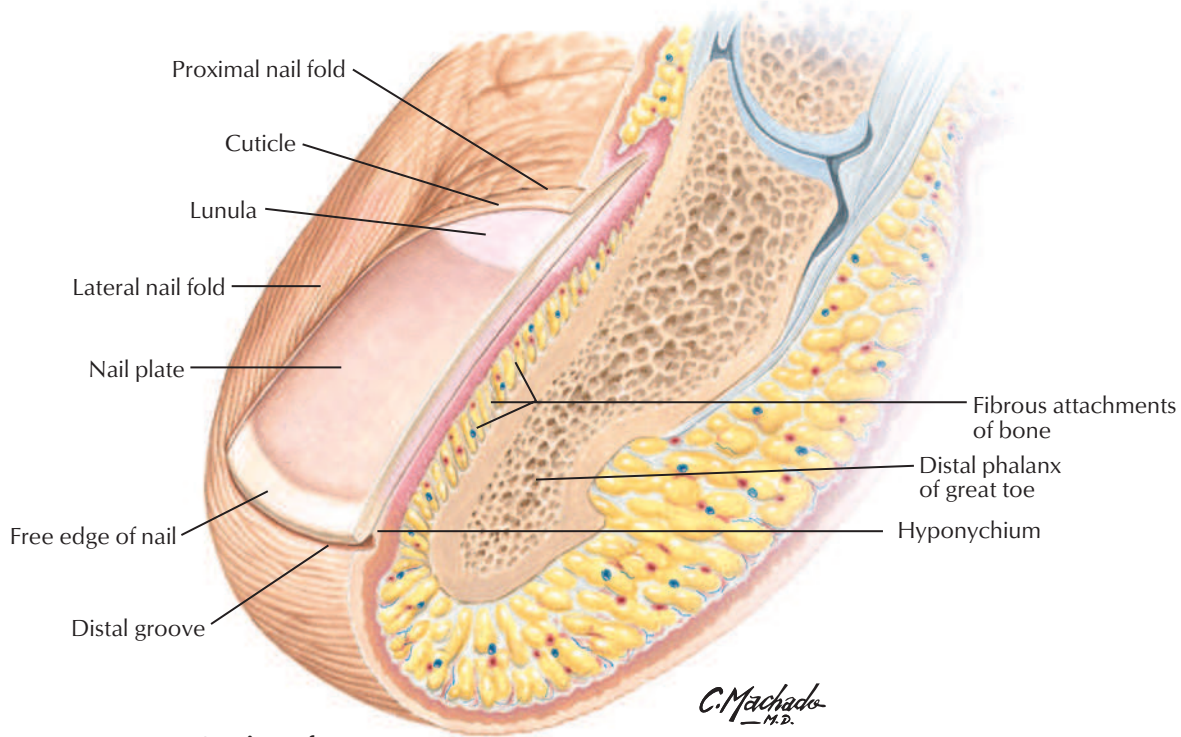




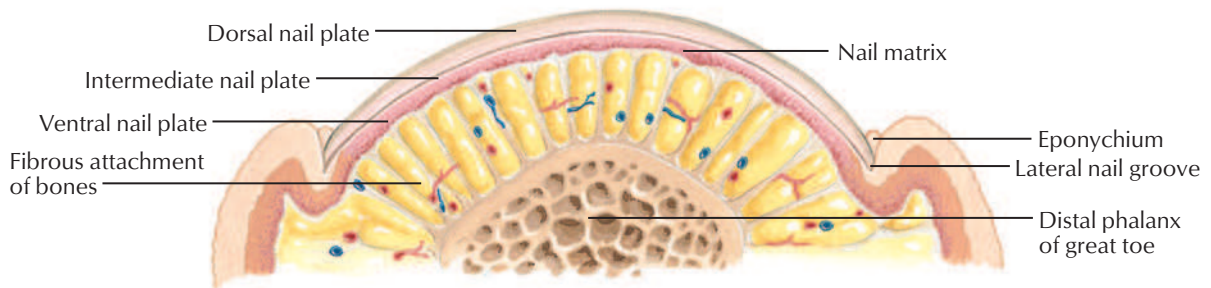
Coronal view



K. Mazzini



Section of toe



Cross section of toenail



Toenail growth

The average growth rate of toenails is about 1 mm a month.

The rounded shape of the free edge of the nails is dictated by the shape of the lunula. After avulsion of a nail, the free edge of the new one grows parallel to the lunula.

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